



401 SW 80th Street, Suite 200
Oklahoma City, OK 73139
405-601-4227 • Fax 405-601-4237

OFFICE POLICIES:

1. Co-pays and office visit charges are due in full before you see the doctor. If you are unable to pay your co-pay we will reschedule your appointment. The only exception will be if you have spoken with the office manager prior to your appointment and made arrangements for payment. We accept cash, personal checks, Visa and MasterCard. If you should have a check returned from your bank for any reason, there will be a \$25.00 charge in addition to the amount of the check which must be paid in cash or with a money order prior to your next visit. We will file claims with your insurance company for office visits and procedures, however, if your insurance does not pay within 90 days, you will be responsible for the bill. If it becomes necessary to send your account to an outside collection agency, their fees will be added to your balance.
2. If you need to cancel or reschedule your office visit please call 24 hours in advance. If you fail to cancel and do not keep your appointment you will be charged \$25.00. **This will be due from you at your next visit and cannot be billed to your insurance.**
3. Please limit phone calls to the office to 1 call and 1 message, multiple calls only delay the process. Please allow 24 to 48 hours for a return call.
4. In regards to prescription refills please contact your pharmacy and they will fax us a request. There are NO prescription refills after hours or on weekends or holidays. NO EXCEPTIONS!
5. If you require a copy of your medical records, you will be required to sign a release form and allow two weeks for copying. There is a charge of \$1.00 for the first page and \$.50 for each additional page. We will not fax records to anyone other than another physician who requests them with a signed release form.
6. Your children are welcome in the office but must remain seated and quiet at all times. If they are disruptive or destructive you will be asked to reschedule your appointment for a time when you will not have to bring them with you.
7. We only treat patients with Workers' Compensation injuries with prior authorization from the insurance carrier. You must also provide us with the correct billing information before your first appointment. If you do not give us correct information and your claims are denied, you will be responsible for the entire bill.

Print Name: _____ DOB: _____

Signature: _____ Date: _____