



APPOINTMENTS

Providers are seen by appointment only. Reminder calls and texts are made as a courtesy. It is your responsibility to keep track of your appointments as scheduled. Please try to be at least 15 minutes early for appointments. This allows for any paperwork or insurance changes to be made before your appointment. If you are more than 10 minutes late, you will be required to reschedule, as we cannot extend sessions. Please bring insurance cards and ID cards to every appointment.

CANCELATIONS AND NO-SHOWS

The patient is responsible for keeping the appointment as scheduled. You may cancel or reschedule your appointment within 24 hours of advance notice. Late cancellations and/or three no-shows in a calendar year will result in a potential discharge from the practice.

CHANGES OF INSURANCE

Please call our office with any insurance changes that have occurred since your last appointment. Our providers may not accept your new insurance, so please contact our office with any changes before your next appointment. Insurance cards are expected to be shown at all appointments. If you fail to notify the front desk or fail to provide documentation, you will be responsible for any appointment fees including Medicaid patients.

PAYMENTS

Charges differ depending on the service provided. Payment for the appointment fee, such as a copay or unpaid balance, along with any ancillary charges is expected at the time of service. We accept checks, cash, and credit or debit card payments. Any collection, legal fees, or costs necessary to collect an unpaid balance will be your responsibility. Overdue accounts will be sent to a collection agency after a warning letter.

PAPERWORK

Paperwork completion has a fee of \$20. Please schedule an appointment for form completion. If you are dropping off paperwork based on a previous visit, the office has 7 to 10 days to complete. No initial paperwork will be completed if you have not been a patient for at least 6 months.

1. For CMU Health to complete a form or questionnaire, you must present the form/questionnaire you would like completed. You must complete the patient section of all forms and you must sign every patient signature box.
2. A \$20.00 administrative fee for each form/questionnaire. (FMLA = \$20.00, Disability form = \$20.00)
3. A completed Release of Information Authorization Form, signed by the Patient.
4. If you have discussed return-to-work dates with the physician, please communicate that with a note on the form.
5. Be sure to provide the fax number, so that CMU Health can fax the documents.
6. If CMU Health determines that we cannot complete your form, we will notify you and return your \$20.00 fee. While we try to complete these forms as soon as we can, CMU Health cannot provide you with a specific time in which your form will be completed. Expect at least 7 – 10 business days for completion. You may contact the office if you have any questions.



REFILLS

Please contact your pharmacy to initiate refill requests for any non-controlled medications. The pharmacy will contact our office directly if the medication requires further action. For all controlled medications, please contact our refill line. You may leave a message that includes your name, date of birth, call back number, medication name, and pharmacy. Please allow up to 48 hours for refill requests. Refills of all prescriptions will require appropriate visits. The patient is responsible for ensuring they do not run out of their medications. A partial refill may be appropriate if your medication management appointment is less than one month away.

PRIOR AUTHORIZATIONS

Prior Authorizations are initiated when your prescription is denied at the pharmacy. The pharmacy will contact the office with the request. The office will fill out the form and send any information to your insurance. This process does take time. The office will notify the patient once we receive the response from the insurance company.

REFERRALS

All referrals will need to be discussed with a provider at a scheduled appointment. A CMU Health provider must complete a referral order to see a Specialist or to receive certain medical services or testing.

TELEPHONE ACCESS

For non-urgent matters, please call during regular business hours: Monday – Friday 8:00 a.m. – 5:00 p.m. If you need to speak to a clinician after regular business hours for non-emergency medical advice, please call the office and you will be directed to our after-hours service line. Please call during regular business hours for medication refills and scheduling appointments. If you have an emergency after regular business hours, please call 911 or go to the nearest hospital emergency room.

I HAVE READ AND AGREE TO THE ABOVE:

Patient Signature

Date

Patient/Guardian/Legal Representative Signature

Date