

## PATIENT GUIDELINES

office@nozdoc.com

Thank you for choosing Roger N. Danziger M.D. as your health care provider. We are committed to providing you with the best care possible. The practice has established patient guidelines facilitate clear expectations between patient and provider. A copy of these guidelines will be provided to you for your records upon your request.

### CHECKING IN

Please make sure to check-in at the front desk at each visit. **At check-in, you will be required to sign-in and indicate if you have had a change in your address or insurance.** Please provide any updated information to the staff. **If you are more than 15 minutes late for your appointment we may need to reschedule your appointment.**

### PAYMENTS

**Please note that we will collect your co-pays and deductibles at the time of service. This will be done at the front desk.** We accept cash, personal checks **under \$200**, Visa, Master Card, American Express and Discover.

### MISSED APPOINTMENTS

Please know we expect you to keep all of your appointment(s) or call **24 to 48 hours in advance to cancel or reschedule your appointment(s).** You can leave a message on our phone system between 5pm – 9pm, weekdays or during the day on the weekends. **A \$25.00 fee will be charged for missed appointments without appropriate notice. 3 missed appointments without appropriate notice may jeopardize our ability to continue to provide your medical care.**

### RETURNED CHECKS

Should personal checks be returned from the bank for nonpayment, your account will be charged a **\$50.00** returned item fee. Future services will be provided on a cash only basis.

**PLEASE NOTE: WE ARE NOT PROVIDERS FOR WORKERS COMPENSATION.**

### MEDICARE

The practice welcomes Medicare patients. **Please contact the office regarding the Medicare Replacement insurances that we accept.** If Medicare is your only form of coverage, you will be expected to **pay the 20% not covered** by Medicare at the time of your appointment. **We do not file secondary claims that do not automatically crossover from Medicare. We do not accept Medicaid as a secondary insurance.**

### INSURANCE

The practice participates with many insurance companies. **Patient's are always responsible for knowing their insurance benefits.** If Dr. Danziger is an "out of network" physician the patient agrees to be completely responsible for all "out of network" charges. If Dr. Danziger is not a participating provider with the insurance then no claims will be filed. **We will need your insurance card to file your insurance claim. Without an insurance card the patient will be considered a "self pay patient".**

### REFERRALS/AUTHORIZATIONS

If an insurance plan requires a referral for **ANY SERVICES**, it is the patient's responsibility to ensure that a hard copy of the referral is in the office **at least one day before the appointment.** If the referral is not here the day before the appointment then the appointment will be rescheduled.

### LABS/DIAGNOSTIC TESTING

Many insurance plans stipulate which lab and/or diagnostic facilities you may use. It is the patient's responsibility to know this information. We "**Code**" all lab tests to the best of our abilities. Despite this the patient may still be responsible for lab fees.

### Medications

**Patients need to be seen every 6-12 months to renew any prescriptions.**

I have read the above patient guidelines; I agree to abide by the rules listed above.

DATE \_\_\_\_\_ Patient name (print) \_\_\_\_\_

Signature of Person Responsible for Payment \_\_\_\_\_