



15501 Metropolitan Pkwy, Suite 110, Clinton Twp., MI 48036
Phone (586) 286-9720 · Fax (586) 286-3134

CANCELLATION POLICY

There has been an observation on our part that an increasing number of patients wait until the last minute to cancel their appointment or skip them entirely without notifying us. As you can imagine this often deprives an appointment for those truly ill and in need of care.

This is to advise you that missed or canceled appointments that occur with 24 hours of the appointed time scheduled will be charged directly to you at a fee of \$35.00.

I UNDERSTAND THAT WHEN AN APPOINTMENT IS MISSED OR FAILED WITHOUT 24 HOURS NOTICE, I WILL BE RESPONSIBLE FOR THE ABOVE FEE APPLIED.

Date: _____
Patient Signature/Parent or Guardian

Date: _____
Witness

PRESCRIPTION REFILL/FILL POLICY

Patients are strongly advised to bring all of their prescription medications in the original containers for each and every office visit. As part of our regular office visit procedure, we will compare the prescriptions brought in, to our records and make appropriate updates. We will then write prescriptions for all these medications with appropriate refills. We will **only** give out 6 month increments at a time, as it is **required** to be seen in the office every 6 months to ensure proper care. Of course, there are always circumstances that do not always allow this policy to be effective. In this case, there is a \$10.00 charge applied to your account for refill requests. This policy does however exclude Medicare patients and certain narcotics.

I UNDERSTAND THAT EFFECTIVE FEBURARY 1, 2003, WHENEVER A REQUEST FOR PRESCRIPTION REFILLS IS RECEIVED OR WHENEVER A PRESCRIPTION REQUEST FOR AN ACUTE PROBLEM IS RECEIVED OUTSIDE OF AN OFFICE VISIT, A \$10.00 PROCESSING FEE WILL BE CHARGED.

Date: _____
Patient Signature/Parent or Guardian

Date: _____
Witness