

PATUXENT ENDOCRINOLOGY ASSOCIATES, LLC.
205 Steeple Chase Drive, Suite 307
Prince Frederick, MD 20678
Phone 443-432-3020; Fax 443-486-7178
Email: patuxentendo@myupdox.com

CANCELLATION AND MISSED APPOINTMENT POLICY

Patuxent Endocrinology will provide comprehensive patient care by reserving dedicated blocks of time for each patient. Therefore, if you are unable to keep your appointment, we request that you call as soon as possible to inform us. This will allow us to provide timely care to other patients who could be scheduled into your reserved time slot.

At least **24 hours' notice** is required for the cancellation of all appointments. If the 24-hour notice is not received by the practice, a \$30 charge (New patient) or a \$25 charge (Follow up) will be added to your account.

We reserve the right to end the physician-patient relationship in case of multiple missed initial or follow up appointments.

FINANCIAL POLICY

Patuxent Endocrinology will file insurance claims upon the receipt of a current insurance card. If coverage is denied, you will be billed and payment in full is due upon the receipt of the bill. You will be responsible for all co-payments (co=pays) at the time of the visit, as well as deductibles and balances due following insurance payments.

It is your responsibility with the help of Patuxent Endocrinology, to ensure that all referrals and authorizations are obtained prior to receiving medical care. If the referral/authorization is not obtained and your claim is denied, you will be responsible for the balance.

In the event that your account, following insurance payments and the normal billing cycle of Patuxent Endocrinology, is not paid in full within thirty days from the date of service, you will be responsible for any additional special handling fees should your account fall into past due status.

Past due amounts that are greater than 90 days overdue are subject to being turned over to a collection agency. You are strongly encouraged to pay all past due amounts promptly or set up a payment plan with us.

There is a \$25.00 charge for returned checks. If two (2) checks are returned, you will no longer be able to write checks in the office. Payments must then be made either by cash, credit card, money order or a certified check.

Signature _____

Date: _____