



Thank you for choosing Catalina Pointe Arthritis and Rheumatology Specialists, P.C. In order to effectively serve you, we request that you read the following office policies. This notification is to make you aware of what is expected from you financially and to allow you the opportunity to better understand our office procedures. Please initial each policy as you read and understand them. Direct any questions you have to our front office staff. Once you understand the following policies, please sign and return this form to the front desk so that we may continue the check-in process. Thank you in advance for your time.

Please arrive 15 minutes before your scheduled appointment time to allow sufficient time for the check-in process. If you are more than 10 minutes late for your appointment, your physician may request you to reschedule your appointment for the convenience of those patients that arrive on time.

Please be prepared to pay your co-pay at the time of your appointment. Clinic staff will advise you of this amount when you check in. We accept cash, checks, Visa, MasterCard and debit cards. Inability to pay your co-pay may result in your appointment having to be rescheduled. You will be charged a \$25.00 fee for any returned check, and future payments will need to be made by cash or charge.

Please inform our front office staff of any changes in your name, address, phone number, employment, or insurance information as soon as possible. This will help us properly bill your insurance for the services you receive.

Your physician may refer you to another physician or setting outside this clinic (such as a laboratory) for additional services. We will assist you to the best of our ability with this referral process for outside services. However, insurance companies do not notify us regarding whether follow up visits outside our clinic have been approved for payment. Therefore, you must be sure that your insurance company has authorized any follow up visits or referrals your physician has ordered.

Due to the high demand for new rheumatology appointments, if you do not show for your new patient appointment and do not call 48 hours in advance to reschedule prior to your appointment, you will not be rescheduled.

Sometimes our patients cannot attend scheduled appointments. Please let us know when you cannot make your appointment. Cancellations must be done 48 hours prior to your appointment time. We greatly appreciate as much advance notice as possible. Advance notice allows us to schedule another patient into that appointment time. We charge a \$25 fee for all scheduled appointment no shows and for appointments cancelled without 48 hour notice.

Please understand that canceling appointments repeatedly interferes with a physician's ability to provide the patient with the highest quality of care. Because of this, our physicians may, at their discretion, elect to discontinue a relationship with any patient who frequently cancels or does not show for scheduled appointments.

Signing this notice means that you have reviewed and understand the above policies.

PRINT_____

DATE_____

SIGNATURE_____