

OFFICE POLICIES

Dear Patient,

We welcome you to our working together to assist you with your important concerns and issues. This form will outline our practice's policies in order to optimize your treatment.

We ask that you carefully read, understand and are willing to abide by these office policies. You will be given your signed copy of all policies so you may refer to them as needed. Any questions or issues regarding our policies may be discussed with the office staff or Stephen Streitfeld MD. We value you, our patient, and will continue to provide the best care possible.

Please read:

All appointment reminders will be sent by email only. This is a courtesy only. **You are responsible to remember and keep your appointment regardless if you receive a reminder or not.** We strongly recommend that you register with our Patient Fusion program where you can see your upcoming appointments, medication list, and diagnosis history. In the event of late cancellation or no show, you are responsible for the No Show Fee. The No Show Fee must be paid in full or payment arrangements must be made before another follow up appointment is scheduled. An appointment must be cancelled 48 business hours in advance to avoid the fee. (Example- if your appointment is on Monday at 3:15 pm, you must cancel before Thursday at 3:15pm) More than 3 late cancelations/No Shows in 1 year will result in the termination of care.

Dr Streitfeld will give sufficient prescription refills to cover you until your next scheduled appointment. If you are running out of medication, you should have a follow up appointment coming up. Please contact your pharmacy for any refills you may require. We do not refill medications after office hours, on weekends, or on holidays. Please remind Dr Streitfeld to refill all scripts to your chosen pharmacy at the time of your appointment to prevent lapse in medication. Generally, we do not replace lost prescriptions. Please refer to the Early Refill/Rewrite Policy for details regarding prescriptions.

Prior Authorization Policies

Due to increasing demand and the time consuming necessity to complete the forms we will have to charge \$15.00 for each medication if it requires a prior authorization.

Letters of Medically Necessity if a Prior Authorization is denied are \$25.00 per letter that may need to be submitted.

Our Staff expects to be treated respectfully at all times. If your behavior at any time is unacceptable we will terminate our treatment relationship and offer to refer you elsewhere. This includes the treatment of other patients in the office and all staff members in or out of the office setting.

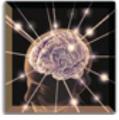
We ask that all of our patient over the age of 15 submit to urine and saliva medication level and drug testing so we may accurately monitor your medication levels. We also like this testing to be done to make sure we are not giving you a medication that would have a bad reaction to any other medications you might be taking. This test is not mandatory and you may refuse to have this test done, but the doctor may request it at any time for any patient.

I have read and understand the above policies. By signing, I acknowledge that I will adhere and agree to all office policies. I am willing to continue with my evaluation or treatment.

Printed Name: _____ Date: _____

Signature: _____

Relationship if not patient: _____ Patient's Name: _____



OFFICE POLICIES CONTINUED

Please read:

We are a small office and our staff may not always be available to answer every phone call. Please leave a clear, short message with your name, phone number and a brief reason for your call on our answering machine. Office staff will contact you as soon as possible regarding your call, if necessary. If there is an emergency outside of office hours, call 911 immediately or leave a message with Dr Streitfeld's answering service.

Billing Statement Procedure

If you have a balance you will receive up to two consecutive statements from our office. If we haven't received full payment on your account after two statements have been sent, the account will be sent to a outside collection agency. If your account is sent to a collection agency, you will be given 30 days to select a new physician. During that 30-day period we will continue to provide acute medical care and full payment for services rendered will be due up front. We appreciate your prompt payment on outstanding balances.

Patients under the age of 18 must be accompanied by a parent or legal guardian to each and every appointment.

This is required to discuss the minor's condition, issues, progress, and treatment, as well as obtain authorization for treatment plan. If a parent or legal guardian is not present, the appointment will be cancelled and the child will not be seen by Dr Streitfeld. When this occurs, a late cancellation fee will be assessed and must be paid before a follow up appointment will be made. Please refer to the Financial Responsibility Agreement and Policies for more information regarding late cancellations or no shows.

Parents are responsible at all times for their children's behavior in the waiting room, restroom, and office. If a minor's behavior is deemed too disruptive by office staff, they will be asked to leave immediately. Any and all damages to our office will be billed to the parent. The appointment will be cancelled. When this occurs, a late cancellation fee will be assessed and must be paid before a follow up appointment will be made. Please refer to the Financial Responsibility Agreement and Policies for more information regarding late cancellations or no shows.

Occasionally, we do not hear back from a patient or the patient chooses to terminate their care with this practice. If we have not heard from you in over 6 months, we will consider your case closed. At that time, we will close your chart. Should you desire to return to treatment, please contact us. Be aware that if it has been more than 12 months since your last visit, you will be considered a new patient. If you have 3 no show or late cancel appointments in a 1 year time span Dr. Streitfeld may terminate care services with you due to non compliance.

Excessive phone calls to the office or the on call service may incur a fee.

No food or drinks are allowed in the office. No smoking. Our office is a non smoking facility.

No pets are allowed in the office, with the exception of service animals. The owner must provide proper documentation for service animal.

I have read and understand the above policies. By signing, I acknowledge that I will adhere and agree to all office policies. I am willing to continue with my evaluation or treatment.

Printed Name: _____ Date: _____

Signature: _____

Relationship if not patient: _____ Patient's Name: _____