



In keeping with recent changes in managed care, we have established the following policies & procedures to best serve your health care needs

**No Shows**

Appointments are your responsibility. We require cancellation notice at least 24 hours prior. This will allow us to fill that time with someone else who needs care. Failure to give us this notice will result in the following charges which will be collected prior to rescheduling:

\$ 75 - Botox

\$ 50 - New patients & Follow up visits

**Copayments**

Copayments are due prior to service. We accept the following forms of payment:

Cash

Visa

Master Card

Personal Check

**NSF Checks**

Patient will be billed \$ 40 for each insufficient fund check. This must be paid prior to any subsequent visit.

**Health Plans**

Questions concerning health insurance should be directed to member services of your plan. The number for this service is on your ID card. Although we handle the billing, you are ultimately responsible for all charges to your account.

**Pre Authorization ( referral)**

Obtaining pre authorization from your Primary Care Physician for the visit to our office is your responsibility. You cannot be seen, in most cases, without this authorization.

**Emergencies**

In event of emergency, dial 911 or go directly to the nearest hospital Emergency Department. This will result in immediate response to your needs.

*Note: Medication refills are not considered an emergency.*

Direct all billing questions to:

Physicians Resource Team - 303-239-0309