

North Liberty Family Health Centre, PC

420 Community Dr., Ste. 1, North Liberty, IA 52317
(319) 626-6006
www.nlfhc.com

Name: _____

Date of Birth: _____

Welcome to the North Liberty Family Health Centre, PC! We are an independent family practice. Our providers are trained to provide family care for people of all ages, emphasizing preventive medicine and maintenance of good health, as well as treatment of acute and chronic health problems. The following information should assist you with questions you may have about our office. **Please note:** You will be asked to complete paperwork annually so that we have up-to-date information.

Hours: Our office is open Monday through Thursday 7 am to 6 pm and Friday 7 am to 5 pm. A physician is "on-call" 24 hours a day for emergencies by calling Mercy Hospital at (319) 339-0300. On Saturdays, our patients with acute problems can contact Mercy Family Medicine of Iowa City at (319) 351-6852. Initials: _____

Appointments: Patients are seen by appointment, so please call before coming in. We keep time available in the schedule each day for acute appointments, sudden illness or emergencies. Initials: _____

Communication: We need your written permission to leave messages regarding your appointments and medical care on an answering machine or voice mail, if we are unable to reach you directly. You will be asked to keep this information updated by completing a form. Initials: _____

Billing/Insurance: We require current insurance information in order to submit your claim. We require payment at the time of service. This includes: Co-Payments, Co-Insurance, Deductibles and HSA accounts. Initials: _____

We participate with a variety of health care insurance programs. If you have a question regarding our office participation in a particular insurance plan, we suggest that you contact the insurance plan directly. Insurance policies vary, and they do not cover all services. It is your responsibility to know what services your insurance covers. There is a service fee of \$4 if payment is not received at the time of service.

A fee will be assessed for returned checks. We reserve the right to turn unpaid balances over to a collection agency. Services may be refused or you may be discharged from the practice for failure to comply with our payment policy.

Please call our office and ask to speak with someone in billing if you have any questions. Initials: _____

Appointment No-Show/Cancellation: In order to better serve our patients, we have implemented a cancellation policy, amending our previous appointment policy. If you are unable to make your appointment, please notify us at least two (2) hours in advance to cancel your appointment. If the appointment is not cancelled two (2) hours in advance or you do not show up for your scheduled appointment, you will be charged a \$25 no show/late cancellation fee. This fee is not billable to insurance. If you incur 3 no shows in a 12 month period, you may be discharged from the practice. Initials: _____

FMLA Forms/Disability Forms/Work or School Excuses: A work or school excuse can be provided to you at the time of your appointment. Please make sure to ask for this if needed. If you request a work or school excuse at a later date, there will be a charge of \$5. There is also a charge of \$15 for the completion of FMLA and Disability paperwork when not accompanied by an appointment. The fees must be paid prior to the completion of the paperwork. We ask the patients to please complete their portion of the paperwork. Initials: _____

If you have any questions regarding the above policies, please feel free to give our office a call. (319) 626-6006

Staff Initials: _____

Date: _____