Rowan Medicine

Please print your name here: _____ D.O.B. :_____

NOTICE TO ALL NMI PATIENTS

This office operates under HIPAA guidelines, which have been set forth by the Federal Government to protect patient confidentiality and patient rights. You may request a copy of our HIPAA brochure.

Due to this fact, we need your permission to leave messages either with a person other than yourself or on a machine when we call to confirm your appointments (automated system) or to let you know when your prescriptions are ready to be picked up. Please sign below if you are in agreement with the above.

_____ Date _____

I agree to allow this office to leave messages on my machine or with someone other than myself regarding my appointments and medication renewals. Name of person: _____

Prescription pick- up only one (1) person of legal age (over 21) with photo identification may pick up prescription. **NO EXCEPTIONS WILL BE ALLOWED**

_____ _____

Name of person who is authorized to pick up prescriptions Initials of Patient

This office has a policy of charging $25 for completion of any and all forms that are not being sent to the insurance company responsible for paying for your visits to this office. **There will be no exceptions to this policy**, please ask.

The NeuroMusculoskeletal Institute will be charging a fee of $25 to any patient who does not call to cancel their appointment and just does not show instead; a $50 fee for no showed EMG/NCS study AND Interventional Procedure visits. Cancellations must be made 24 hours before the scheduled appointment time.

When calling in for refills of medications, you must give five (5) business days advance notice before you are ready to run out. When calling in for renewals, you must give your name, a phone number where you can be reached, the doctor who prescribes the medication, the name of the medication, the quantity and strength of **each individual medication** and your pharmacy phone number. **No refills will be given after hours or on weekends or holidays**. You may pick up your prescriptions during regular office hours of Monday-Friday 8:30 am- 4:00 pm. If you have any questions regarding this policy, please ask.

REFERRALS AND COPAY: If your insurance carrier requires a referral and/or copay for specialist visits, it is due at the time of your visit. If you fail to provide either, you will be rescheduled. NO EXCEPTIONS.

_____ Date _____

I have read and understand the above policies.