



## Mid-Florida Kidney and Hypertension Care PL

Fuad Afzal, MD and Sayed Husain, MD

631 Palm Springs Drive Suite 104

Altamonte Springs, FL 32701

### **No Show, Referrals and Financial Policy**

We strive to render excellent medical care to you and the rest of our patients. When an appointment is scheduled, that time has been set aside for you and when it is missed, **that time cannot be used to treat another sick patient. We will strictly enforce these policies due to a lot of time and effort has been dedicated to you from our staff when they are preparing for your visit with the doctor.** Your appointment card is your first reminder. Staff will call you one week before and one day before your appointment as a courtesy. Our staff will request and attempt to obtain a referral from your Primary Care Physician. It is ultimately your responsibility to bring the referral to appointments. If no referral received your appointment will be rescheduled and this will cause a delay in your care.

Our Policy is as follows:

We request that you please give our office at least 24 hour notice in the event that you need to reschedule your appointment with the physician. This allows other patients to be scheduled for that time and also makes it possible to reschedule your appointment more efficiently. Please call our staff back to confirm your appointment and/or provide requested information that is needed. If a patient misses an appointment without contacting our office, this is considered a missed appointment (“No-Show, No-Call”) and **a fee of \$50.00 will be charged to you for a missed appointment.**

We will collect your deductible, co-pay, uncovered services or the percent you are responsible for at the time of your visit. Please be prepared to pay at the time or CHECK-IN, before you are seen by the doctor. We accept cash, personal checks, money orders, Visa and MasterCard. **Returned checks are subject to a service charge of \$25.00, plus any other charges incurred.** Bring a copy of your referral to your appointment. If no referral or authorization has been received your appointment will be rescheduled.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to speak with our office staff. We are here to help you.

**I have read and understand the No Show, Referral and Financial Policy of Mid-Florida Kidney and Hypertension Care PL and I agree to be bound by its terms. I also understand that such terms may be amended from time-to-time by MFK.**

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Printed Name of Patient

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Patient Signature

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Date