

Anthony T. Machi, M.D.

Office Policy Statement

Dr. Machi may be reached through Ridglea Family Guidance at 817-731-3700. If not at his office or residence, Dr. Machi is usually available by pager and responds to calls on that day, if at all possible.

Requests for prescriptions refills require adequate time for Dr. Machi to respond. Because Dr. Machi is treating patients throughout the day, prescription requests are filled only as time allows through the workday and may not be completed as quickly as you wish. If Dr. Machi has given you a prescription with multiple refills, after receiving your last refill contact the office for your next appointment. Please contact your pharmacy before going to pick up your prescription to be certain that it is ready as you requested. Please do not expect new medications to be prescribed over the telephone.

Based on the circumstances regarding your prescription request, there may be a charge of \$35.00. You cannot receive reimbursement from your insurance company for the charge.

For cancellations with 24 hours of an appointment, there will be 50% charge. For failed appointments, there will be a full charge. We require that these charges be paid prior to the next scheduled appointment.

You must be aware of any changes affecting your reimbursement by your insurance company. Please be aware of any prior authorization requirements. It is your responsibility to know the benefits and terms of your policy. Dr. Machi does not bill insurance companies. Personal payment is due at the time of the appointment. Dr. Machi accepts cash, check or credit/debit cards. Please be prepared to pay at the time services are rendered.

Copies of your records are made available for the use of clinicians, insurance companies and other professionals with proper authorization for release of records signed by you. There may be a charge for this service.

A copy of the fee schedule will be available for your perusal by request and at the initial visit.

Office policies may change without advance notice. Please feel free to clarify this office policy with Dr. Machi.

I understand this policy:

Signature **Date**

Patient Name (Please Print)

Print Name

Relationship to Patient