

Miracle Hills Clinic Policies

At Miracle Hills Clinic we consider the patient-provider relationship top priority. We develop relationships with our patients built on mutual respect, trust, and cooperation. To guide this relationship, we developed Clinic Policies that patients must adhere to in order to maintain a positive relationship with our clinic and staff. This document is to inform you of your rights & obligations as a patient. If you have any questions or concerns regarding these policies, please contact a member of our team to assist you.

Please read each policy and initial on the line indicating that you have read and understand your rights and responsibilities.

- 1. Appointments & Reminders:** To schedule, cancel, or modify an appointment, you may call our office directly. Clinic staff are available by phone **Monday-Thursday, 8:30 a.m. - 5 p.m.** and **Fridays, 8:30 a.m. - 12:00 p.m.** Please call at least 24 hours in advance if you need to change your appointment so we can schedule another patient at that time. If you are more than 15 minutes late to your appointment with no notice, we may have to reschedule your appointment for another day. If you have opted into reminder services, we will provide a scheduled reminder text/email prior to your scheduled appointment. **(initial)**
- 2. No-Show Cancellation:** If you do not call to cancel or reschedule your appointment (within 2 hours prior to your appointment) and do not show up, we will consider you a No-Show cancellation. **There is a fee of \$25 that is applied to your account in the event of a No-Show cancellation. This fee must be paid prior to the next scheduled visit.** **(initial)**
- 3. After Hours Care:** During normal business hours (M-TH 8:30a- 5p./F 8:30 a-12p), contact our office directly. If you have an issue that is not serious or life-threatening, please call our office during business hours the following day. If you have an emergency that you would consider serious or life-threatening, go directly to the Emergency Room or dial 9-1-1 for emergency assistance. **(initial)**
- 4. Copayments/Self-Pay:** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments from patients can be considered fraud. Self-pay patients are expected to pay for services in FULL at the time of the service. **(initial)**
- 5. Worker's Compensation/Motor Vehicle Accidents (MVA):** It is your responsibility to file a report with your employer and/or automobile insurance. If you are injured on the job and/or involved in a Motor Vehicle Accident please let the receptionist know prior to your visit. You will need to provide details of the claim including, but not limited to; your employer's information, claim number, your automobile insurance company's name, claim adjuster and contact information at the time of your visit. Until your Workers Compensation and/or Motor Vehicle Accident claim(s) is settled, you will be held responsible for your charges. **(initial)**



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6. **Requesting Records:** When requesting copies of your medical records, please expect 7-10 business days to prepare your request for pick-up. A Release of Information and fees may be required based on the nature of your request. (initial)
7. **Behavior:** We understand that there are many reasons why you may need to visit our office and we make every effort to make your visit as pleasant and comfortable as possible. In turn, we expect your behavior to be positive and respectful to our staff. At Miracle Hills Clinic, we have zero tolerance for abuse of any kind including (but not limited to) hostile behavior, refusing to discuss patient responsibilities, and disruptive behavior. Displaying these behaviors (among others) may lead to dismissal from our practice. If you have any problems associated with your visit, please contact our office manager, Bethany McCall. (initials)

Our practice is committed to providing the best treatment to our patients. Thank you for reading and understanding our clinic policies. Please let us know if you have any questions and/or concerns.

I have read and understand the clinic policies and agree to abide by the guidelines from Miracle Hills Clinic.

Signature of Patient and/or Responsible Party

Date

Printed name of Patient and/or Responsible Party

