

**Please read the following and sign and date.**

**WE SUBMIT TO ALL INSURANCE CARRIERS AS A COURTESY. ALL NON-COVERED CHARGES ARE THE PATIENTS RESPONSIBILITY**

**Missed Appointments:**

**If you need to cancel your appointment please call 24 hours in advance.  
The First missed appointment you will be charged a \$50.00 fee. PER 15 MIN VISIT  
The second missed appointment may result in dismissal from the practice.**

**Late Policy:**

**If you are 10 minutes late you will be asked to reschedule.**

**Medication Refill Requests:**

**Medication refill requests may take up to 3 business days to complete.**

**Insurance cards:**

**Insurance cards are required when checking in for your appointment. Specific subscriber Information will be required: Name, Date of birth, Social Security # and employer.  
If insurance information is not given to the office you will be considered a self pay.  
We are not in network with United Healthcare.**

**Payment/Co-pay collected at time of service.**

**Be prepared to pay your co-pay or percentage not paid by insurance at the time of service. If you do not have insurance, please be prepared to pay the entire amount, unless other arrangements have been made with the Office Manager.**

**Medicare:**

**Please note that if you have Medicare, your yearly exam is only covered every other Year unless Medicare considers you high risk. You will be asked to sign a waiver stating that you have been notified of this fact.**

**Willow Creek Family Medicine is a teaching facility. If you do not wish to have students involved in your medical care you must notify the office staff prior to your visit.**

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**Patient Signature**

**Date**