

**Appointments:**

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family.

However, when you do not call to cancel an appointment , you may be preventing another patient from getting much needed medical treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule for a visit due to a seemily “full” appointment schedule.

Some offices double book appointments which lead to patients waiting for hours in the lobby to be seen.

We, at Orange Doc Family Medicine, do not believe in this model and we prefer not to double book appointment. However, if an individual does not show up for their appointment or if they cancel less than 24 hours , it has a negative impact for our practice. If a “No Show” occurs three times, we will have to discharge the patient from the practice due to non compliance. “No Show” means not showing up for your appointment or canceling less than 24 hours from your appointment.

\*If an appointment is not cancelled at least 24 hours in advacned, you will be charged a twenty five \$25.00 fee; this will not be covered by your insurance company.

**Scheduled Appointments**

We understand that delays can happen . However, we must try to keep the other patients and providers on time.

\*If a patient is fifteen (15 ) minutes past their scheduled time, we will have to reschedule your appointment. If there are more than three (3) late appointments, we will have to discharge the patient due to non-compliance.)

**Printing Policy for Orange Doc Family Medicine**

\*There is a charge of \$1.00 per page for the first 25 pages, then 25 cents for each additional page after 25.

We offer the patient portal system where the patient can access their medical records which include visit summaries for each visit and lab work and or imaging results after discussed in office with the provider.

Thank You for your compliance and understanding

Orange Doc Family Medicine

**Financial Agreement:**

I hereby authorize *Orange Doc Family Medicine* to \*(1) Furnish requested medical information to relevant insurance carriers and health plans: \*(2) furnish information to other relevant health care providers involved in the care of the patient. Furthermore, I hereby irrevocably assign to *Orange Doc Family Medicine* all payments from insurers/health plans for medical services rendered. I understand and agree that \*(1) it is my responsibility to provide complete accurate insurance/health plan information: \*(2) I am financially responsible for all charges whether or not covered by insurance or otherwise; payment for all visits and copayments are due at the time service is rendered.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\*\*\*I authorize the release of information including the appointment date and time, diagnosis, records, examination rendered to me and claims information. This information may be released to :

[ ] Spouse: \_\_\_\_\_

[ ] Child (children): \_\_\_\_\_

[ ] Other: \_\_\_\_\_

This ***Release of Information*** will remain in effect until terminated by me in writing

\_\_\_\_\_  
signature of patient

Date \_\_\_\_/\_\_\_\_/\_\_\_\_