

Appointment Scheduling Guidelines

Our office strives to provide appointments in a timely manner. As a new patient we ask that you arrive at the clinic a minimum of 30 minutes prior to your scheduled appointment time in order to give you ample time to complete your registration paperwork and to get copies of your insurance cards.

As an established patient you must be no more than 15 minutes late for your scheduled appointment or you will be asked to reschedule. This could result in a several day or weeks wait for you. The exception to this policy is if JRWC's staff has been notified prior to clinic and is approved by the physician. However with that, the maximum time allowed is 30 minutes past your scheduled time.

You **MUST** be on time for your appointment if you are scheduled for an office surgical procedure or diagnostic test. No tolerance can or will be given unless specific instructions documented in your medical record have been given to you by JRWC staff or physician.

With any new or established patient, if the need arises to cancel your scheduled appointment, please notify the clinic staff at least 24 hours prior to your appointment time. The JRWC staff will work with you to set a new appointment date and time as soon as possible. Failure in giving at least 24 hours notice not only affects the entire doctor's schedule, but also can result in a \$25 office fee being assessed to you personally for a missed/no notification appointment.

If you **NO SHOW 3 consecutive** appointments with JRWC, you will be terminated from the practice, sent a certified letter detailing the action, and have a copy of said letter sent to your insurance carrier. If you have any questions regarding these guidelines, please ask to speak with the JRWC Office Manager.

I have read and understand the JRWC's appointment policies and do hereby agree to accept them.

Patient/Guardian Signature

Date

Policy and Procedure for Completion of Patient FMLA forms & Insurance Forms **(ALL PATIENTS MUST SIGN THIS FORM STATING YOU ARE AWARE OF THIS POLICY)**

Completion of these forms is a service provided by the JRWC for a minimal fee. We will be happy to complete single sheet forms at no charge; however, a \$20 charge will be assessed if there are two or more pages to be completed. There will also be an additional \$20 charge to make corrections on forms that may have errors that were not due to error on our part. Please be prepared to pay the fee for these forms when you present them to the clinic for completion. If you are unable to pay the fee, the forms will not be completed and will be returned until the fee is collected.

PLEASE ALLOW 7-10 BUSINESS DAYS FOR COMPLETION OF THESE FORMS

****I have read and understand the JRWC's form completion policies and do hereby agree to accept them.**

Patient/Guardian Signature **(ALL PATIENTS MUST SIGN)**

Date