



HORIZONS DIAGNOSTICS, L.L.C.

Please carefully read each of the following sections and initial indicating your understanding.

NOTICE OF PRIVACY

_____ Our notice of Privacy Practice provides information about how we may use and disclose protected health information about you. This includes disclosure for the purpose of diagnosing or providing treatment to you, obtaining payment for your health care bills, or to conduct health care operations.

By initialing, you acknowledge that you have been informed that there is a privacy notice in our office and consent to use of medical information or disclosure as outlined above. You are also acknowledging that you have received a full copy of our Notice of Privacy Practices.

NO SHOW POLICY

_____ If you are unable to keep your scheduled appointment, we ask that you call and cancel at least 24 hours prior to the appointment time. If notice of cancellation is not received, there will be a fee billed to the patient's account. This fee is not reimbursable by insurance.

Regular office visits or lab visits - \$25.00

New Patient visits and Annual Physicals - \$50.00

Procedures (to include ultrasounds, dexa scans, etc.) - \$100.00

Missed appointments could result in being discharged from our practice due to non compliance.

PHONE CALL POLICY

_____ If treatment is rendered through telephone evaluation and management, you may be billed for services rendered. These calls could be in reference to medical advice and/or treatment given over the phone. The fee for this service can range from \$20.00-\$45.00. This fee is not reimbursable by insurance.

ROUTINE TESTING POLICY AND PROCEDURE

_____ The Physicians of Horizons Diagnostics, L.L.C. will make age appropriate recommendations regarding routine screenings for prevention and early detection. This is to include routine screening for colon, cervical, breast, and prostate cancer. Routine screenings may also include diagnostic tests, lab work, and exams performed outside the treatment of your primary care physician. Patient's are encouraged and expected to notify their physician if these screenings have not been performed. If you prefer not to have the recommended screenings, please discuss this with your physician.

NARCOTIC MEDICATION POLICY

_____ By initialing, you acknowledge our Narcotic Medication Policy:

- Narcotic medications will not be called to the pharmacy and will require a written prescription.
- Refills will not be given to patients that have not been seen recently. This will be determined by the physician.
- Refills will not be given because of LOST or STOLEN prescriptions.
- Only one physician should prescribe narcotic medications
- Narcotic Medication requests require a 24 to 48 hour notice.
- Patients must present a photo ID before a prescription is released.

E-PRESCRIBING CONSENT

_____ E-Prescribing is defined as a physician's ability to electronically send an accurate, error free and understandable prescription directly to a pharmacy from the point of care. E-Prescribing greatly reduces medication errors and enhances patient safety. By initialing, you are agreeing and authorizing that Horizons Diagnostics, L.L.C. can request and use your prescription medication history from other healthcare providers and/or third party pharmacy benefit payers for treatment purposes.

ASSIGNMENT OF INSURANCE BENEFITS

_____ I hereby assign all applicable insurance benefits to Horizons Diagnostics, L.L.C. I understand that I am financially responsible for any remaining balances in accordance with my insurance contract.

Printed Name of Person Completing Form/Relation to patient

Date

Signature