

Dear Patient,

Thank you for choosing Orlando Cardiac & Vascular Specialists LLC for your specialty healthcare needs. We are pleased to welcome you to our practice. We'd like to familiarize you with our office policies to keep you informed and avoid any potential misunderstandings.

APPOINTMENTS: In the event you cannot keep a scheduled appointment, please provide a minimum of 24 hours' notice to avoid a no show fee of \$25.00 being charged to your account. Diagnostic Testing Services and Procedures require a minimum of 48 hours' notice or a higher no show fee may be charged. This allows us to schedule other patients in the vacant appointment slot and decrease appointment wait times.

REFERRALS: If your insurance policy requires a referral from your Primary Care Physician (PCP), it is your responsibility to obtain such referral prior to your scheduled appointment. If you do not have a valid referral, your appointment will be rescheduled.

CO-PAYMENTS AND DEDUCTIBLES: By law, we are required to collect your carrier designated copayment (co-pay). This payment is due at the time of service. Any diagnostic testing or procedures performed may require a separate co-pay, deductible, and/or coinsurance. We will collect such balance at the time of service.

SELF PAY PATIENTS: Payment is expected at the time of service unless other financial arrangements have been made prior to your visit.

FMLA/DISABILITY FORM COMPLETION: Please have FMLA and/or disability paperwork completed by your PCP wherever possible. In the event that you need FMLA and/or disability paperwork completed by our office, a \$20.00 charge will apply. Please allow a minimum of 10 business days for the completion of these forms.

MEDICAL RECORDS REQUESTS: We will provide you with a copy of your medical records upon request. A charge of \$1.00 per page will be assessed for the first 25 pages and \$0.25 per page thereafter. This fee covers the cost of reproducing these records. There will be no charge if records are sent to another physician.

REFILL REQUESTS: Medication refills will be sent electronically to your pharmacy. Please provide us with your pharmacy name, address, and phone number and notify us of any changes as soon as possible. Refills are generally processed at your scheduled appointment; however, please call our office **during business hours** if refills are needed prior to your scheduled appointment date. Please allow a minimum of 72 business hours for processing these requests.

ACCEPTED PAYMENT TYPES: We accept cash, check, Visa, MasterCard, American Express, and Discover. A \$25.00 fee will be charged to the patient's account for checks returned due to insufficient funds.

Patient Name

Date

Patient or Patient Representative Signature

Relationship to Patient

251 Maitland Ave., Suite 116, Altamonte Springs, FL 32701
1301 South International Pkwy., Suite 1001, Lake Mary, FL 32746

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