

Welcome!

We're glad to have you.

Some policies to know while at Coddington Medical Family Practice:

1. **Copays** are due at the time of service.
2. You are **responsible** for what insurance, including Medicare and/or Medicaid, does not cover from your visit. This may include (but not limited to): lab work (LabCorp/Pathology Medical Services), x-rays (AMI/Radiology Associates), and anything that may require a separate charge.
3. If you have an overdue balance **greater than 60 days**, you will need to pay 10% of your past due balance prior to being seen by the provider. Forms of payment are **cash, debit or credit card(s)**, **NO CHECKS** will be accepted.
4. Accounts in **Collections** need to be paid in full before seeing a provider, and before any medication refills. Forms of payment are **cash, debit or credit card(s)**, **NO CHECKS** will be accepted.
5. Patients receiving schedule 2 medications are required **BY LAW** to be seen every **THREE MONTHS**. If your account balance is **greater than 60 days** past due you will be required to pay 10% of past due balance and prepay for your office visit, lab work or other services with **cash, debit or credit card(s)**, but **NO CHECKS**, at the time of service.
6. No-Calls/No-Shows:
 - 2nd No-Call/No-Show: You may receive a phone call and/or a letter.
 - 3rd No-Call/No-Show: You may receive a letter, and will be considered for **possible termination** from the clinic by the provider's discretion.
7. We always welcome walk-ins, however, an appointment is not **guaranteed** the same day, we **strongly recommend** making an appointment first.
8. If you are **more than** 10 minutes late for your appointment you may be asked to:
 - See a different provider
 - Or reschedule (at the provider's discretion)
9. Please be **kind and courteous** to staff and others around you. Be respectful of phone calls, conversations, and personal space.
10. In the event that a check would be returned to us for insufficient funds (NSF) a **\$40 return fee** will be added to your account.
11. Please fill out all forms and documentation to the best of your knowledge and ability. If you need **assistance** from the staff at any point please feel free to ask.

Initial _____

Date _____