

**Office Policy**

**Patient(s) name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please read and initial the following:**

1. We do not accept walk-ins. Please call and make an appointment. If a patient is more than 15 minutes late they will be required to reschedule the appointment.

\*Initials\_\_\_\_\_\_\_\_

1. Co-payments are due at each office encounter. We do not accept checks.

\*Initials\_\_\_\_\_\_\_\_

1. Patients must update any new information. (Address, phone number, insurance, etc.)

\*Initials\_\_\_\_\_\_\_\_

1. The office will bill your insurance company first; it is your responsibility for deductibles, co-payments, share of cost and remainder of balances.

\*Initials\_\_\_\_\_\_\_\_

1. Due to OSHA Regulations, no food or drinks are allowed in the office. (Water is acceptable)

\*Initials\_\_\_\_\_\_\_\_

1. No cell phone use in the office. If you have to make a call, please step outside.

\*Initials\_\_\_\_\_\_\_\_

1. It is required for at least one parent or guardian to provide their social security number and a valid state ID or driver’s license. This is our office policy, there are no exceptions.

\*Initials\_\_\_\_\_\_

Thank you for your cooperation.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_