

# Azelvandre Family Practice

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Phone: 407.339.1060 / Fax: 407.339.1081

## OFFICE POLICIES

Please read and initial by each office policy

\_\_\_\_\_ **MEDICATION REFILLS:** At your scheduled office visit, the provider will discuss appropriate monitoring intervals for your medications and will make sure you have enough refills until the next planned visit. When your medication bottle shows: "No refills remain" or "Contact your physician for refill," these should serve as a reminder that you need to come in to be seen. Please allow 24-48 hours for all medication refill requests to be processed.

**Absolutely no refills OR partial refills can be given once you have not been seen in office greater than 1 year.** We offer and encourage you to book your next follow up at check out if necessary, at each visit. If you decline to schedule at time of check out it becomes your responsibility to schedule in a timely manner as to not cause any interruption in future prescription refills.

\_\_\_\_\_ **REFERRALS:** When your provider suggests a specialist evaluation or diagnostic test that requires a referral, set up your appointment and call our referral line (option 5) to speak to the referral coordinator or leave a message.

When leaving a message for a referral, please include the following information: Your name, phone number, the name of the doctor/office location you are scheduled with, and the date of the appointment.

Some referrals require insurance pre-authorization and cannot be processed immediately. Insurance guidelines prohibit us from backdating referrals. Please allow up to 5-7 business days to process the referral.

\_\_\_\_\_ **PREVENTATIVE HEALTH:** People who are actively involved in their health are more likely to have positive experiences with their healthcare providers and have their health needs met. It is our goal to provide you with the best care possible. It is important to complete all appropriate preventative health as recommended (i.e. physicals, mammograms, colonoscopies, eye exams, etc.). Failure to not comply with recommended preventative health jeopardizes a successful patient/doctor relationship and could lead to dismissal from our practice.

\_\_\_\_\_ **PATIENT DISMISSAL:** While we make every effort to work with you, unfortunately sometimes we feel it is best for all involved to dismiss you from our practice. If you are dismissed from the practice you will have 30 days for emergency treatment in our office. After that time, you will be required to see the services of another physician in another office. Common reasons for dismissal include: Failure to keep appointments, non-compliance with prescribed treatment plan, abusiveness to staff, failure to pay your bill.

**Print Patient Name:** \_\_\_\_\_

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_