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## Office Policies

### OFFICE HOURS

Our office hours are Monday – Thursday from 8:30 – 5:00 and Friday from 8:30 – 12:30. We are closed for lunch from 12:00 – 1:00. Our office phone number is **281-499-9402** and our secure fax number is **281-499-9360**.

\*The office will be closed during observed holidays and hours may vary on designated days.

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### INSURANCE

Dr. Sniff currently accepts **Blue Cross/Blue Shield and Cigna Health Plans** and is considered an out of network provider for all other plans. If a patient has out of network benefits and wishes to submit an out of network claim to your insurance company, please bring the necessary forms to be completed.

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### PAYMENT POLICIES

Payment options include: Cash, Visa, MasterCard, AmEx, and Discover. **Payment is due at the time of service, prior to being seen by Dr. Sniff.**

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### APPOINTMENTS

Follow up appointments are scheduled for 20-30 minutes. Please be mindful of other patients' appointments and arrive on time for your scheduled office visit. If possible, contact our office if you will be running late. If you are more than 15 minutes late, you will need to reschedule your appointment and will also be charged a cancellation fee. Patients **MUST** be present during the appointment.

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### APPOINTMENT CANCELLATIONS

In an effort to ensure Dr. Sniff is able to best serve her patients, there is a fee for ***no shows, cancellations and rescheduling*** an appointment on short notice (**less than 24 hours in advance**). This includes cancellations made **after our office closes at 5:00 p.m. on the previous business day.** The first occurrence is charged at a rate of half the appointment fee (**\$50**). All occurrences thereafter are charged the full fee (**\$150**). This fee is due prior to scheduling your next appointment.

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### PATIENT INFORMATION (CHANGES)

As the patient, it is your responsibility to keep contact information updated. This pertains to any changes in address, email, contact phone numbers, pharmacy and insurance. Please provide any change in your insurance to our office within 24-48 hours before your scheduled appointment. Failure to verify insurance prior to your scheduled office visit could result in your appointment being delayed or unexpected out-of-pocket costs.

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### MEDICATION REFILLS/PAPERWORK REQUESTS

We ask that you please submit requests for medication refills or requests for paperwork to be filled out by Dr. Sniff **5 business days in advance** of the date that you need them. Dr. Sniff makes every effort to complete these requests as soon as possible, but it is your responsibility to give advance notice.

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### MEDICAL RECORDS

Copies of medical records may be obtained upon request. Please allow **10 days** for processing. A fee of \$20 is charged for the first 20 pages, and then \$0.50 for each additional page. This does not include records that are directly transmitted to other sources, such as another medical office, school, or therapist.

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### PRIVACY PRACTICES

Our Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can get access to this information. It is given to all new patients, and a copy is available upon request.

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