

Patient name: _____

Patient Date of Birth: _____

Medication Policy

Every effort is made to fill medications at each appointment and the medications should last until the next scheduled appointment. State regulations require an office visit each 90 days for some medications to be filled. Should you miss an appointment, no controlled medications will be filled until you are seen. Other medication may be filled until your next appointment at the sole discretion of your provider.

1. I acknowledge that lost or stolen medications will not be replaced.
2. I agree not to share my medication.
3. I agree to a submit to a drug screen when ordered by my provider, including screening for illegal substances. I understand that refusal will result in dismissal from TSMNA.
4. I agree not to obtain controlled substances from any other medical provider without informing TSMNA.
5. I agree that the pharmacy and my provider may communicate freely and I agree to inform my provider promptly of any pharmacy change.

Appointment Policies

Appointment changes or cancellations require a 24 hour notice. Failure to give adequate notice or no showing to an appointment will result in a \$50 fee being charged to the patient and must be paid before another appointment can be made.

Keeping up with appointments is the responsibility of the patient and/or the caregivers. Reminders are a courtesy and failure to receive a call should not be used as an excuse for missing an appointment. Appointments are visible in the patient portal. Please let us know if you need access and we will gladly enroll you.

Financial Responsibility

1. It is the responsibility of the patient to provide TSMNA with correct insurance information at each visit.
2. Copays are collected at the time of service and will not be billed.
3. Patient balances must be paid within 90 days of the date of service. Any unpaid balances after 90 days will be sent to collections. A 50% is added to the balance sent to collections.
4. Accounts in collections will be inactivated and any future appointments will be cancelled and remain inactive until the balance is paid in full.
5. A \$35 service fee will be charged for returned checks.

By signing below, I acknowledge that I have read, understand and agree to abide by these policies.

Signature

Date

