

OFFICE POLICIES

- Our office hours are: Monday – Friday, 9 a.m. until 5:00 p.m.
- We have an answering service that can be reached through the main phone number after hours. This is to be used if you have an urgent problem immediately after surgery that requires Dr. Hampton’s attention.
- General questions, appointments, and prescription refills will be made during office hours only. You can reach us by email and receive an answer within 24 hours:
Office@signaturebreastcare.com
- If you need to cancel an appointment, it must be done 24 hours prior to the appointment time or you will be assessed a **\$50** fee. You may leave a detailed message on the answering machine, with the answering service, or send us an email (see address above).
- Due to Federal Privacy Policies (HIPPA) your medical information can not be discussed with anyone without your written permission.
- Our medical records are done electronically (EMR); we will need to take your photograph at add to your records to accurately identify you. This is a federal requirement; if you choose to not have your photograph taken you will need to sign a waiver at the time of your appointment.
- Please remember to bring your insurance referral from your Primary Care Doctor if one is required.
- We will fill out forms (i.e. insurance documents, disability documents, worker’s compensation forms) for a fee of \$30 that must be pre-paid prior to Dr. Hampton filling out the forms.
- Medical records for 3rd parties (i.e. lawyers) can be requested upon completing the authorization form. There is a \$22.18 processing fee, \$0.73 per page photocopying fee, and the standard rate for postage.
- Medical records for personal use can also be requested upon completing the authorization form. More than 5 pages will be assessed a fee of \$0.73 per page photocopying fee, and the standard rate for postage. If you are picking up the forms, you will not be charged for postage.
- We accept personal checks. If any check is returned or declined, you will be charged a **\$75.00** return check fee, in addition to any fees from your banking institution.
- You are responsible for interest and collection fees assessed in attempts to collect for debts.
- You will be charged a surcharge of **\$25** for not paying your co-payment when services are rendered and may be responsible for full charges if visit is denied payment by insurance company.

Your cooperation is appreciated and will allow us to provide efficient service for all patients.

Signature: _____ Date: _____
Regina Hampton, MD, PC 09/09