



Capernaum Kids Lakeland

Office Policies

Patient Name _____

Date of Birth: _____

We appreciate the trust you have in our providers at Capernaum Medical Center for Kids by choosing us to care for your child. We will do our best to satisfy your needs. If you have any questions or concerns during your communication with our office or during any visit, please discuss them with the office administrator.

1. Due to the complexity of most of our patients' medical needs, anyone who has **3 NO SHOWS (WITHOUT NOTICE)** or refuses to follow our recommendations may be considered to have left our practice and may not be scheduled for another appointment. There is also a **\$25.00 No Show fee** for office visits and **\$50.00 No Show fee** for any testing done at our office.
2. All co-pays and/or patient account balances must be paid at the time of the visit.
3. You are responsible for requesting your referral and/or authorization front the Primary Care Physician at least 5 business days prior to your appointment in our office. You must bring the referral and/or authorization at the time of your visit or it can be faxed to 863-337-5728.
4. Urgent messages will be returned within 24-48 hours. Non-urgent messages will be returned within 48-72 hours, and usually at the end of the day. We do not accept walk-ins and if you feel that you have an emergency call 911 or go to the nearest Emergency Room.
5. Prescription refills may be requested by e-mail at or by calling the main number and selecting the option for prescriptions.
6. **Prescription pick-up times** are Mondays and Fridays at anytime from 8:00am-4:00pm and Tuesdays-Thursdays from 7:30 am- 9:00am due to the high volume of patients in our office.
7. There may be a \$25.00 fee for any forms or formal letters that require completion by our office. We require 7-10 business days to complete these requests and any fee associated with these documents must be paid prior to the release of the form/letter.
8. It is vital that for us to always have an accurate and working telephone number where we can reach you at all times. It is your responsibility to update your telephone numbers, address and insurance information.
9. We reserve the right to terminate our relationship with anyone who is disrespectful or abusive to our staff.

Signature Parent/Legal Guardian/ Self

Relationship

Date