



OFFICE POLICY NOTICE TO PATIENTS

We strive to provide you the best personalized care available. To make this possible, we adhere to a set of very important guidelines. Please read them carefully, initial all the lines and indicate your agreement by signing at the bottom.

_____ **Late Policy:** Being 10 minutes late for an appointment may require you to either reschedule or wait for an available opening. There are no guarantees since openings due to cancellations or no-shows are unpredictable.

_____ **New Patients:** Please arrive at least 15 minutes prior to the scheduled appointment to complete all necessary paperwork.

_____ **Cancellation and No-Show Policy:** If you wish to change or cancel an appointment, we ask that you please provide 24-hour advance notice. This allows us to offer your appointment to another patient who may be waiting to see the physician. We understand, however, that emergencies can and do happen, and will make every attempt to work with you. If you can't contact us 24 hours in advance, please call as soon as you know you cannot make your scheduled appointment time. If you miss your appointment without notice or provide less than 24 hour advance notice, it will be considered a no-show. Patients who repeatedly no-show may be charged \$25.00.

_____ **Insurance/Co-Pays:** Please bring updated insurance and co-payment to every visit. Failure to make co-payment at the time of visit could result in cancellation of the scheduled appointment. Patients are responsible for charges not covered by insurance.

_____ **Missing proper identification:** Patients without valid photo ID, proper insurance information or missing insurance information, may be asked to reschedule. Any patient who misrepresents themselves by using outdated or someone else's identification may be dismissed from the practice.

Signature of Patient or Representative: _____ Date: _____

If signed by Representative, relationship: _____



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