

**S South Seminole
Pulmonary Critical Care
515 W SR 434
Longwood, FL 32750
Ph 407-265-7775 • Fax 407-265-2266**

Practice Guidelines

Once again we thank you for choosing South Seminole Physicians Group-Critical Care. In our efforts to provide quality patient care, we want you to have the following information regarding our office guidelines. Our hope is this information will allow us to better meet your needs.

1. There is a \$25.00 fee for any no shows or cancellations less than 24 hours prior to your appointment. After 1 no shows and/or late cancellations you will receive a warning letter. If you fail to respond to the warning letter, you will receive a discharge letter.
2. Should you arrive late for your scheduled appointment or do not have your x-ray films or CD's, your appointment may have to be rescheduled.
3. Your copay and any outstanding balance are due in full at the time of service.
4. As a courtesy to our patients we verify your insurance, bill your insurance and will attempt to call you prior to your appointment as a reminder of your scheduled time and day.
5. It is the patient's responsibility to know the laboratories, hospitals, radiology centers and any other facilities or physicians whom are participants of his/her insurance. It is the patient's responsibility to obtain referrals from their primary care physician as required by his/her plan. It is the patient's responsibility to pay any out of network charges that maybe incurred.
6. When calling your provider please leave a brief message with the office staff and a phone number where our staff or the provider can reach you.

Print Name _____

Signature _____

Date: _____

Witness: _____