

DEAR PATIENT;

IT HAS RECENTLY COME TO OUR ATTENTION THAT MANY OF OUR PATIENTS DO NOT KNOW OF CERTAIN OFFICE POLICIES THAT ARE IN PLACE. PLEASE READ AND SIGN THIS "EXPLANATION OF OFFICE POLICIES FOR DR. TODD M. BAKER".

THANK YOU.

- ALL DEDUCTIBLES AND **ESTIMATED CO-PAYS** ARE DUE ON THE DATE OF SERVICE. WE MAKE EVERY EFFORT TO GATHER ACCURATE INFORMATION CONCERNING YOUR DEDUCTIBLES AND CO-PAYS FROM YOUR INSURANCE COMPANY, HOWEVER, THERE ARE TIMES WHEN YOU WILL BE LEFT WITH A CREDIT OR A BALANCE WE DID NOT ANTICIPATE. BY SIGNING THIS NOTIFICATION, YOU ACKNOWLEDGE THAT ANY BALANCE REMAINING ON YOUR ACCOUNT AFTER INSURANCE HAS PAID WILL SOLELY BE YOUR RESPONSIBILITY.
- IF YOU NEED TO CHANGE OR CANCEL AN APPOINTMENT, WE ASK THAT YOU GIVE THE OFFICE AT LEAST 48 HOURS NOTICE. THIS ALLOWS US TO SCHEDULE OTHER PATIENTS WHO NEED TO BE SEEN. IF YOU DO NOT GIVE US AT LEAST 24 HOURS NOTICE, YOU COULD BE CHARGED.
- OUR OFFICE GLADLY OFFERS SATURDAY AND EVENING HOURS. IF YOU SCHEDULE AN APPOINTMENT AT EITHER OF THESE TIMES AND DO NOT GIVE US SUFFICIENT NOTICE OF CHANGE (24 OR MORE HOURS) OR DO NOT SHOW UP FOR AN APPOINTMENT, WE WILL NOT BE ABLE TO SCHEDULE ANY FUTURE APPOINTMENTS FOR THOSE TIMES. YOU WILL ALSO BE CHARGED \$50.00 PER APPOINTMENT TIME.(THIS MEANS IF THERE WERE 2 APPOINTMENT TIMES FOR DIFFERENT FAMILY MEMBERS, YOU WILL BE CHARGED **\$50.00** FOR EACH FAMILY MEMBER WHO MISSES AN APPOINTMENT.) THESE ARE OUR MOST REQUESTED APPOINTMENTS AND IT IS NOT FAIR TO OTHER PATIENTS , DR. BAKER OR STAFF IF THERE ARE UNFILLED APPOINTMENTS BECAUSE WE WERE NOT NOTIFIED IN SUFFICIENT TIME TO FILL THEM.
- WE MAKE EVERY EFFORT TO REMIND YOU OF AN APPOINTMENT YOU MADE 6 MONTHS IN ADVANCE. ONE MONTH PRIOR TO YOUR APPOINTMENT YOU WILL RECEIVE AN E-MAIL CONFIRMATION, 2 HRS. PRIOR TO YOUR APPOINTMENT YOU WILL RECEIVE A TEXT MESSAGE AND WE WILL CALL 1-2 DAYS PRIOR TO CONFIRM YOUR APPOINTMENT. **PLEASE BE SURE TO CALL US WITH ANY CHANGES AS TO YOUR ADDRESS / PHONE NUMBERS / EMAILS AS SOON AS POSSIBLE SO THAT WE CAN CONTACT YOU.**

THESE POLICIES ARE IN PLACE TO BETTER SERVE ALL OF OUR PATIENTS. WE THANK YOU FOR YOUR UNDERSTANDING.

DR. BAKER AND STAFF

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_