

Calvin Blount Jr., MD
Board Certified Family Practice
12607 Hwy 98 West • Miramar Beach, FL 32550 USA
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Patient's Office Policy Guide

Office Policies

- Patients are responsible for keeping the staff informed of any changes to demographics, insurance, medications, and medical history.
- Your time is important to us. We strive to keep our appointments on schedule and therefore, patients arriving more than 20 minutes late will need to be rescheduled.
- Walk-ins will be accepted as our schedule permits.
- All medications are to be refilled in the office at patient appointments. Antibiotics and controlled medications will not be called in. Please review your medications and bring either the medication bottles or a list of what needs to be refilled at each visit. **We do not accept faxed refill requests from pharmacies.**
- Our office does not routinely do prior authorizations for medications. We do not do prior authorizations for labs.
- Please allow 24-48 hours for a response to messages left for the provider during business hours.
- All patients agree to adhere to the Safety Agreement and all of its terms and conditions.
- All children under the age of 18 **MUST** be accompanied by a legal guardian. If accompanied by anyone besides the legal guardian, a medical power of attorney must be presented and copied to the patient's chart prior to the appointment.
- Our office is not accepting new patients for narcotic medications or stimulants.

Financial Policies

- We require a 24 hour cancellation notice. Any appointment not canceled, or missed within the 24 hour period prior to the appointment will be charged a **No Show Fee of \$75.**
- Payments for services are due at the time of appointment. As a service to our patients, we will verify insurance coverage and file a claim on your behalf. If insurance cannot be verified prior to service, the patient is responsible for payment in full at time of service.
- After insurance payment, the patient is responsible for any remaining balance. Balances that have not been paid within 60 days will result in submission to GreenFlag collections and will be charged a **\$45 collections fee.**
- Our office takes Visa, MasterCard, Discover Card and Cash as acceptable forms of payment.

Assignment of Benefits

I hereby assign to Calvin Blount Jr. M.D. PA any insurance or other third-party benefits available for health care services provided to me. I understand that Calvin Blount Jr. M.D. PA has the right to refuse or accept assignment of such benefits. If these benefits are not assigned to Calvin Blount Jr. M.D. PA, I agree to forward all health insurance and other third-party payments I receive for services rendered to me immediately upon receipt.

I hereby acknowledge that I have received, reviewed and understand the contents of Calvin Blount Jr. M.D. P.A. Patient's Office Policy Guide. I have had an opportunity to ask any questions regarding the guide and understand that I can ask questions at any time I require clarification.

Printed Name of Patient

Date of Birth

Signature of Patient

Witness

Date