



## OFFICE POLICIES

1. Patients with an appointment are requested to come 15 minutes prior to their appointment. New patients that have not pre-registered are required to come in 20 minutes before their scheduled time to obtain insurance verification and fill out intake forms.
2. An ID and insurance card(s) are required at time of service for new patients. Your photo will be taken for HIPAA precautions to be added to your file.
3. Co-pays are due at the time of service and will not be billed to you. We only accept cash and credit/debit cards.
4. Please call in advance to notify us that you cannot make an appointment. At this time, we do not charge anything for missed appointments. We choose to do this out of good faith for our patients.
5. Billing inquiries can be directed to our billing office. They are available Monday – Friday 9am – 5pm at (562) 414-4222.
6. For medical record requests, there will be a charge of \$0.60 per page. As a courtesy, we will not charge for amounts less than \$2.00.
7. Our office charges \$50.00 for FMLA forms and \$50.00 for short term disability forms. This charge applies to each form that is being requested to be filled out by our office. This fee is subject to change without notice. **Please allow 3 to 4 business days for our office to complete them.**
8. In order to serve you promptly for your prescription refills, it is best to call your pharmacy first and request that they send a fax to our office. Our fax number is (702)750-2181. Your prescription refill requests will be served within **24 to 48 hours** after receipt.
9. Referrals will be scheduled within **48 to 72 hours** after the request has been submitted. Our office staff will notify you when your appointment has been scheduled.
10. Please allow **7 to 10 business days** for your lab results to be received at our office. Our staff will call you when they are received.

**Signing below acknowledges that you have received and reviewed office policy and agree to abide by its guidelines.**

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**Print Name**

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**Signature**

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**Date**