



## Patient Policies

Thank you for choosing Pinnacle Interventional Pain & Spine Consultants. In order to help you receive the best care possible, we have created some office policies for you. They are as follows:

### Copay Policy

Copays are due at time of check-in. If you are unable to pay your copay, your appointment will need to be rescheduled.

### Medication Refill Policy

- Medications are only refilled Monday – Thursday, 8am – 4pm. Medications will **not** be refilled on Fridays over the phone or at a procedure appointment. Please allow 1-2 business days for the request to be processed.
- Certain medications can be filled only by a written prescription. You may pick up the prescription at the office or it can be mailed to you. If this is the case, please allow 5-7 business days. Running out of your medication can cause side effects so please give **ample time** for your medication request to be processed.
- Cancelling or no showing for an appointment without proper excuses or notice will prohibit any refills until an appointment has been completed with your provider.

### No Show / Cancellation Policy

A patient shall be considered a “No Show” when the patient fails to appear for their scheduled appointment. A 15-minute grace period will be given. We ask that our office be notified in advance for cancellation or rescheduling. This allows us to schedule other patients that may be waiting for appointments.

- If the need arises to cancel an appointment, you must notify our office within **24 hours** of your scheduled appointment, otherwise, you will be billed a **no show fee of \$100 for an office visit**. This must be paid prior to or at the time of your next scheduled appointment in addition to any copays your insurance may require.
- **FIVE No Show's or Cancellations in a year** will result in a decision to discharge the patient from the practice. When this decision is rendered, a letter will be sent to the patient notifying them of the discharge.

We thank you for your patronage. Please sign below acknowledging your understanding, acceptance and receipt of this policy.

I have read and understood the Copay Policy, Medication Refill Policy and the No Show Policy. If I have any questions regarding these policies, I will ask a staff member of Pinnacle Interventional Pain & Spine Consultants.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date