

CONNECTICUT BACK CENTER

OFFICE POLICIES

MEDICATION REFILLS - If you need a refill on a medication that does not require a written prescription, please call your pharmacy to have them fax a request to 860-872-6252, for refill of your medication. Please allow at least **THREE** days notice for all prescription refills.

If you need a prescription refill for a *narcotic* medication, please call the office and leave a message on the Medication Line voice mail with the medication information and a phone number where you can be reached if we should have any questions (you will not be called back if there are no questions). Please call prior to coming to the office to ensure that your written prescription has been authorized and is ready for pickup.

*****DO NOT ALLOW YOUR MEDICATIONS TO COMPLETELY RUN OUT BEFORE CALLING FOR A REFILL!!! CALL OUR OFFICE AT LEAST 3 DAYS BEFORE!!******

PAPERWORK

If you have paperwork that requires the doctor's completion and signature, please fill out your portion of the form and either mail or bring it to the office. We will do our best to have the forms ready for pickup, mailing or faxing within 7-10 business days. You must either have been seen at least three times in our office or be a patient of the doctors for at least 30 days before we will fill out paperwork. ***Please note that there is a \$30.00 fee for completion of paperwork.***

CANCELLATION POLICY

If you cannot keep an appointment, please call the office to cancel at least 24 hours prior to that appointment. If you do not call the office and do not show up for the appointment, you will be charged \$50.00. This fee is NOT billable to your insurance company and will need to be paid prior to your being seen at your next appointment. Of course, consideration is given to appointments cancelled due to inclement weather, emergencies, illness, etc. Please call the office in a timely manner to cancel any appointment you cannot keep. This will allow us time to schedule other patients in that appointment slot.

PAYMENTS

Co-payments are required at the time of your visit (this is an agreement between you and your insurance company). Because of this agreement, we are mandated by your insurance company to **collect your copay at the time of service.**

Those patients without health insurance (self-paying) are required to pay a \$350.00 deposit at the time of their visit, and to pay for each subsequent visit at the time of the appointment, unless other arrangements are made with the office prior to the appointment. These visits are to be paid in cash or with a credit card.

If a referral is required by your insurance for you to see a specialist, you are responsible for obtaining that referral, and it must be sent to our office prior to your appointment, or we will have to reschedule your appointment.

Signature: _____ Date: _____