

**\*\*\* OFFICE GUIDELINES \*\*\***

1. It is your responsibility to have your referral with you at the time your visit. Reminders to bring your referral are a **COURTESY**: Therefore, **you must know if a referral is required. If unsure, ask prior to your appointment.**
2. If your insurance has changed, you need to notify the office prior to the appointment otherwise you will be responsible for the full payment of the visit.
3. Please notify the office of any changes of address or telephone number. If you are unable to be contacted, we can't let you know about test results or appointment changes.
4. The office reserves your appointment time especially for you. 24-hour notice of cancellation is required. We reserve the right to charge you for a **NO SHOW** or **CANCELLED** appointment the same day of the visit. This charge will be \$25 for a follow-up appointment, \$100 for a New patient and \$200 for Nerve Conduction. We are aware that emergencies can arise, but repeated cancellations and no shows will result in dismissal from the practice. Confirmations are a **COURTESY**; therefore, you are expected to remember your appointments.

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Receipt of Privacy Practices

I, \_\_\_\_\_, have received a copy of Family Arthritis Center's notice of privacy practices.

Thank You,  
Family Arthritis Center

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PATIENT SIGNATURE

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DATE