FRANK SCAFURI, III, D.O., P.C.

Internal Medicine and Infectious Diseases

Dr. Frank Scafuri, III Dr. Madhvi Rana Dr. Azza Elemam Derick Rias, RPA-C Kristin Sweeney, RPA-C Jennifer Scafuri, NP-C

OFFICE POLICIES

- 1. Twenty-four (24) hour notice must be given to our office for all <u>referrals</u> that a patient needs to see a specialist.
- 2. <u>Prior Authorizations</u> require up to seven (7) business days to be obtained.
- 3. <u>Pre-certifications</u> require up to seven (7) business days to be obtained.
- 4. In order for <u>disability papers</u> to be completed, an office visit is required. Thereafter, it may take up to seven (7) days for them to be finished.
- 5. If your insurance company requires a <u>referral</u> for you to see Dr. Frank Scafuri, III as a specialist, the referral must be submitted at the time of your visit. If you do not have a referral at that time, you must pay for the office visit in cash or credit card. Upon receipt of a valid referral, your money will be refunded. Furthermore, if your referral has expired, it is your responsibility to obtain a new referral and submit that referral at the time of your office visit. Again, if it is not submitted, the office visit must be paid for in cash or credit card and your money will be refunded when the valid referral is submitted.
- 6. <u>Medication</u> that is considered a controlled substance will not be prescribed by the doctor on your initial visit. Also, an office visit is required for <u>antibiotics</u> to be prescribed.
- 7. Twenty-four (24) hour notice must be given to cancel your <u>appointment</u>. If said notice is not provided you will be billed twenty-five dollars (\$25.00) as a cancellation fee.
- 8. If you had <u>labwork or another test</u> performed, please call the office seven (7) days after to confirm the results were received. Please do not assume that we received your results and all is fine. In some cases, we do not receive any results and there is no way for the doctor or his staff to know that you went for your test unless we are notified.
- 9. Your <u>co-payment</u> is due at the time of your visit. If you do not have the payment at that time, we will send you a bill, but a ten dollar (\$10.00) service charge will be applied.
- 10. An appointment must be made to review any laboratory results. The doctor will **NOT** give any results over the telephone.
- Our office does not accept checks as a form of payment for any services rendered. However, in the event, you do pay for a service by check, and that <u>check bounces</u>, you will be responsible for a twenty-five dollar (\$25.00) processing fee together with any fees incurred by our office from our financial institution.

By signing below,	, you acknowledge that yo	u have read the above	Office Policies,	you understand its	s terms and you agree
to them.					

PATIENT'S SIGNATURE	DATE