## **Practice Policies for New Patients**

Patient Name:		Date of Birth:	
CHECK IN: For virtual visits, please uplo	oad your picture ID and all insurance cards	s to the MyBaptistChart port	al.
<b>INSURANCE and PAYMENT:</b> Your codeems to be your responsibility. This incluyour statement. If you have questions about	des, but is not limited to, deductible or co-	insurance. Any outside bala	nces are due upon receipt of
<b>ARRIVAL/LATE ARRIVAL:</b> We ask the to your appointment time. Please help us scheduled appointment, please call to contain the containing the	maintain our schedule by being on time fo	r your appointment. If you ar	·
<b>NO SHOW/CANCELLATIONS:</b> If you have more than 3 cancellations or No-Sho			tion 24 hours in advance. If you
<b>PRESCRIPTIONS/REFILLS:</b> Please of every effort to ensure you are provided wifer are not able to make your scheduled follow appointment before you run out of medical by a physician outside of your primary car that condition by one of our medical provides.	th enough refills to last until your next school up appointment, please contact our officitions, your provider will consider whether e physician's office this practice, it will only	eduled appointment. If a situ te as soon as possible. If you or not an exception can be r	ation should arise in which you are unable to reschedule your nade. If a prescription is written
as Percocet or Hydrocodone, you may ne Benzodiazepines such as Xanax or Clona guidelines and may require a dosage redu	ed to be managed by pain management. F zepam, you may need to be seen by a psy	or severe anxiety that requi	res monthly prescription of
MEDICAL FORM/LETTERS: Our office completed. Forms are completed during y	e requires that ALL patients are up to date		
<b>REFERRALS:</b> To process a referral for a appointment. If you are referred to a speciprocessed with your insurance company. appointment. If you have NOT heard from we may assist you in getting the necessar	a new complaint or complaint that has not alist for either treatment or a diagnostic te. The information will be sent directly to the the specialist within 7-10 business days o	been recently evaluated, you st, please allow 3-5 busines specialist and the specialist	u will need to schedule an s days for this information to be will be contacting you for an
<b>AFTER HOURS:</b> If you are experiencing If you are experiencing a mental health crimay call the office line to speak with the s	sis, please call 988 or text HOME to 7417	41. For offices equipped with	an After Hours service, you
<b>APPOINTMENTS:</b> For new medical iss appointment. This allows you to be appropered every 3-6 months. This allows for appropribe seen more frequently.	ues or to review labs that require speaking priately evaluated and treated. For most ch	g to the physician or mid-leven	el provider, you will need an ms, you will need to be seen
you and your provider. It is important for be follow-up appointments, etc. that were out from the practice.  COMMUNICATION: Our office encourages will be provided by office staff.	oth preventive and therapeutic purposes t lined by your provider and within a timely	hat you comply with complet manner. Patients who are no	ing any orders, testing, referrals, ncompliant may be dismissed
<b>BEHAVIORAL EXPECTATIONS:</b> Ou and compassion. We have an expectation with this courtesy, you may be asked to le	that our patients will also be respectful to		,
<b>MINORS:</b> Natural or adoptive parents or accompanying the minor, please complete			other individuals may be
Signature of Patient or Patient's Legal Guardian	Printed Name of Patient or Patient's Legal Guardian	Date	Time
PRACTICE POLICIES FOR NEW PATIENTS		Patient Name:  Date of Birth:  Medical Record #:	
BAR-152 Rev. 03/25 Page 1 of 1		Financial #:	