

FVWC Policies

Initials	Item #	Policy
	1	Emergencies: FVWC will make every attempt to address your health care needs. In the event of an emergency, please dial 911 or seek medical attention at the nearest Emergency Room.
	2	Prescription refills: It is our policy that you should be responsible to know when your medications must be refilled at least one week before you run out. Medications are refilled only at the patient visit or when requested in advance through your pharmacy. We cannot take weekend, after hours or phone call refill requests. Refills cannot be made if the provider has not seen you for an extended period of time.
	3	Telephone encounters and sick patients: We do not treat new patients or new illnesses over the telephone. Dr. Meress may elect to treat an existing patient seeking continuing care for an existing straightforward illness over the telephone. Telephone consults are provided for a fee starting at \$245.00. Payment by credit card is due at the time of service.
	4	Information: You agree to provide your correct name, current address, cell, work and home telephone number, e-mail address, Social Security number, up-to-date insurance information and a picture at the time of registration. You are responsible to update FVWC with any changes.
	5	Financial responsibility: By your initials and your signature below, you accept financial responsibility for all charges for services rendered to you. If the patient is a minor, the parent or guardian assumes the financial liability.
	6	Payment methods: We accept cash, check and several major credit cards.
	7	Appointments: Our office will schedule appointments as a common courtesy for patients and in consideration of your time. We require a minimum of 48 hours (or the Wednesday before a Monday appointment) notice of cancellation for established patients. A fee of half the scheduled office visit will be charged for non-cancelled and missed appointments. A pattern of non-cancelled appointments may result in discharge from the practice.
	8	Form fees: Our practice charges for additional paperwork outside of the completion of the medical record. The following fees apply: (a) single page forms--\$25.00; (b) multi-page forms--\$50.00; (c) FMLA, disability and driver's license forms--\$75.00. Additional fees may apply at the discretion of the practice.
	9	Medical records: The medical chart is the property of FVWC. However, copies of your pertinent medical information are available upon request. FVWC does charge a fee for copies of the records & needs a HIPPA form signed before records can be sent.
	10	Accident & Worker's Compensation: Although our office is happy to treat your medical conditions, if the cause is related to an auto or work accident you will be required to pay full fees at the time of your visit.
	11	Statement policy: Our office sends patient statements each month. Payment is due upon receipt. Delay in insurance processing or payment does not release your responsibility for payment.

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12	Collection and bank fees: Banks charge us for a check that does not clear or cannot be cashed. You agree to be liable for all charges levied against FVWC by our financial institution. Additionally, FVWC will charge you a fee of \$25.00.
13	Patient discharge: FVWC reserves the right to discharge a patient for any reason. Please note that discharges may occur for failure to meet your obligations under this document. In addition, because of quality care conditions, the practice may discharge you for failure to comply with treatment plan(s) as outlined by Dr. Meress. Discharge may also result if profanities, inappropriate language or threats are made against FVWC or any members of its staff.
14	Payment: FVWC is a cash-based facility meaning that payment must be made in full at time of service. NO EXCEPTIONS! Upon request, we will complete and mail a claim form to you which you can use to submit to your insurance company for reimbursement. Any payment made by your insurance company would be mailed directly to you. FVWC has chosen to "Opt Out" of Medicare so this does not apply to patients that have Medicare or governmental insurance.
15	Laboratory order charges: FVWC assumes no responsibility for charges incurred for ordered laboratory testing. In choosing to have tests run, the patient accepts all financial responsibilities.

I have read and understand all the terms of this policy. My initials and signature below indicate I fully understand each item and agree to all of the above stated terms.

Signature: _____

Printed Name: _____ Date: _____