



ENT & PLASTIC SURGERY Specialists of Louisiana

Patient: _____
please print name

NOTICE OF FORM REQUEST POLICY

It is the goal of our practice to accommodate form completion request as timely as possible.

Work and School Excuses should be requested at time of visit. Due to HIPAA regulations we are not allowed to fax excuses to work or school. Forms not requested at time of visit **must** be picked up at the office.

Medical Records

- Medical release forms are included in our new patient packet and on our website. Completion of the forms allows us to request your records from other healthcare providers.
- A copy of your office visit at our clinic will be automatically sent to other healthcare providers you identify.
- A signed release is required if you are requesting transfer of care to another provider. Depending on the number of documents a processing fee may apply.

FMLA / Disability / Supplemental Insurance Forms

- Blank forms will not be accepted. Personal information must be completed.
- Turnaround time is usually 7 business days.
- Forms are completed for those accounts in good standing. Outstanding balances need to be paid prior to forms being filled out.
- A \$25 fee due when forms are completed.
- Forms will be mailed only if pre-addressed envelope is provided and fee is paid in advance.

Signature: _____ **Date:** _____
Patient or Legal Guardian

CANCELLATION AND NO-SHOW POLICY

OFFICE VISITS

We understand there are times when appointments must be missed due to emergencies or family and work obligations. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. **If an appointment is not cancelled at least 24 hours in advance you will be charged a twenty-five dollar (\$25) fee; this will not be covered by your insurance company.** Additionally three last minute cancellations or no-shows within a 12 month period may result in discharge from the practice.

SURGERY & OFFICE PROCEDURES

Due to the block of time reserved, the coordination among our practice, outside facilities, and your insurance provider, last minute cancellation causes problems and added expenses for the office. **If surgery is not cancelled at least 10 days in advance you will be charged a one hundred dollar (\$100) fee; this is not covered by your insurance company.**

Signature: _____ **Date:** _____
Patient or Legal Guardian

Practice Use Only

I attempted to obtain the patient's signature in acknowledgement of the Notice of Privacy Practices Acknowledgement but was unable to do so because _____

Practice Representative Signature: _____ **Date:** _____