

# CHARLES B. MALLETT, MD

## OFFICE POLICY

The following information is very important and applies to all patients and their families. If you have questions, please discuss them with us before signing.

### Office Hours:

Monday, Tuesday, Wednesday, and Friday: 8:30 - 12:30 and 2:00 – 4:30

Thursday: 8:30 – 12:30

### Appointments:

- Patients are seen in the office by appointment only.
- All patients need their own scheduled appointments. For example, if you have two or more family members, each will need their own scheduled time to be seen. This is to help prevent delays.
- For your initial visit, please arrive 15 minutes early to complete the necessary paperwork and present your driver's license as we will need to make a photocopy of it for our records.

### New Patients:

- Please print, complete, and bring the following forms to your appointment: Office Policy Privacy Practices Acknowledgement Patient Information
- If necessary, also print, complete and bring the Medical Release form.

### Current Patients:

- If necessary, print, complete and bring the Patient Information form to your appointment. This will assist us in updating your file.

### Appointment Cancellation:

- If you are unable to keep your appointment, please call at least 24 hours in advance. Calling to cancel or reschedule allows us to give that appointment to another patient who may need urgent care.
- You will be charged for missed appointments that are not cancelled at least 24-hours in advance. The only acceptable method to cancel an appointment is by calling the office and speaking to the staff. If after hours, please leave a message with our answering service at 512-323-LINK.

Missed routine office visit: \$35.00

Missed annual physical exam/Pap office visit: \$50.00

New patients who fail to give at least a 24-hour cancellation notice will not be offered the privilege of rescheduling the appointment.

**Telephone Calls:**

All messages are triaged to the appropriate staff member as soon as possible and every attempt will be made to return calls during regular working hours. Please tell us if your call is urgent or must be returned the same day. Please confirm your contact telephone numbers with the staff member taking your message.

After hours calls are for emergencies only. In the event of a life threatening emergency, call 911. Our after hours emergency telephone number is 512-323-5465. In the unlikely event our phone system malfunctions, or you do not receive a timely response, please go directly to the Emergency Room. Do not call after hours regarding billing, referrals, or refills. These matters can be taken care of during regular business hours.

**Lab and X-Ray Results:**

Our office will contact you regarding your test results. Please allow up to one week for these results to get back to us from the lab.

**Prescription Refills:**

Please give 48 hours notice on all refills and these requests must be called in during regular office hours

No refills are done on Saturdays or Sundays

No prescriptions are filled for more than one year without an office visit

Please contact your pharmacy and have them fax refill requests to our dedicated fax line 512-441-7421

Under no circumstances are antibiotics prescribed without an appointment

**Medical Record Duplication and Transfer:**

There is a reasonable fee charged to you by our copying service, Photostat Medical Record Service, for the copying, postage and transfer of your medical records. A signed Medical Release form must be on file in our office before records can be transferred. Please contact our office if this service is needed and allow up to two weeks for delivery.

**Fees:**

As of January 1, 2007, Dr. Mallett is out of network with all insurance carriers. Payment is due in full at the time of service. Please provide the receptionist with your healthcare information when you check in. After your visit, a completed claim form and receipt will be provided for you to mail to your insurance company. You will be reimbursed directly for any benefits due.

Thanks you for your cooperation in these matters. With your help, these policies will enable us to treat you and your family with efficient and quality care. This has always been, and remains our foremost concern.

**Charles B. Mallett, MD**

**DATE** \_\_\_\_\_

**PATIENT/GUARANTOR NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_