

NOTIFICATION OF OFFICE POLICIES:

- ❖ Medication: Please bring medications with you to every appointment.
- No shows, rescheduled, and/or cancellations with less than 24 hours' notice may result in a \$30.00 fee. After 3rd no show, rescheduled, and /or cancellations may result in dismissal from this practice.
- ❖ Co-pays and Deductible payment must be paid in full at the time of the service.
- ❖ Refills: Please call your pharmacy to request prescription refills, they will send an electronic request to your provider. This ensures the accuracy of the type of medication and dosage. You should call your pharmacy one week prior to needing your refill to allow enough time for your request to be processed. Refills are processed during normal business hours. Controlled substances require an office visit.
- New Pain/Controlled Substance Management patients must present old records, all prescriptions, x-ray / MRI reports for review preferably prior to initial appointment. Controlled substances /medications (opioids, tranquilizers/sedatives, amphetamines, etc.) are not guaranteed to be prescribed on the initial visit and may be referred out to pain management. Acceptance by Dr. Pinder as a patient for ongoing care is not guaranteed pending review of records and examination.
- Medications requiring prior authorizations: Some medications require prior authorization as a result of policies by your insurance company. This process may take up to two weeks.
- ❖ Patients requiring forms to be completed (i.e. FMLA, disability) should schedule an appointment. Forms left for completion without an appointment may take 7-10 days to complete, and incur a fee.
- ❖ If you have had blood work or other testing including radiology, mammograms, etc. and have not received your results from us within 14 business days, please call the office.

| Thank you for trusting as with your medical care. | | |
|---|-------------------|---|
| Print Name | Witness Signature | _ |
| Patient Signature | Date | _ |

Thank you for trusting us with your medical care

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