



Welcome to our practice!

You, the patient, are the most important person in our office. We are committed to providing you with the best medical care. Excellence is our goal. We have worked to provide a full range of services and have highly trained and knowledgeable staff.

Please review and familiarize yourself with our office policies:

- **Telephones** are answered Mondays & Wednesdays 9:00am to 5:30pm and on Tuesday s, Thursday s, & Fridays from 7:00am to 4:30pm
- For **Emergency** situations, call 911. If you have an urgent problem, please call our office for instructions. After hours, our answering service will inform you of how to reach a physician on call.
- For **test results**, we will follow up with you within 5-7- days. Abnormal results will be followed up as soon as possible.
- Please allow 5-7 days for **referrals** and 48 to 72 hours for **prior authorizations**.
- All **prescriptions and refill requests** should be requested during normal business hours. Please have your pharmacy fax your refill request to 615-893-1232 for medication renewals. Please allow 24 to 72 hour for completion of the request. Be sure to call the pharmacy to see if the prescription is ready. Under no circumstance will pain medicine be called in during weekend hours or after hours.
- **Phone messages** will be returned in 24 to 48 hours. Repeated phone calls will only delay the processing of your request.
- Please **call 615-893-1230** in advance for **routine office visits**.
- Please schedule **follow up appointments** as you leave.
- Your care is important to us! Please notify our office as soon as possible if you are unable to make your appointment. Please **arrive 15 minutes prior to your scheduled appointment time**. Multiple no-shows or frequent cancelled and/or rescheduled appointments **may result in termination from our practice**.
- **Copayments, outstanding balances, and unmet deductibles** are expected at the time of service. Insurance is filed as a courtesy; however, the patient is financially responsible for all services rendered.
- Your **health insurance contract** is between you and your insurance company. Any complaints regarding your coverage should be directed to your insurance carrier.

*****BRING ALL PRESCRIPTION MEDICATIONS, OVER THE COUNTER MEDICATIONS, VITAMIN AND SUPPLEMENT BOTTLES WITH YOU TO EVERY APPOINTMENT*****

PATIENT SIGNATURE _____