

OFFICE POLICIES



Please carefully read and initial by each statement and sign below to indicate understanding of the **Innovative Primary Care** Office Policies.

1. _____ **DOCUMENTATION TO BE COMPLETED:** To ensure accuracy in the completion of any insurance forms (including disability, jury duty or other documents), we require an office visit. No exceptions will be made.
2. _____ **MEDICAL RECORDS REQUEST:** Medical records will be sent to another provider at no charge. There will be up to a \$25 charge for patients requesting a copy of their personal medical records.
3. _____ **MINOR AGE PATIENTS:** **Innovative Primary Care** requires that a parent or legal guardian accompany all minor patients. The parent or legal guardian that accompanies the minor for medical services will be responsible for payment.
4. _____ **RELEASE OF INFORMATION:** I authorize **Innovative Primary Care** to release any information acquired in the course of my treatment as required for processing insurance claims. I also authorize the release of my medical information to any requesting source presenting a signed authorization by me.
5. _____ **AUTHORIZATION TO TREAT:** I hereby authorize the staff of **Innovative Primary Care** to provide me with medical treatment. I agree to inform them if I have any concern about my medical treatment at the time the services are being rendered.
6. _____ **CALLBACKS:** When you are leaving a message for the providers, please disclose the reason for your call. This will expedite your call through our office. Also keep in mind that all patient callbacks will be done after all patients in the office have been seen. Non-urgent messages will be returned within 24 hours.
7. _____ **PRESCRIPTION REFILLS:** Whether you need medication called into your local pharmacy or mail-in pharmacy, **please contact the pharmacy for refills.** Please allow up to 48-72 hours for all prescription refills. **If you are completely out of your medication or requesting an antibiotic, you MUST schedule an office visit for any refills.** Narcotics and other controlled substances, such as sleep and anxiety medication, require a signed "Controlled Substances Agreement" and appointment to be refilled. No exceptions will be made.
8. _____ **REFERRALS/PRIOR AUTHORIZATION:** It is your responsibility to make sure the specialist is in your network. Notify our office one week prior to your specialist appointment with the specialist's information to complete the referral. For Prior Authorizations for medications, your insurance company may take 72 hours or more for urgent requests to process and 30 days for routine requests. Imaging/radiology studies that require a prior authorization from your insurance will require an office visit to provide appropriate documentation for your insurance company.

Patient or Guardian Signature: _____

Patient or Guardian Name (Print): _____

Date: _____

Effective 11/15