



Bayview Physician Services Office Policy

Patient Name: _____

MR#: _____

Thank you for choosing us as your health care provider. Our staff and physicians are committed to providing you the best service we can. The following is a statement of our office policy.

To ensure our system is set up accurately, we ask that you complete our registration form and provide us with a valid medical insurance card and a photo ID, as well as new insurance cards as they become available.

We accept assignment of insurance benefits as a courtesy to our patients. Any remaining balance will be the patient's responsibility. Deductibles applied by your insurance, not covered by another insurance, will also be the patient's responsibility. Services may require a referral or authorization prior to being seen. Please be aware that some services provided may not be covered by Medicare or other insurances and may be considered not medically necessary, experimental or investigational. Unless valid insurance is presented, patients will be responsible for payment in full at the time of visit. All copayments are to be paid at the time service is rendered.

Please be aware that some visits performed by the nursing staff, without seeing a doctor, are considered an office visit and fees will be charged accordingly.

As a service to our patients, we will send you electronic appointment reminders and possibly other important electronic messages. By providing your email address and/or cell phone number, you consent to receive electronic messages by such means. We will not provide your information to any other entity.

To ensure accurate processing of prescriptions, we ask that all refill requests are processed through your pharmacy. Your pharmacy can still request the refill even if you have no refills remaining. Routine refill requests may take up to 48 hours; however our goal is to process all requests the same day.

Referral requests may take several days to process, depending on the insurance company. Please call our receptionist with the name of the specialist, their phone number, date of your appointment and your diagnosis. Also, it may take 24-48 hours to process forms, depending on the amount of detail requested.

We are happy to provide you with a copy of your medical record. There is a fee for copied medical records. We will notify you of the records fee and it should be paid prior to the release of the records. We require at least 5 business days to receive copies of medical records.

We recognize that from time to time, you may need to have a medical form completed. To ensure we are able to meet the appropriate deadlines, please ensure that we receive this form as soon as possible. Depending on the information needed on the form, it could take several days for us to complete it. Please note that there may be a processing fee associated with the completion of medical forms. You will be notified of any fees once the request is made. Payment is expected upfront.

Should you arrive late for an appointment, please be aware that you may be asked to reschedule or you may have to wait to be seen between or after the other patients who have arrived at their scheduled time.

Your appointment is very important to us. If you are unable to make your scheduled appointment, unless canceled at least 24 hours in advance, we reserve the right to charge a No Show/Late cancellation fee of up to \$50.00. Please help us serve you better by keeping your scheduled appointments.

I, _____ have read, understand and agree to the office policy of Bayview Physicians Group.

Signature of Responsible Party

Date