



THE PARKS CENTER

WOMEN'S WELLNESS AND MEDICINE



Practice Policies

_____ **48 hour cancellation policy and fee:** If you cannot keep your appointment, please call 732-447-2545 to cancel or reschedule your appointment at least **48 hours in advance**. Failure to do so will result in cancellation fees equal to that of a missed appointment. Cancellations and rescheduling can be made via phone, text or email.

_____ **Missed appointment policy:** Missed appointments will be charged at the **full appointment fee**. When an appointment is made with our providers, time is specifically set aside for you. When an appointment is missed without notice, another patient who needed to be seen may have been unable to do so because that time slot was already filled.

_____ **Missed appointments and medication refills:** If an appointment is missed enough refill medication will be called into your pharmacy to last you until your next scheduled appointment. Please note that 30 or 90 day supplies will not be called in without appropriate in office follow up care. This may mean that only 2 weeks of medication may be called in which may result in higher medication payment at the pharmacy.

_____ **Appointment payment:** Payment is due at the time of service. Missed appointment fees are due prior to the next scheduled appointment or are to be paid in full at the next scheduled appointment if arrangements cannot be made for payment to be done in advance.

_____ **Medication refills:** Please allow at least **3 business days** for refill prescriptions to be called into your pharmacy. Please note that the office is closed Friday afternoon through Sunday. Thus refill requests left on Friday evening may not be filled until the next business week. After hours emergency refill requests should call: 800-544-6444.

_____ **Letters and forms:** Please allow for at least **7 business days** for forms and letters to be completed. There is no guarantee that these can be completed prior to this allotted amount of time. The fee associated with letters/forms that need to be written and completed is **on average \$25**.

_____ **Insurance receipts:** Please keep all insurance receipts for your records and for submission to your insurance carrier. If insurance receipts are lost, replacement copies cannot be guaranteed.

_____ **Office hours:** Monday through Friday: 7:00AM - 2:30PM, Saturday - Sunday: Closed.

_____ **Contact information:** Office phone: 732-447-2545, Email: frontdesk@theparkscenter.com, Fax: 732-447-2554, After Hours Emergency Contact: 800-544-6444

Signature of acknowledgement and understanding of office policies and fees: I have read and understand the above policies and fees. My signature indicates my understanding of and agreement to the office policies explained above.

(Signature)

(Date)