

David P. Chodirker, MD
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Office Policy

The following office policy outlines our practice guidelines. If you have any questions regarding this policy please do not hesitate to ask our front office staff.

- **We hold patient confidentiality paramount.** HIPAA guidelines are strictly enforced. Please do not hesitate to ask our staff questions if you have privacy concerns.
- **Our office now offers dedicated Referral and Prescription Refill Lines.** In an effort to better serve you, we have implemented private, dedicated phone lines to collect patient referral and prescription refill requests. These lines are available 24 hours a day, 7 days per week. Please be sure to have all pertinent information before calling. The voice message system will explain the process.
- **Please make sure to designate either Dr. Chodirker, Dr. Rockett, or Dr. Snider as your primary care physician prior to making an appointment.** If you arrive for your scheduled appointment and neither physician is listed as your PCP (if you have an HMO or POS policy) with your insurance carrier, your insurance will not cover the visit. If you choose to keep this appointment, you will be considered self pay and payment is expected same day.
- **As a courtesy, our staff provides appointment reminder calls** at least 24 hours in advance of your scheduled appointment. If you have the need to cancel a scheduled appointment, kindly give 24 hours notice so that we may use the empty slot for other patients in need. Because we provide appointment reminder calls, we reserve the right to charge patients a “no show” fee if they failed to cancel their appointment and did not keep their scheduled appointment.
- **Insurance cards are viewed, outstanding balances and copays collected at the time of service** ---Your insurance company requires you to present your insurance information and pay the pre-determined copay amount at every visit (please take note that nonpayment of co-pay on the date of service will be subject to a \$15 dollar billing fee.) Incomplete or incorrect insurance information can lead to higher out of pocket expenses by the patient or guarantor. In addition, because every insurance policy is different, procedures and visits will be covered as per your personal plan. Please contact your insurance carrier if you have questions about your policy (especially the preventative or routine care guidelines).
- **If you are a self pay patient without eligible insurance, payment for your visit is due at the time of service.**
- **Please update all personal information such as change in address, insurance, telephone numbers, and emergency contacts at every visit**--- We request current personal demographic information on our patients so as to keep the files active and complete. It is in all of our best interests to have accurate contact information in our files.
- **Medical Records:** There will be a **\$10.00 fee** for the transfer of medical records. A Medical Records Release Form will need to be filled in and signed by you before any records leave the office.
- **School and Camp Form policies:** Two copies of a school/camp form will be provided as they are written. Please save one copy for your files. It may be copied as needed, and is valid for up to one calendar year.

Date: _____

(Signature of patient or guardian)

Patient Name: _____

(Please print)