LAUREL ENDOCRINE & Thyroid Specialists, PA

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The following policies have been adopted to give each patient our most effective care and treatment.
We ask your understanding of the policies.

PRACTICE POLICIES:

1. At the request of the providers, you are asked at each visit to list your current medications. Since this list may change from visit to visit, it is essential for a new list to be brought to or completed at each and every visit.
2. You are required to update your demographic information at each visit. Please let us know at check-in of any changes and if you have had lab work performed at another location.
3. It is not always possible for the provider or nurse to speak with you immediately. If you have an emergency please let us know, otherwise your call will be returned as the schedule permits.
4. No lab specimens or glucometers can be accepted by our front office staff through the front window. Please notify the receptionists and a clinical staff member will be called to assist you.
5. There will be a $25 charge per form for the completion of any employment-related forms (i.e. pregnancy, FMLA, CDL licensing, physician exam forms, etc).
6. There is a charge for a copy of your medical records. The total amount must be paid prior to receiving these records.

FINANCIAL POLICIES:

1. All copays, coinsurances, and previous balances are due at check-in. Failure to pay in full at check-in will result in a $15 service charge being added to your account and you will be rescheduled for a future date.
2. We require a 24-hour notice (1 business day) for any office visit or education cancellation or rescheduled appointment. We require a 48-hour notice (2 business days) for any consultation, initial visit, or in-office procedure cancellation or rescheduled appointment. Any follow up office visit or education appointment not cancelled or rescheduled in the appropriate time will be assessed a $50 no show fee. Any consultation, initial visit, or in-office procedure not cancelled or rescheduled in the appropriate time will be assessed a $100 fee. You will be required to pay all fees before rescheduling an appointment.
3. Patients that do not show up for a scheduled appointment, or who have not contacted the office within the appropriate time to cancel or reschedule will be considered a "No Show". After you have "no showed" for two appointments within a 12 month period, it may result in dismissal from the practice.
4. All balances due from the patient are payable immediately. If you are unable to make the payment in full, please contact our billing office to make financial arrangements. A credit card is required to make payment arrangements and will be set up through a secure online portal to deduct automatically from your account. We do not accept American Express.
5. You will be asked to sign an agreement when setting up payment plans. Payment plans are set up as follows: Under $100, payments of $50/month. $100 - $299, payments of $75/month. Over $300, payments of $100/month.
6. Failure to pay your balance will result in your account being sent to the collection agency. After being sent to the collection agency twice, we will transfer your care back to your referring provider.
7. Please bring your insurance card with you to each visit. Insurance is filed as a courtesy to our patients. If you have insurance, but cannot produce a valid card, you will be considered a "self-pay" patient and payment in full will be expected at each visit until a valid card is produced. No insurance will be filed on services over 45 days old.

PLEASE SIGN AND DATE BELOW INDICATING YOUR UNDERSTANDING OF THE ABOVE POLCIES.

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Revised October 22, 2021