

Sepulveda & Associates, PC
9 North Road Suite 101 Chelmsford, MA 01824
Phone: 978-458-2005 Fax: 978-452-5975

Welcome and thank you for allowing **Sepulveda & Associates** to attend to your health care needs. We would like to communicate our office policies with you. Please feel free to ask questions as needed.

OFFICE POLICIES

➤ **Office hours**

- Monday through Friday 9:00am to 5:00pm.

➤ **Appointments**

- Scheduled Monday through Thursday, from 1:00pm to 4:15pm.
- Urgent medical visits will be seen on the same day.
- Sick visits will be scheduled within 24 hours.
- Routine physicals will be scheduled within 3 weeks.
- If unable to keep your appointment, please call and give at least a 24 hour notice.
- **There will be a \$20.00 fee for any missed/no show, or same day cancellations.**
- **Current updated medication list** should be brought to each office visit.

➤ **Referrals**

- If your insurance company requires a referral from your primary care physician, contact their office with the date of your appointment and doctor's name in order to receive a referral.
- Specialist referral requests must be called into the office as soon as your appointment is made. Please allow 3 days for referral requests.
- Specialist referrals will only be issued by your primary care physician after being seen in the office. Referrals will not be issued to if you have not been seen within a year.
- You are responsible for any claims denied due to invalid or missing referral.

➤ **Payments**

- Co-payments and/or balances are to be paid at the time of your visit.
- Patients who are without health insurance are required to pay \$150 for the initial visit and \$100 for follow-up visits. Services will not be provided unless payment is received.
- There will be a \$15.00 fee for any returned checks.

➤ **Information Changes**

- Please notify the office **immediately** with any change in your name, address, telephone number or insurance.
- You are responsible for any claims denied due to incorrect insurance information.

➤ **Medical Records**

- A signed release is required for medical records to be released from this office. There will be a \$35.00 fee for this service. Records will not be released until payment is received. Records will be sent within 3 business days once fee is received.

➤ **Prescription Refills**

- Please plan accordingly. Allow 48 hours notice for all prescription refills.
- Prescriptions will not be refilled if you have not been seen within a year. An appointment will need to be scheduled.

****I HAVE READ, RECEIVED AND UNDERSTAND THESE OFFICE POLICIES****

Signature: _____

Date: _____

Witness: _____

Date: _____

Interpreter: _____

Date: _____ Revised 1/2014