

Gregory J. Wiener, M.D.

353 Church Ave Suite A
Chula Vista, CA 91910
(619) 585-8883

PATIENT NAME: _____ DOB: _____

***** Please initial each line showing that you acknowledge that you read and understand our policies *****

CO-PAY'S:

_____ Are due at the time of service. This is your responsibility due from you according to your insurance plan and is to be collected for services.

PHOTO'S OF PATIENTS: (Initial for Consent of photo)

_____ I give permission to Gregory J. Wiener, M.D., P.C. to photograph the patient to their system.

LABS & X-RAYS:

_____ We require all patients to follow up with our physicians to receive results of any labs or X-rays. This is necessary so that our physicians can answer any questions you may have regarding care as well as discuss any future plan and/or treatment options with you. When we order labs and/or X-rays, please have them completed in enough time prior to your next visit. We suggest 1 week before your next appointment.

NO SHOW POLICY:

_____ If you have an appointment with our office and are unable to attend, you must give our office 24-hour notice so that we may give the appointment to another needy patient. In the event that the 24-hour notice cannot be given, please give our office a courtesy call as soon as possible.

If we do not receive a call to cancel or reschedule your appointment, you will be responsible for a \$50.00 - No Show Fee. If you had a procedure scheduled and do not call 24-hours prior to the procedure, you will be responsible for a \$100.00 No Show Fee for the procedure. These are not covered by your insurance and must be paid before the next visit. After the third missed appointment, without notification, we will no longer be able to offer medical care.

RETURNED CHECK CHARGE:

_____ If we receive a returned check from your bank due to non-sufficient funds, account closed, etc. you will be charged an administrative fee of \$35.00. This fee and any balance due will need to be paid by you prior to your next appointment. Please note that this is not covered by your insurance.

COLLECTIONS ON ACCOUNTS:

_____ If your account is placed with a collection agency due to non-payment balances, you will be responsible for any costs associated with these collection efforts. Possible cost could include collection percentage for outside company fees and attorney/court fees that may apply.

MEDICATION HISTORY: (Initial for Consent to obtain Medicine History)

_____ For your safety, we are able to review your medication history electronically from your pharmacy. This will allow us to view any interactions between medications we prescribe and other medications that your child is currently on.