LAUREL ENDOCRINE & Thyroid Specialists, PA

1740 St. Julian Place, Columbia, SC 29204
Phone: 803-256-3534 Fax: 803-254-7032

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

PRACTICE POLICIES:

1. Please have your updated demographics and complete medication list each visit.
2. Please let us know at check-in of any lab work performed at another location.
3. **You will need to be up to date on your appointments in order to receive refills between appointments. Otherwise, you may need to wait until your next appointment or make a new appointment.**
4. Our providers do not accept refill requests from pharmacies. Please contact your provider directly.
5. MyChart messages are checked on the days that the office is open. You should receive a response in 1-2 business days, however certain messages or questions may require an appointment.
6. It is not always possible for the provider or medical assistant to speak with you immediately. Your call will be returned within 1-2 business days, or as the schedule permits.
7. If it is an emergency, please go to the emergency room or call 911 for immediate care.
8. No lab specimens or glucometers can be accepted by our front office staff. Please notify the receptionists and a clinical staff member will be called to assist you.
9. There will be a $25 charge per form for the completion of any forms (e.g. pregnancy, FMLA, CDL, or physician exam forms).

FINANCIAL POLICIES:

1. All copays, coinsurances, and previous balances are due at check-in. Failure to pay in full will result in a $15 service charge being added to your account and you may have to reschedule for a future date.
2. We require a 48-hour notice for any appointment. Any consultation, visit, or in-office procedure not cancelled or rescheduled in that time will be charged a $100 fee. You must pay all fees before rescheduling an appointment.
3. If you are more than 15 minutes late to your appointment, you may be considered a “no-show,” which means that you will not be seen for your appointment and you will be charged the $100 fee.
4. If you are unable to make the payment in full, please contact our billing office to make financial arrangements.
5. Failure to pay your balance could result in your care being transferred back to your referring provider.
6. 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 “self-pay” and payment in full will be expected at each visit until we can verify your insurance. No insurance will be filed on services over 45 days old.

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

Signature: _____ Date: _____

Print Name: _____ Date of Birth: _____

Updated August 7, 2025