

Pacific Grove Family Medicine

621 Forest Avenue
Pacific Grove, Ca. 93950
Tel 831-649-1011 Fax 831-373-8201

OFFICE & FINANCIAL POLICIES

Cancelled Appointments: Should you not be able to keep your scheduled appointment, kindly give our office a **24-hour notice**. Any appointment that is rescheduled, cancelled or "no showed" within 24 hours of the scheduled appointment will result in a **\$50.00** fee.

Insurance & Cash Payments: Please bring your insurance card with you to your appointment. Co-payments are due upon check-in. If you do not have health insurance coverage, you are responsible for paying for services rendered at the time of the appointment, for which we will extend a discount of 20%.

Prescriptions: Please allow 3 business days to refill your medication. As the patient, you are responsible for contacting your pharmacy and requesting that a refill authorization be faxed to our office.

Medical Records: Medical Records are available after signing our Medical Records release form. Please allow 7-10 business days for us to complete your request. The first set of records are at no charge. Should you need an additional set, there will be a fee of \$15.00.

Perfumes & Lotions: We please ask that you be courteous to our physicians, medical staff, and fellow patients by not wearing any perfumes or scented lotions while in our office.

Cell Phones: You are welcome to use your cell phone (on silent/vibrate mode). If you need to take a call, please excuse yourself outside. Unless making a call, please turn your cell phone off.

*I was offered and **accepted** a copy of the Office & Financial Policies. _____*

*I was offered and **declined** a copy of the Office & Financial Policies. _____*

By signing below I agree to comply with the Office & Financial Policies of Pacific Grove Family Medicine.

Signature of Patient or Guardian

Date

Printed Name of Patient or Guardian