



Patient/Provider Contract

As our patient, we appreciate your trust, and we value your time. In an effort to keep scheduled appointments on time, we ask that you read and acknowledge our policies by **initialing each term**.

_____ If I am more than 10 minutes late for my scheduled appointment, I will need to reschedule.

_____ If I "No Show" more than three (3) appointments, I will be discharged from the practice.

_____ All co-payments or self-payments are due at the time of service and will be collected before the appointment unless other arrangements have been made in advance.

_____ All laboratory and radiology orders must be requested 24-48 hours in advance.

_____ If I need to speak with the nurse or provider, I will call to schedule a time to do so. Please leave only one message; your call will be returned within 24 hours.

_____ For routine non-narcotic medications, please allow 24-48 business hours for refills.

_____ For any narcotic or controlled medications, you will need an appointment at least every 3 months (possibly more frequently) as these are closely monitored. You will be required to leave a urine sample at least once yearly and possibly more frequently. Narcotic refills require at least one week's notice if appropriate. **This is not a pain management clinic**; you may be referred elsewhere if we cannot safely meet your needs and comply with licensure and certification in the state of Florida.

We close every day from 1pm-2pm for lunch. Doors will be unlocked at 1:55pm. Phones are not answered during lunch.