

NEUROSURGERY, ENDOVASCULAR & SPINE CENTER

Dr. Stanley H. Kim

Dr. Anant I. Patel

Due to the many changes in healthcare and our ability to comply with these changes, we have put in place the following policies and procedures. This handout is designed to provide you with concise information about our conditions, expectations and procedures.

Appointments: We make a sincere effort to adhere to our appointment schedule however, at times, an appointment may take longer than planned or an emergency may arise. We appreciate your understanding and patience when this happens. Patients arriving more than 15 minutes late for an appointment will be asked to reschedule. Please be advised that if you cancel your appointment less than 24 hours in advance repeatedly or do not show up for an appointment twice we will ask you to find medical care with another physician. You will be charged the amount of an office visit fee for all no-shows and appointments canceled with less than 24 hours notice.

Letters: If you request a letter or any insurance documents to be generated, on your behalf, there will be a \$25 charge. The fee is due at the time of the request. This is not a covered insurance benefit and the patient is responsible for the charge.

Lost Information: Should you misplace any items produced by this office there will be a \$10 fee for replacing them. This is not a covered insurance benefit and the patient is responsible for the charge.

Prescription Refill Requests: Please contact your pharmacy and ask them to fax a prescription refill request to our office. Your doctor will approve or deny the request at that time.

Signature: _____

Date: _____