



Office Policy

1. Appointment times are approximate only, as each patient requires individualized attention by the Provider and their staff for whatever time period that may be necessary. The Provider may also be confronted with emergency cases during the day, which may cause delay in our schedule. If this happens we will try to contact our patients to give them the option to come in at a later time or to reschedule at their convenience. Please try to understand if you are asked to wait for the Provider.
 - a. Failure to give at least 24 hours advance notice to cancel or reschedule appointments will result in a charge to your account for a broken appointment. Our fee is \$25.00 and will have to be paid before your next appointment.
 - b. We have a 10-minute grace period for all appointments. If you are late you will most likely be asked to reschedule to a later time. We ask that all our patients be on time so that we can stay on schedule, minimizing patient inconvenience.
2. Phone calls are returned within 24 hours. If you are having an acute problem we will call you back during the business day.
3. After hours calls will be returned the next day if it is not an emergency. The Provider will not return an after hours message if it is about prescription refills.
4. Prescriptions are given to patient at their visit and it is the patient's responsibility to take them to the pharmacy. If you lose your prescription we will mail another to you or you can pick up another at our office. If you have a mail order prescription program through your insurance plan we will mail the prescription to you if approved by the Provider. If you wish a prescription called in and it is not an EMERGENCY, we will call it in to your pharmacy within 48 hours.
5. You must pay your co-pay at the time of any visit with Alpha Primary Healthcare, unless arrangements have been made with our office prior to the appointment.
6. Sometimes your insurance company will refuse payment of a claim for any of the following reasons:
 - a. A pre-existing condition, which they do not cover.
 - b. You have not met your deductible for the year.
 - c. The type of medical service required is not covered.
 - d. Your insurance was not in effect at the time of service.
 - e. Your insurance plan changed and you failed to notify our office.
7. You are responsible for knowing what your insurance plan covers; we cannot keep up with what every insurance policy states.
8. If your insurance company denies the claim for any of the above, or any other reason, our office cannot be responsible for the bill. It is the responsibility of the patient or guardian to pay the amount in full.