



AGREEMENT TO TREATMENT INFORMATION

CANCELLATION / NO-SHOW INFORMATION

I understand that I am required to give at least 24 hours notice if I am unable to keep my scheduled appointments. If I do not call at least 24 hours in advance to cancel an appointment, I understand that I can be charged \$25.00 per half hour missed. I understand that I am personally responsible for this fee, that it is not covered by my insurance, and that this policy applies only to the physician's fee.

PRESCRIPTION INFORMATION

Because your doctor has prescribed medications as part of your treatment, it is important that you follow his/her instructions for taking this medication. If you experience unpleasant or unusual side effects, please contact your doctor as soon as possible. If you feel you need to discontinue your medication, please call the office beforehand, as stopping some medications abruptly can cause unpleasant side effects. If your doctor is not available when you call, the physician on call will assist you.

PRESCRIPTION RENEWALS

To insure that you do not run out of your medication, it is necessary for you to plan ahead to request renewals because your physician is not available at all times to respond to your request. He/she must have time to review your record, properly record your request, complete any pre-authorization paperwork your insurer may require, and route the prescription to your pharmacy. Therefore, it is necessary to contact us for a renewal at least three business days (72 hours) before taking your last dose. If your medication will run out over the weekend, please call us by the Wednesday morning for your renewal to be processed before the weekend.

Renewal requests can be called in to 434-243-4646 during clinic hours, which are as follows: Monday, Wednesday, Thursday, and Friday from 8:00 to 5:00, and Tuesdays from 8:00 to 2:30. The office is closed after these hours, on weekends, and on major holidays. However, you may leave a voice mail message, and your request will be processed within three business days.

When leaving a message, please talk slowly and clearly and provide the following information:

- Your doctor's name.
- Patient's first and last name, with proper spelling.
- Name and phone number of person calling if not the patient.
- Medication(s) being requested.
- Phone number where patient can be reached in the event of a problem.
- Pharmacy name and phone number.
- Indicate if the prescription is to be called in, picked up at the clinic, or to be mailed. If you want the prescription mailed please provide the complete mailing address. Some medications (controlled substances) can only be obtained with a written prescription.

Please note that some insurance companies require a pre-authorization for certain medications. If no pre-authorization is obtained before filling your prescription, your pharmacy may charge you the full cost of your medication(s). Since there are many insurance policies with many different requirements for medication pre-authorization, it is your responsibility to find out what those requirements are by calling your insurance company. We will be happy to complete whatever forms are needed in order to obtain a medication pre-authorization for you.

Please let us know if you have any questions.