| N                |   |
|------------------|---|
| Name:            |   |
| MRN:_            | ARIZONA COMMUNITY PHYSICIANS  |
|                  | me to Northwest Medical Group. Please take a moment to review our office policies. If you have any questions, address them with our Office Manager.   |
| compa<br>with co | ur staff members are trained to assist you in obtaining the best care possible and to do so with courtesy and ssion. We strive to provide the best professional care possible. In turn, the providers expect you to treat the staff purtesy and respect. Abuse of the staff will not be tolerated and may result in termination of your care at west Medical Group.   |
| 1.               | Patients who are new to our office need to arrive 30 minutes prior to their scheduled appointment time. In addition, if you do not cancel/reschedule your first appointment within 24 business hours, you may not be able to reschedule future appointments with this office.   |
| 2.               | Established patients who have been seen in our office in the past three years need to arrive 15 minutes prior to their scheduled appointment time. We reserve the right to ask you to reschedule if you are late. If there is a need to cancel your appointment please do so <i>24 business hours</i> in advance. There will be a \$25.00 fee if you do not show for your appointment or if you do not give <i>24 business hours</i> notice when canceling. |
| 3.               | Co-pays are due at the time of service as dictated by your insurance; we do not bill copays. We will accept cash, check, Visa, MasterCard, American Express, and Discover. If your insurance is currently inactive or the provider is not contracted with your insurance plan, charges will be due in full on the date of service (you will become a SELF-PAY patient).   |
| 4.               | To assist us in providing good medical care, it is very helpful if you bring in an updated list of medications and doses to each visit. If we are managing your diabetes or hypertension, please bring in your readings.  |
| 5.               | Please provide us with at least two phone numbers and an email address where we may contact you regarding your healthcare.  |
| 6.               | Your provider may charge a \$25.00-\$50.00 fee for filling out forms such as FMLA and disability. The price is based on the amount of time required to complete the forms.  |
| 7.               | Contact your pharmacy for all prescription refill requests. Please allow 48 hours for prescription refills. Please note, any prescriptions that are called in after hours will not be reviewed until the following business day. Medications prescribed by specialists must be filled by the specialist that prescribed them.   |
|                  | Office Hours  |
|                  | Monday-Friday 8:00AM-5:00PM   |
|                  | Closed Holidays & the Friday after Thanksgiving   |

Date

Patient /Guardian Signature