



1456 Ferry Road, Suite 400
Doylestown, Pennsylvania 18901
Phone: 267-880-6350 Fax: 267-880-6592
www.tohickoninternalmedicine.com

OFFICE POLICIES

Our mission is to deliver the highest-quality, comprehensive patient-centered medical care in an efficient manner. To achieve this goal it is necessary for patients to adhere to a few basic policies. Your assistance in this endeavor is greatly appreciated.

FINANCIAL POLICY

- 1. You are responsible for presenting your insurance card at all visits.
Rebilling charge for incorrect insurance information..... \$ 10.00
2. If you have a co-pay, you are responsible for payment at the time of your visit.
Nonpayment of co-pay at time of visit..... \$ 10.00
3. We accept cash, checks, credit cards, and debit cards.
Check returned for any reason..... \$ 25.00
4. If you cannot keep an appointment, you are responsible for notifying the office.
Charge for two consecutive missed appointments without notification at least 24 hours
before your scheduled appointment..... \$ 25.00
5. You are responsible for paying bills within 30 days of receipt.
Bills not paid within 30 days..... \$ 10.00
6. Bills sent to collection..... \$ 25.00
7. Completion of forms not presented at the time of your visit..... \$ 10.00-25.00
(determined by primary care provider)
8. Copying of your medical record..... \$ 35.00
(maximum cost, depends on number of pages copied)

PRESCRIPTIONS

Please ask for medication renewals at the time of your visit. If you call the office for prescription refills, please allow 1 business day for completion.

REFERRALS

48 hours notice is required for non-emergent referrals. All referrals will be sent electronically.

MEDICAL TESTING RESULTS

We will fax results to other health care providers upon request. You may also pick up a copy of your results for your records.

I have read and understand Tohickon Internal Medicine's above office policies.

SIGNATURE OF PATIENT / LEGAL GUARDIAN / LEGAL REPRESENTATIVE

DATE

NAME OF LEGAL GUARDIAN / LEGAL REPRESENTATIVE (Please Print)

RELATIONSHIP TO PATIENT