



660 South 200 East Ste. 250 Salt Lake City, UT 84111  
 Phone: 801-359-2256 Fax: 801-364-4392

## CLINIC POLICIES AND GUIDELINES

### PATIENT RESPONSIBILITY

- Please notify us with any changes of information, including but not limited to, address, phone numbers, email address, marital status, medical history, insurance coverage **prior** to seeing your provider.
- Please turn off any cell phone devices in our office. Cell phones may interfere with our high-tech equipment or disrupt other patients in our office.

### APPOINTMENTS

- A **24-hour notice** is required to cancel an appointment. If we are given less than 24 business hour notice, it is considered a **No-Show** (broken appointment).
- After 2 broken appointments, **we will not be able to schedule** you another appointment. We value you as a patient and would still like to see you on a **Walk-In** basis.
- If you are placed on **Walk-In Status** you must call and see if there is room that day for you to come in and be seen. There may be a longer wait time as we will be working you into our schedule.
- **Please make every effort to keep your scheduled appointments. Missed appointments may generate a \$25 fee.**
- To prevent inconvenience and to respect our patients time, **"Late Patients"** (5 minutes past appointment time), may need to be rescheduled.

### FINANCIAL GUIDELINES

- A parent or guardian must sign for children under the age of 18 years old. The parent or guardian that signs the patient in is responsible for the patient's account.
- **We do not bill for services.** We ask that all payments be received **at the time services are rendered.** Those who have insurance are responsible for the **deductible** and/or **co-pay** at the time of service. We will make our best estimate of your insurance coverage; however, you are responsible for knowing the level and extent of your insurance benefits.
- Your insurance policy is a contractual agreement between you and your insurance company. If your insurance company has not paid your claim in a timely manner (45 days), it will be necessary to change the account balance to patient responsibility.
- You are financially responsible to Sacred Circle Health Care for your account. If your account becomes overdue and/or delinquent, you will need to pay any fees associated with getting your account paid in full.

### PRESCRIPTIONS

- The patient will take medication only as prescribed. Patients who take more than the prescription indicated will not be prescribed additional medication.
- Only patients for whom the prescription is written are allowed to use the medications. There will be **no refills** for lost, stolen or misplaced narcotic prescriptions.
- Any attempt to obtain additional medications from another physician may be considered attempting to abuse narcotic prescriptions and may be referred to legal authorities for appropriate and/or dismissal from the practice.
- Please call **at least 72 hours** in advance for all medication refill requests.

### OUR COMMITMENT

Our goal at Sacred Circle Health Care is to treat you the way you want to be treated. We value our relationship with you and we will provide you with the most modern, high tech and comfortable healthcare available. Please let us know **what matters most to you**, so we can give you the type of treatment and care that you deserve.

### CERTIFICATION

I acknowledge that I have read and understand the above policies and guidelines. I also understand that if I have questions or concerns I may request to speak with a member of the management team.

**Patient/Parent/Guardian/Patient Representative Signature:**

**Date:**

**Patient/Parent/Guardian/Patient Representative Name (Printed):**

**Date:**