



Nancy Birner, M.D.



Board Certified  
Internal Medicine & Pediatrics

**OFFICE POLICIES: Red Bud Internal Medicine & Pediatrics**

Our goal is to provide you with the best medical care available. In order to achieve our goal and minimize escalating administrative cost, we ask for your understanding and cooperation regarding the following policies:

- 1) All new patients or established patients with changes in demographics are asked to arrive 15 minutes prior to your appointment time to complete appropriate paperwork. You must provide your insurance card and photo ID.
- 2) I understand that I, the patient, have a contract with my insurance company, not the doctor, and if for some unforeseen reason there is a dispute with my claim, I, the patient, will be responsible for the cost of services given to me by Red Bud Internal Medicine & Pediatrics. I understand that it is my responsibility to familiarize myself with my insurance plan, deductible, co-pay requirements, and especially preventative coverage (well care visits and immunizations). Diagnoses cannot be changed in order to meet your financial needs. As mandated in the contract with your insurance carrier, we must collect your co-pay and deductible amounts at the time of service. We will bill all charges to your health insurance. However, we do not bill to any third part liability (auto accidents or worker's compensation)
- 3) **Medical Treatment:** Failure to comply with the treatment plan deemed medically necessary by Dr. Birner and/or her Physician Assistant may result in dismissal from the practice. Inappropriate behavior to me or my PA, staff members, or other patients will result in termination from my practice.
- 4) In consideration of those who are waiting for appointments, we are being forced to institute a policy of 24 hour notification of cancellations. Failure to do so may result in a \$25 fee. Repeat no shows and rescheduled appointments my result in termination from my practice.
- 5) **Fee for Paperwork:** All forms requiring completion, review, and/or signature by the doctor or office staff for purposes not related to the processing of a claim for services rendered by the doctor, will be charged \$10 for the first 2 pages, \$25 for three or more pages. There will be a \$25 charge on all returned checks.

I have read, understand, and agree to comply with the above and am aware that failure to do so may result in termination from the practice.

_____	_____	_____	_____
Patient/Parent/Guardian Signature	Date	Witness Signature	Date

Red Bud Internal Medicine/Pediatrics

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