

**NEW BEGINNINGS OB/GYN, PA
336 N. BABCOCK ST. STE 101
MELBOURNE, FL 32935
PHONE (321)775-1470
FAX (321)775-1480**

PRACTICE POLICY

Thank you for choosing New Beginnings obgyn as your healthcare provider. We look forward to assisting you in improving and maintaining your health so that you can enjoy a high quality and productive life. We cherish our relationship with you. These are standard policy set in place to facilitate your care.

Your Appointment:

We see patients by appointments only. Routine and annual appointments are generally scheduled weeks/months in advance. Urgent appointments are seen within one-two days. Emergency are seen immediately. To facilitate the ease of your appointment, we have placed a number of forms on our website; please fill out prior to your visit. Please also ensure that you have your driver's license, and insurance card.

Minors/Dependent:

Children under the age of 18, unless pregnant, will require the signature of parent or legal guardian prior to being seen by the physician.

Prescriptions:

Requests for prescription refills are renewed during normal business hours (Monday-Friday, 9:00-4:30pm). You can have your pharmacy fax us a request. Please allow 48 hours for completion. At times we may require you to be seen prior to filing of a prescription. Narcotics will not be faxed or called in.

Missed/Cancelled Appointments:

It is the policy of the office to confirm appointments two-three days in advance. If a patient fails to show for their confirmed appointment or elects to call the day of the appointment to cancel or reschedule, the patient will be charged \$25.00. If this is done on a repetitive basis then the patient may be discharged from the practice.

Late Policy:

If a patient is more than ten minutes late for their appointment they will be rescheduled at the discretion of the of the physician

Financial Responsibility: Please be prepared to pay your deductible, co-pays, co-insurance or outstanding balances prior to seeing the physician. All claims will be submitted to insurance. If you are a self pay patient,

payment is due at the time of service. Any product ordered specifically for you will require that you leave a valid credit card on file prior to the ordering of that product. We accept all major credit cards, cash, and check. Payment from statement is due upon receipt of statement. All billing issues are addressed by the billing department, not the physician. All accounts that are past due or delinquent will be managed directly by the billing company in the manner which is customary.

Medical Records: If desired, copies will be sent to primary provider at no charge. Copies to other physicians will cost \$1.00 per page for the first 25 pages and \$0.25 per page for each additional page. Payment is required prior to the transfer of records.

Name: _____

Date: ____/____/____

Signature: _____

Date: ____/____/____