

**Nonnie M. Estella, MD PC**  
**Office Policy**

**FINANCIAL**

Our office will make every attempt to bill your health insurance carrier for medical services rendered to you. It is your responsibility to provide us with accurate information regarding your insurance policy. Please keep us updated as changes occur.

Your insurance policy is a contract between you and your insurance company. You are responsible for knowing your coverage. Our office will make every attempt to recommend medical care that is essential to your health. Please know your policy's limits and contact your insurer to verify coverage if you are not sure.

**CO-PAYS / DEDUCTIBLES**

All co-pays and/or deductibles are due at the time of service, **cash and credit card only**. Patients with co-insurances and self-pay patients are expected to make a payment at the time of service. Co-pay/deductibles apply to all visits in our practice.

**CANCELLATIONS/NO-SHOWS**

A missed or cancelled appointment without **24-hour notice** creates a gap in the provider's schedule and prevents us from utilizing that time to offer care to another patient. Missed appointments will be subject to a **\$35.00** fee.

Notifications and appointment rescheduling can be done through the patient portal.

\*Excessive cancelling/rescheduling appointments without a 24-hour notice will result in a fee or possible dismissal from the practice.

**LATE APPOINTMENTS**

If you arrive more than 10 minutes late for your appointment our staff will ask the provider if they will be able to see you, if not you will be rescheduled to the next available appointment.

**REFERRALS**

If your health insurance requires a referral for our office, please contact your primary care physician's office for a referral prior to your appointment. If there is no referral on file we will reschedule your appointment. Please note, our office does not provide referrals for patients.

**REFILL REQUEST**

Please contact our office to request prescription refills and allow 48-72 hours for our office to process.

**MEDICAL RECORDS REQUEST**

A medical record request form must be completed and submitted via mail, fax or in person. A \$35.00 fee applies, but is waived if they are being transferred to another physician's office. Please allow 10-14 business days for processing especially for out of state providers.

**FMLA & SHORT DISABILITY FORM**

Forms must be submitted to our office via mail, fax or in person. Please allow 10 -14 business days for our office to process.

1. I have read and agree to the Nonnie M Estella, MD office policy above.
2. This agreement remains in effect for all future services at Nonnie M Estella, MD

Patient/Responsible Person Signature: \_\_\_\_\_

Date: \_\_\_\_\_