

## OFFICE POLICY

1. It is the Patients responsibility to know what Medical Services are covered by his/her Insurance plan. All services provided by Dr. James Tansinda that are not covered by your insurance plan will become the responsibility of the patient. If the insurance information is not provided at time of service, the patient will be seen on a Cash Pay Basis.

2. Co-pays are due at time of service. If unable to provide your co-pay, the patient will be asked to reschedule his/her appointment or be assessed a \$20.00 billing fee added to your original co-pay. All payments due at time of services . Cash/Credit Cards/Money Orders Only.

3. We ask that you call at least 24 hours in advance to cancel an appointment. Patients who canceled less than 24hours will be billed \$25.00 CANCELLATION FEE. NO EXCEPTIONS. Patients who fail to show-up for appointment without notifying the physicians office in advance will be charged a \$25.00 NO SHOW FEE. Payments Due at Next Office Visit

Patients that call to reschedule their schedule appointment and do not show for that appointment will be charge \$30.00 for NO SHOW FEE. NO EXCEPTIONS. PLEASE LEAVE A MESSAGE.

ALL FEES WILL BE BILLED DIRECTLY TO YOU.

ALL FEES ARE DUE AT TIME OF SERVICES.

4. When requesting a prescription refill, please call your pharmacy and not the physicians office. No prescriptions will be provided after hours, on weekends or late Friday afternoons. Prescriptions will be picked up by you, or a family member. NO FAXING PRESCRIPTIONS  
NO REFILLS OF ANTI-BIOTIC/NARCOTIC will be provided without an appointment.

**5. All Members please bring all of your medications with you to your appointment. If you do not have your medications you will not received any new prescriptions. NO EXCEPTIONS!!**

**6. There are Initial Fees for all paperwork the physician is requested to complete. Fees range from \$5.00 to \$25.00. This includes, but is not limited to :BGE, FMLA ,MTA, Jury Duty, Disability Form, an appointment with Dr. James Tansinda is REQUIRED.**

**7. Patients who need their Medical Records Release to a New Primary Care Physician or/and Insurance Company will be charged \$22.18 for processing fee and .73 cents for each page.**

**Payment is Due before Medical Records are Released.**

**8. Office Hours please call 410-800-2948/410-800-2953**

**9. Telephone in receptionist area is for Office Use Only. 9a. If you need to use your cell phone please step out in the hallway.**

**10. NO FOOD OR DRINKS ALLOWED IN WAITING AREA AND/OR EXAM ROOMS. PLEASE USE TRASH BIN.**

**11. Please see the receptionist if your address, telephone number and/or insurance has change.**

**12. Be Respectful, Responsible and Polite. May God Bless You All.**

**PATIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

**REVISED  
07/2011**