



OFFICE POLICIES AND PROCEDURES

Our goal is to make the physician/patient relationship as beneficial as possible. We will seek an active part in your health care needs. We want our patients to be informed of office policies; therefore, we ask you to read and sign this copy for our records. We will give you a copy to take home as a reference.

Office Hours

We are open Monday through Thursday from 7:45 am-4 pm and on Fridays from 8:30 am-4:00 pm. We are closed each day from 12pm to 1:15pm for lunch.

After Hours Emergency

In a life-threatening emergency, call 911. For other after-hour emergencies, call 405-942-1122. Our answering service will take the information and page the physician on call. The doctor will call you back as soon as possible. This service is **not** intended for routine refills or canceling appointments.

Appointments

When calling for an appointment, please inform our office for the reason for your visit so they can schedule the appropriate amount of time. All calls and reasons for appointments are kept confidential. Patients who are late may be asked to reschedule. If you have to reschedule or cancel your appointment time, please give 24 hour notice. **Effective March 1, 2006**, patients who do not show up for their scheduled appointments will be charged **\$20.00 per missed appointment** and may be dismissed from the clinic after three such incidents.

Refill Request and Messages

Medication refills will be completed within 24 hours of the request, if possible. Please call your pharmacy for refill requests. Your pharmacy will fax the request to us at 405-285-1727. Please call for refills **before** you are out of medication. The nurse will return phone messages as soon as possible. Please keep in mind, however, that the nurse is busy helping the doctor and patients in the office. If you feel your call is urgent, please inform the office assistant of the nature of the emergency. Again, prescription refills are not considered an after-hours emergency.

Hospitals

Dr. King has admitting privileges at Mercy Health Center and Edmond Regional Medical Center. Typically, Dr. King does not admit patients to the hospital, but refer patients to a specialist to treat specific medical problems. Dr. King will resume primary care responsibilities after their respective patients are discharged from the hospital. Many times, this actually allows for better in-patient care since these doctors are usually located at or near the hospital. Dr. King will stay informed of the patient's progress throughout the hospitalization.

Referrals

If your insurance company requires a referral to a specialist, please notify at least one week before your scheduled appointment. It may be necessary for you to be seen by your primary care physician before we can issue a referral. Many times, self-referrals can be made, so please refer to your insurance provider manual.

Payment and Insurance

All payments, including co-payments, deductibles, co-insurance and private pay, are due at the time of service. We reserve the right to refuse an appointment if prior arrangements have not been made and you are not prepared to pay your bill. **There is a \$30 charge for any return checks.** Please bring your insurance card to each visit. We will file insurance claims for all charges incurred in our office except for automobile accidents, work-related injuries or third-party injuries. Charges from an automobile accident will be the patient's responsibility and are due at the time of service. We will provide you with the necessary paperwork to submit the claim to the auto insurance. We do not treat or file any Worker's Compensation claims or injuries.

Medical Records and Miscellaneous

We will be happy to provide you with a copy of your records as long as a proper request form is filled out. In addition to postage charges, there will be a charge of \$1.00 for the first page copied and 50 cents per additional copied page. If you need the doctor to fill out any paperwork, there is a \$5 charge per page. There is also a \$5 charge to fax your paperwork. Charges must be paid in advance.

I have read this office policy and agree to abide by the terms listed above.

Patient signature _____ Date _____