

**DIGESTIVE DISEASES GROUP**  
**OFFICE POLICIES**

**PLEASE READ AND REVIEW CAREFULLY, THEN SIGN AND DATE**

**APPOINTMENT CANCELLATIONS/MISSED APPOINTMENTS:** Please notify our office of any appointment cancellations at least 24 hours in advance by calling our office or 24 hour answering service. We reserve the right to charge you (not your insurance company) for a missed appointment. This is a \$50 fee (subject to change without prior notice). The purpose for this charge is because the appointment time with the physician was reserved for you. Out of consideration for another patient who may have needed that time, and in respect for the physician who designated the time for you, this charge may be imposed.

**COPIES OF MEDICAL RECORDS:** We will be happy to copy/print your medical records for you and forward them to a physician of your choice. The American Medical Association has recommended the following schedule for copies of medical records. \$25 for the first 20 pages then .30 cents per page thereafter.

**FORMS FEE:** There is a \$15 fee for processing forms which require more than the physician's signature. Some forms may have a higher fee. This is billable directly to you (not your insurance company) and should be prepaid prior to the completion of the forms.

I have read the above and agree to accept responsibility as described.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_