



PO Box 837
101 Baldwin Drive
Leland, NC 28451
Voice 910 383 1500
Fax 910 383 1504

Dear _____
Please print your name here

The purpose of this letter is to ensure that all of our patients have read over and understand our office policies. Please *read over each policy and initial* in the preceding line, indicating that you understand the policy, and sign and date at the end of the document. If you do not understand any of our policies, please do not hesitate to ask our staff prior to signing the document.

___ Appointments have priority over walk-ins in terms of the order in which patients are seen. Walk-ins are seen on a first come first serve basis as per the patient sign in sheet. Walk-ins will be seen by the Physicians Assistant. Our normal office hours are Monday through Friday 8:00 AM until 5:00 PM. We are closed for lunch between 1:00 PM and 2:00 PM. Our last walk-in before lunch is 12:15 PM and our last walk-in of the day is 4:15 PM.

___ It is critical that appointments be kept to ensure fairness to our patients. If you must cancel your appointment, we require at least 24 hours notice. Failure to show up for an appointment will result in a \$10.00 missed appointment fee, which the patient is responsible for.

___ As of May 15th, 2005 our office will collect all co-pays prior to the office visit. Please understand that unless a patient's health is emergent, we can not see the patient unless co-pay is paid.

___ We require 48 hours for prescription refills. Prescription refills requested on Thursday or Friday may not be ready until the following week.

___ After hours care is provided by calling our office phone which will forward to Dr. Batish. This service is only for **medical emergencies** and can not be used for prescription refills or making appointments. Patients must call back during normal office hours for these services. In the event that you can not reach Dr. Batish and emergent care is needed, call 911.

___ Patients with an outstanding balance of over ninety days will not be seen unless the illness is emergent or the patient enrolls and complies with a payment plan.

___ Please allow at least a week for standard lab test call backs. For specialty lab call backs, it may take up to two weeks. Each lab test result is processed, faxed to us, and reviewed by the doctor before results are given to the patient. If lab results are not faxed to us in a timely manner, the patient may need to call the lab or the hospital to request expedited results.

___ As per HIPAA guidelines, we can not release any patient information to friends or family of the patient unless the individual is the parent or guardian of a minor (under 18 years of age) or is listed on the patients HIPAA consent form. Patients under 18 years must be accompanied by their parent or guardian in order for them to be seen.

I have read and understand the before mentioned policies and agree to comply with them.

Patient Signature

Date