

ELDERSBURG ARTHRITIS, L.L.C.
6190 Georgetown Boulevard
Suite 110
Eldersburg, MD 21784
410-795-9700 410-795-7500 Fax

OFFICE POLICIES

1. **Appointment Cancellation/Fees**

A minimum of 24 hours notice is required when cancelling or changing an appointment. **A \$40.00 fee** will be charged for all no-show appointments.

2. **Form Completion Fees**

There is a \$30.00 fee for the completion of any form by a physician without an appointment. The fee is payable upon pick-up of the form. The form will not be released without payment.

3. **Referrals**

All patients are responsible for calling their insurance company prior to scheduling an appointment to determine if a referral is required. If a referral is required by your insurance, the patient must obtain one from their primary care physician. Referrals must be received by our office **prior** to your appointment and cover your date of service. If the referral is not received your appointment will be rescheduled.

4. **Insurance**

It is the patient's responsibility to notify us of any changes in their insurance **BEFORE** your appointment. Infusion patients must notify our office at least a week prior to their next appointment of any insurance changes. Our office will need to check your benefits for any prior authorization requirements. Failure to notify our office of any insurance changes can result in your appointment being rescheduled.

5. **Prescription**

When you need a refill on a medication, please contact your pharmacy first. They will fax us a request. Prescription requests will be filled within 48 hours. The doctors do not work on Friday's or the weekend, therefore no prescriptions are filled Friday through Sunday. Mail order prescriptions can take several days to be processed by the pharmacy, so please plan accordingly.

6. **Medical Records**

There is a charge to the patient when medical records are requested by the patient. If the medical records are for a new physician, have the new physician send the request for the medical records to avoid the fee. The fee for medical records is determined by state law.

7. **Co-payments, Co-insurance and Balances**

All co-payments and co-insurance are due at the time of service. All balances are due upon receipt of a statement and must be up-to-date before service is rendered, or you will need to reschedule your appointment.

8. **Past Due Accounts/Collections**

Patient accounts with a past due balance for any reason over 90 days will be sent to a collection agency. Patient with a balance in collections will not be seen until paid.

9. **Photo ID and Insurance Card**

Photo ID and insurance (s) are required at the time of service or your appointment will be rescheduled.

10. **Late Arrival**

Patients that arrive late for their appointment may be asked to reschedule.