

Reflect Medical & Cosmetic Center, LLC Policy and Procedures

Welcome to Reflect Medical & Cosmetic Center, LLC . In order to serve you better and avoid any misunderstanding, **please read and initial** each of the following:

1. It is **your responsibility** to understand your insurance. If you have a co-pay, deductible or co-insurance you will be asked to pay your balance prior to your office visit. Please be prepared to pay any balance you may have or you **will not be seen.** _____
2. We will not prescribe any controlled substance (ie. Xanax, Codeine, Percocet, Valium, Ambien, etc) without an office visit. _____
3. **All Medical/ Cardiology patients:** We cannot refill any prescription if you have not been seen in the past 3 months. An office visit is required. Please be sure to **ask for refills** during your visit. **Dermatology patients:** Medications may be refilled if seen within 3-6 months at the provider's discretion. _____
4. We are unable to provide phone consultations; therefore if you have a problem or your signs and symptoms are not improving we request that you schedule an office visit for a follow up evaluation. _____
5. We are not able to discuss lab/test results over the phone. We require you to schedule a follow up appointment to review your results and/or discuss preventative lifestyle modifications. It is your responsibility to call our office within 3-5 business days or use our online patient portal to obtain your test results. If all labs/test are normal, you have the right to cancel your appointment. Kindly, give our office notice within 24 hours to avoid a cancellation fee. _____
6. In an effort to ensure your prescription refills are processed in a timely manner. Please call your pharmacy and let them know which prescription needs to be refilled. Our office is electronic and the pharmacy will send us a refill request electronically. This allows for fewer mistakes with communication over the phone. _____
7. We are aware that some insurance's do not require a copay for an annual physical. However, please be aware that if any medical issues are discovered during your physical an additional deductible, Co-pay or Co-insurance may apply. _____
8. Please be advised if you request a printed copy of your lab results there is a **\$3.00** charge. You can obtain your results by accessing our online patient portal at no charge. _____
9. If you require our office to complete requested forms such as disability, school/sports/work physicals, camp physicals, workmans compensation, etc., there will be a **\$35** charge. _____
10. Cancellations of appointments without a 24 hour notice deprives others the opportunity to be seen. Please be considerate, otherwise you will be charged a **\$35 fee.** _____

I accept the above policy and procedures for Reflect Medical & Cosmetic Center, LLC

Patient Name: (Print) _____

Patient/Guardian Signature: _____

Date: _____