

## **Notice of Privacy**

\_\_\_\_\_ Our notice of Privacy Practice provides information about how we may use and disclose protected health information about you. This includes disclosure for the purpose of diagnosing or providing treatment to you, obtaining payment for your healthcare bills, or to conduct healthcare operations.

By initialing, you are acknowledging that you have been informed of the privacy notice in our office and consenting to use of medical information or disclosure as outlined above. You are also acknowledging that you have received a full copy of our Notice of Privacy Practices.

## **No Show Policy**

\_\_\_\_\_ If you are unable to keep your scheduled appointment, we ask that you call and cancel at least 24 hours prior to the appointment time. If notice of cancellation is not received, there will be a fee billed to the patient's account. This fee is not reimbursable by insurance.

Regular office visits or lab visits: \$25

Procedures (to include ultrasounds, hysteroscopies, pellets, etc.): \$100

Missed appointments could result in being discharged from our practice due to noncompliance.

## **Phone Call Policy**

\_\_\_\_\_ If treatment is rendered through telephone evaluation and management, you may be billed for services rendered. These calls could be in reference to medical advice and/or treatment given over the phone. The fee for this service can range from \$20 to \$45. This fee is not reimbursable by insurance.

## **Routine Testing Policy and Procedure**

\_\_\_\_\_ The Physician and/or Nurse Practitioner will make age appropriate recommendations regarding routine screenings for prevention and early detection. This is to include routine screening for colon, cervical, breast, and prostate cancer. Routine screenings may also include diagnostic tests, lab work, and exams performed outside the treatment of the practice. Patients are encouraged and expected to notify Dr. Thirupathi if these screenings have not been performed. If you prefer not to have the recommended screenings, please discuss this with Dr. Thirupathi or Haley Seifert F.N.P..

## **Referral**

\_\_\_\_\_ If you have an HMO, POS, or Tricare Prime insurance you will need a referral authorization from your primary care physician or your OB/GYN to obtain services from our providers. It is your responsibility to obtain the referral for this visit.

**Narcotic Medication Policy**

\_\_\_\_\_ By initialing, you acknowledge our Narcotic Medication Policy:

1. Narcotic medications will not be called to the pharmacy and will require a written prescription.
2. Refills will not be given because of **lost** or **stolen** prescriptions.

**E-Prescribing Consent**

\_\_\_\_\_ E-Prescribing is defined as a physician’s ability to electronically send an accurate, error free and understandable prescription directly to a pharmacy from the point of care. E-Prescribing greatly reduces medication errors and enhances patient safety. By initialing, you are agreeing and authorizing that Columbus Center for Reproductive Endocrinology & Infertility, L.L.C. can request and use your prescription medication history from other healthcare providers and/or third-party pharmacy benefit payers for treatment purposes.

**Assignment of Insurance Benefits**

\_\_\_\_\_ I hereby assign all applicable insurance benefits to Columbus Center for Reproductive Endocrinology & Infertility, L.L.C. I understand that I am financially responsible for any remaining balances in accordance with my insurance contract.

\_\_\_\_\_  
Printed Name of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature