

“NO-SHOW” APPOINTMENT POLICY

Effective August 1, 2018, revised October 13, 2020.

Dr. Alexandridis understands that sometimes you need to cancel or reschedule your office appointment or hospital procedure. **If you are unable to keep your appointment, please call us *as soon as possible*.** As a courtesy, an appointment reminder call to you is made/attempted 1 to 2 business days prior to your scheduled appointment. However, it is the responsibility of the patient to arrive for the appointment on time. We do our utmost to provide timely and efficient care, so we ask you to extend the same courtesy.

PLEASE REVIEW THE FOLLOWING POLICY:

1. Notify us by **1:00 pm on the business day prior** to your scheduled office appointment or telehealth visit if you need to reschedule.
 - Appointments which are rescheduled or cancelled without this advanced notice will be subject to a **\$35.00 Late Cancellation Fee**.
 - This will be sent to you as an invoice.
 - This is ***not*** covered by insurance/Medicare/Medi-Cal.
 - The fee will be collected prior to rescheduling the appointment.
2. If there is no notification, then this is considered a ***“No-Show”***.
 - A **\$35.00 No-Show Fee** will be assessed.
 - This will be sent to you as an invoice.
 - This is ***not*** covered by insurance/Medicare/Medi-Cal.
 - The fee will be collected prior to rescheduling the appointment.
 - Three ***“No-Shows”*** will require a new referral prior to being seen by the surgeon.
3. Reschedule **operations/procedures** with at least ****FOUR (4) business days'**** notice by calling our office. ***Do not*** call the hospital. For example, if your operation is on a Tuesday, you will need to notify us prior to 1:00 pm on the preceding Wednesday.
 - A **\$250.00 OR Cancellation Fee** will be assessed for late cancellations or ***“No-shows”*** for operations.
 - This is ***not*** covered by insurance/Medicare/Medi-Cal.
 - This will be invoiced and collected prior to rescheduling the operation/procedure.
4. Arrivals more than 15 minutes after the appointment time are considered **LATE**.
 - Office appointments or telehealth visits will have to be rescheduled.
 - Hospital appointments will be accommodated or rescheduled at the discretion of the operating room staff.

I have read and understand Dr. Alexandridis' ***“No-Show”*** Appointment Policy and understand my responsibility to plan appointments accordingly and notify the office appropriately if I have difficulty keeping my scheduled appointments. (Electronic signature will be recorded when intake form is completed.)

Patient Name

Date of Birth

Today's Date

Patient Signature or Parent/Guardian if minor

Relationship to Patient



Patient's Name (printed)

BILLING AND COLLECTIONS POLICY

I understand that I (or, the responsible party listed on my account) will be obligated to pay for all rendered services that my insurance/health plan deem “patient responsibility”. I also agree to submit my co-pay or co-insurance at the time of service. If there is a balance on my account, I must make payment plan arrangements or submit payment in full before further services are rendered. I understand I may be turned over to a debt collections agency for non-payment of past-due balances. I understand that all major credit cards, cash, and check methods of payment are accepted.

By signing below, I agree that I have reviewed and understand the information above.

Signature	Today's Date	Relationship to Patient
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PRIVACY AND PROTECTED HEALTH INFORMATION

I understand that Alexis Alexandridis MD Inc. will use and disclose health information about me.

I understand that my health information may include information both created and received by the practice, may be in the form of written, electronic or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnoses, treatments, procedures, prescriptions, and similar types of health-related information.

I understand and agree that Alexis Alexandridis MD Inc. may use and disclose my health information in order to:

- Make decisions about and plan for my care and treatment.
- Refer to, consult with, coordinate among, and manage along with other health care providers for my care and treatment.
- Determine my eligibility for health plan or insurance coverage, as well as submit bills, claims, and other related information to insurance companies or others who may be responsible to pay for some or all of my health care.
- Perform various office, administrative, and business functions that support my physician's efforts to provide me with, arrange, and be reimbursed for quality, cost-effective health care.

I understand that I have the right to ask that some or all of my health information not be used or disclosed in the manner described in the Notice of Privacy Practices, and I understand that the practice is not required by law to agree to such requests.

I also understand that I have the right to receive and review a written description of how the practice will handle health information about me. This written description, known as a Notice of Privacy Practices, describes the uses and disclosures of health information made and the information practices followed by the employees, staff, and other office personnel, and my rights regarding my health information.

I further understand that it is the policy of Alexis Alexandridis MD Inc. to follow all federal and state laws and reporting requirements regarding identity theft. Specifically, this policy outlines how the practice will (1) identify, (2) detect, and (3) respond to “red flags” which are defined by this policy as including a pattern, practice, or specific account or record activity that indicates possible identity theft. I understand that the Notice of Privacy Practices is available to me upon request and that it is the policy of Alexis Alexandridis MD Inc. to review and update these policies no less than annually, of which I may have a copy of the updates upon request.

By signing below, I agree that I have reviewed and understand the information above.

Signature	Today's Date	Relationship to Patient
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