

*Kevin E. Conner M.D., P.A*  
800 West Arbrook Blvd. Suite 100  
Arlington, TX 76015

## Office Policies

Welcome to the office of Dr. Kevin Conner. It is our wish to make your experience in our office as pleasant as possible. We are furnishing the following information to you in an effort to make our relationship run as smoothly as possible.

1. **WE DO NOT SEE PATIENTS FOR ANY TYPE OF MOTOR VEHICLE ACCIDENT OR WORKER'S COMPENSATION INJURIES.**
2. Current insurance card and picture ID is required at every visit. NO EXCEPTIONS. Any change in insurance information is the patient's responsibility to inform the receptionist. If no information is received from the patient, the patient will be responsible for the balance in full. Please present this upon arrival.
3. Patients are responsible for obtaining and being aware of their need for referrals. The office staff cannot be responsible to obtain these for you.
4. Co-payments are due at the time of service. We accept cash; check, Visa or Mastercard. There will be \$50 fee assessed for all returned checks.
5. If you need a prescription refill, **please call your pharmacy** and they will fax the request to us. Please allow 48 hours for your prescription to be filled.
6. Please allow 30 days for medical record requests. This needs to be done in writing by the patient or person with power of attorney.
7. If you need the physician to fill out any forms for you, please allow 10 days after payment for these to be completed. **WE DO NOT FILL OUT FMLA OR DISABILITY FOR FIRST TIME PATIENTS!**
8. If you are having lab work done, your requisition will need to be signed at the lab for them to be able to file your insurance. We are not responsible for non-covered lab expenses.
9. If you have call block on your telephone, we will be unable to reach you by phone. When anyone from our office calls, it will show up on your Caller ID as unavailable.
10. If you arrive 15 minutes late for your appointment, **you will have to reschedule.**
11. 24 hour notice is required for cancellations. If you fail to do so, a \$25.00 fee will be assessed and may result in termination from practice.
12. If you provide inaccurate information regarding your medical and/or prescription history, you will be immediately terminated from the practice.

We greatly appreciate your understanding of these policies, and look forward to a long lasting relationship with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 01/22/2012

