

# NORTHWAY MEDICAL ASSOCIATES, PLLC.

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## ABOUT OUR PRACTICE

In an effort to keep things running smoothly as possible, we would like to share with you some of our policies. These policies are put in place so that we can provide patients with the best possible care. We ask that you read them carefully and sign below acknowledging that you understand our guidelines. We thank you in advance for your cooperation.

- ❖ **PRESCRIPTION REFILLS:** Kindly give at least 48-72 (business) hours' notice for prescription refills. Sometimes the doctors are not always in the office to sign the prescriptions on the day you call.
- ❖ **MEDICATION LISTS:** For routine visits we ask that you bring a list of medications that you are currently taking (including strength and how you take the medications). This helps staff to keep track of refills needed and also allows the doctor to see what prescriptions you may need before your next scheduled appointment.
- ❖ **KEEPING/CANCELLING APPOINTMENTS:** Appointments are confirmed two days prior to your appointment via email, text message and phone call. When rescheduling or canceling your appointment via email or text, it is also important that you contact the office via phone to confirm that you are indeed rescheduling or canceling your appointment 24 hours prior to your scheduled visit. If we do not receive a 24hr notice via phone call you may be assessed a "No Show" fee.
- ❖ **NO SHOWS/SAME DAY CANCELLATIONS:** If you "**No Show**" for a regular appointment your account may be automatically charged an additional \$50.00 "**No Show**" fee that you are responsible to pay. (insurance does not cover this)
  - For other appointments that require additional time, the following fees will be assessed for "No Show" on the first "**No Show**" occasion.

▪ Physical Exam	\$100.00
▪ PAP/Pelvic Exam	\$75.00
▪ Minor Surgical Procedure	\$100.00
▪ New Patient Appointment	\$95.00
- ❖ **CO-PAYS/DEDUCTIBLES/UNPAID BALANCES:** Co-pays are expected at the time of service. If you are financially unable to pay your unpaid balance in full, we will be happy to set up a payment schedule. Payments will need to be made on a regular monthly basis to avoid any "Rebill" charges. (\$5.00/each occasion)
- ❖ **FORMS:** If you have any forms to be filled out by the doctor, you may be required to make an appointment to do so. If you are dropping off a form for the doctor to fill out, there will be a \$10.00 fee and the turnaround time can be up to 10 business days.

If your account is assessed with a "No Show" fee, you will need to clear up your balance before another appointment can be scheduled.

**THANK YOU!**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_