



OSTEOPATHIC WELLNESS MEDICINE OFFICE POLICIES PLEASE READ AND SIGN BELOW

Patient Name: _____ **Date of Birth:** _____
(Please print)

Our mission is to create an ideal environment for promotion of Salutogenesis: Salutogenesis (creation of health). The goal of our healing encounter is to facilitate the creation of health that transcends the physical and results in less suffering and an overall improved quality of life.

Our policies are created out of respect for your time and the staff of Osteopathic Wellness Medicine. We are committed to providing you the best health care available on a timely basis and are asking you to abide by the policies noted below to help us provide you with the care you deserve.

BILLING POLICY—Osteopathic Wellness Medicine of WNY does not participate with any insurance carriers. Please remember, payment in full is due at time of service. We accept cash, check, and all major credit cards. Checks that are returned for nonsufficient funds will be billed to the patient along with the corresponding bank fee incurred.

NO-SHOW AND CANCELLATION POLICY--To cancel an appointment, patients must notify the office 48 hours PRIOR to their appointment. Patients who fail to notify our practice of their inability to keep an appointment 48 hours prior to the appointment date will be billed \$50.00. Patients who fail to keep two (2) rescheduled appointments in a row and do not notify the practice within 48 hours of their inability to do so will be billed a "no show" fee and will be discharged from the practice for non-compliance with the physician's plan of care.

LATE SHOW POLICY— Dr. Kaplan realizes your time is important and we hope you understand the value of his time. We want to be able to provide every patient with all the attention they require. Therefore, if you are 10 minutes or more late for your appointment, it may be necessary to reschedule for a later time or day. It is at the discretion of Dr. Kaplan to see the patient or to ask the patient to reschedule. If it is determined that the provider will see the patient, the patient arriving late may have to wait until an appropriate opening is available.

RECORDS REQUESTS POLICY—Please register for our patient portal to receive copies of your medical records at no charge. If you need records printed at the office, there is an administrative fee of .75 per page for medical records requests. Fees must be paid in full prior to completion. All requests for medical records are required to be in writing. **IMPORTANT:** Records requests require 10 business days to process.

PHYSICAL THERAPY REFERRAL POLICY--As a physical medicine and rehabilitation specialist, I am closely involved in the physical therapy aspect of all patients' care. In fact, we often design and teach exercises and manual techniques to physical therapists in the community. Because physical therapy is a direct extension of your treatment plan, we feel strongly that your treatment outcome will be optimized if you work with the physical therapists we have hand-picked as the best in the area. There are several groups that you can choose from in the Western New York region. **If you choose to work with a group that was not recommended, we will not be responsible for your outcomes with that group and will ask you to obtain your physical therapy prescription from your primary care provider or another physician.** Please remember that proximity and convenience does not equal quality.

By signing below, I acknowledge that I have read and understand the policies above. Any questions regarding the above policies were answered prior to me signing.

Patient/Guardian Signature

Today's Date