



Gandhi Internal Medicine Office Policies

Please read the following policies for our office. We hope that if you have a clear understanding of our expectations we can better serve you. If you have any questions please do not hesitate to ask. Please sign to verify that you have read and understand this form.

1. We see patients by appointment only, except for medical emergencies. If the need arises for an urgent appointment you are encouraged to call the nurse prior to coming into the office.
2. In order to keep your wait time to a minimum in the office and not to inconvenience our other patients we request timely arrival for your visit. If you are late your appointment may be rescheduled.
3. Medical emergencies take priority over all other visits and can increase your wait time. We apologize in advance for any inconvenience.
4. If you are unable to keep an appointment we request that you notify the office 24 hours prior to your appointment.
5. Our office will try to give you a courtesy call to remind you of your appointment, keeping the appointment is your responsibility.
6. It is your responsibility to keep the office informed in a timely manner of any changes to your insurance, address, phone number or any personal information.
7. You are responsible for knowing your insurance benefits and requirements (i.e. knowing if there is a preferred list of providers, preferred hospital, preferred lab, deductible and co-payments). There may be financial penalties if you go to the wrong place or fail to get the appropriate referrals.
8. Please help us keep your healthcare cost to a minimum.
9. All co-payments, coinsurances, and deductibles are due when services are provided. This includes office visits, injections, labs and diagnostic testing.
10. Our nurses are glad to answer any questions that you have and decide if you need an appointment.
11. The nurse will return calls between seeing patients in the office. If you have multiple concerns we ask that you schedule an appointment.
12. All requests for prescription refills or written prescriptions will be completed within 24 hours.
13. After hours calls to the answering service are subject to \$25.00 fee, at physician's discretion.
14. I certify that I have read and understand the policies listed above.

Signature: _____

Date: _____

Print Name: _____

Date of Birth: _____