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**Policies and Procedures**

Medication Refills: Please contact your pharmacy or send a request through the patient portal for all

medication refills. If necessary, the pharmacy will send an electronic request to the provider if a new

prescription is needed. Please allow up to 72 hours for all medication refill requests. PLEASE NOTE –

if you no show your follow-up appointment or cancel with no reschedule, you will not be able to get any

further refills until you are seen in the office.

Controlled Medications: Any controlled medications (with the exception of Valium or similar for MRI

scans) will require a controlled substance agreement to be signed by both the patient and the provider.

Failure to comply with the agreement WILL result in the medication not being continued. Controlled

medications will be used as a last resort. Any patient receiving care at Heidi Lynn Yip, NP in

Acute Care PLLC will be evaluated for overuse/inappropriate use of controlled medications (prescription

or otherwise) to manage their headaches, and if deemed necessary for the successful treatment of their

headaches, will be weaned off their medication safely and appropriately. \*\*If you are prescribed a

controlled medication, you will need to follow-up every 3 months to continue receiving refills. Only 30-

day supplies with no refills will be prescribed per NYS law and best practice.

Payment:

* Copays are due at the time of service.
* High Deductible Plans: If you have met your deductible you will be responsible for portion of coinsurance at the time of service. If you have not met your deductible, full payment will be due at time of service. You may call the office prior to your appointment to get an approximate cost for the upcoming visit.
* Self-Pay/Non-Participating Insurance: Payment is due at time of service – NO EXCEPTIONS. If you are unable to pay for services, you will be asked to reschedule your appointment.

Returned Check Fee: If any check is returned for insufficient funds, a $25 fee will be charged to your account. The sum of the returned check and returned check fee will be due upon receipt. You will not be able to schedule an appointment until this is paid.

**I have read and understand the Policies and Procedures above and agree to the terms.**

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Printed Name Date