



BRIDGE MEDICINE, LLC

"We must be the change we wish to see in the world." -Ghandi

POLICIES

At **BRIDGE MEDICINE, LLC** we strive to provide quality patient care in a healthy and nurturing environment. We will do our very best and expect our patients to as well. The following policies have been established to ensure the best patient care possible.

1. I agree to keep my appointments, arrive on time and be prepared.
2. I agree to notify the Office staff at least **48 business hours in advance**, excluding weekends and holidays, if I need to **reschedule** my appointment or need **medication refills**.
3. I agree that an appointment is necessary to assess my condition and for medication to be refilled.
4. I agree to take my medications only as prescribed and to keep them in a safe secure place and understand and accept that lost medications may not be refilled until the next appointment time.
5. I agree to pay in full (\$45.00 to \$125.00 depending on the length & type of session reserved) for any missed appointment by credit card which I have provided to **BRIDGE MEDICINE, LLC**.
6. I am responsible for providing up to date insurance information, for knowing the extent of my own personal insurance plan, and I agree to pay in full for all services not covered by insurance.
7. I agree to pay a \$35.00 charge for returned checks.
8. I agree to only utilize the emergency call system in true emergencies and not for medication refills, appointment changes or form completions (see #2 above).
9. I agree to communicate with all **BRIDGE MEDICINE, LLC** Provider's and Staff in a courteous and respectful manner.
10. I agree that **BRIDGE MEDICINE, LLC** Provider's and Staff strive to keep patient flow timely, and understand that accommodating unexpected medical situations/emergencies may interfere with my appointment; I understand that this accommodation will also be made for me if necessary.
11. I agree to pursue health and happiness and engage in activities that promote my wellbeing.

I have read and understand and agree with these policies.

Patient's Printed Name	Date	
Patient Signature		
Credit Card Number	Exp. Date	Sec. Code
Mia Carson, MD	Sarah Domen - Office Manager	

