SQUARE MEDICAL CENTER

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## PRACTICE POLICY

Welcome to **Square Medical Center**. Our goal is to provide high-quality, efficient, and patient-centered care. Please review the following practice policies carefully.

### IDENTIFICATION AND INSURANCE

Patients must provide a **valid photo ID** and current insurance information, when applicable.

### PAYMENTS AND INSURANCE

Patients are responsible for applicable copayments, deductibles, coinsurance, non-covered services, and other patient-responsibility amounts. Payment is expected at the time of service unless other arrangements have been approved in advance. Square Medical Center may submit claims to participating insurance plans as a courtesy. Insurance coverage does not guarantee payment. **Self-pay patients are responsible for fees disclosed before services are provided.**

### OUTSTANDING BALANCES

Outstanding balances are the patient's responsibility and should be paid promptly. *Unresolved balances may affect the ability to schedule non-emergency future services and may be subject to appropriate collection efforts as permitted by law.* Patients experiencing financial difficulties are encouraged to contact our office to discuss available options.

### APPOINTMENTS AND CANCELLATIONS

Patients are responsible for managing scheduled appointments. Reminders may be provided by text, telephone, email, or patient portal as a courtesy. If you need to cancel or reschedule, please notify Square Medical Center as early as possible. Missed appointments or late cancellations may be subject to a fee under the practice's current cancellation and **no-show policy**.

### EMERGENCIES AND COMMUNICATION

Square Medical Center is not an emergency medical service. For a medical or psychiatric emergency, severe or life-threatening symptoms, or an immediate risk of harm, call 911 or go to the nearest emergency department.

### PRESCRIPTIONS AND REFILLS

Request refills before medication supplies are exhausted and allow sufficient time for review. A refill is not guaranteed. Depending on the medication and clinical circumstances, an appointment, examination, laboratory testing, medication monitoring, or other evaluation may be required before a prescription is issued or renewed.

### TEST AND LABORATORY RESULTS

Laboratory, imaging, and other diagnostic results are reviewed by the treating provider. Patients may be contacted regarding results or asked to schedule follow-up when additional evaluation, discussion, or treatment is necessary. Urgent or clinically significant findings will be addressed as appropriate.

### REFERRALS

A clinical evaluation may be required before a referral is issued. Referral processing and specialist selection may depend on medical necessity, insurance requirements, network participation, and availability. Patients are encouraged to verify specialist participation and coverage with their insurance plan.

### MEDICAL RECORDS

Patients may request access to or copies of their medical records in accordance with applicable federal and Florida law. When authorization is required for release to another person or organization, the appropriate authorization must be completed. Applicable fees, if any, will be handled in accordance with current law.

### FORMS AND DOCUMENTS

Completion of disability, employment, FMLA, school, insurance, DMV, physical examination, or other forms may require an appointment or clinical evaluation. ***Additional fees may apply when permitted.***

### PATIENT RESPONSIBILITIES

Patients are expected to provide complete and accurate information regarding medical history, medications, allergies, symptoms, insurance coverage, and other information relevant to care. Patients are responsible for following treatment recommendations, completing requested testing or referrals, keeping appointments, and notifying the practice of significant changes.

### POLICY ACKNOWLEDGMENT

I acknowledge that I have received or been provided access to Square Medical Center's Practice Policy. I understand that these policies may be updated periodically and that I may contact the practice with questions.

| _____ | _____ | _____ |
|---|---|---|
| Patient Full Name | Patient Signature | Date |

**SQUARE MEDICAL CENTER**
Phone: (305) 395-5078 | Email: office@squaremedicalcenter.com