



NOTICE TO OUR PATIENTS

Thank you for choosing The Family Practice of Dr. Gisi as your healthcare provider. We look forward to providing an office environment and provider relationship that meets you and/or your family's medical needs.

Items to bring to your first appointment:

1. Driver's license or other photo identification.
2. All insurance cards.
3. Co-pays or payment in full at the time of your visit if you are not covered by insurance.
4. Actual bottles of all medications (prescribed and over the counter) that you are currently taking.

NO SHOW POLICY

As a courtesy to our patients, our staff calls patients prior to their scheduled appointment to remind them of the appointment date and time. We perform these calls as a courtesy to our patients and to allow us the opportunity to reschedule the time slot should the appointment not be necessary. Please phone at least 24 hours in advance if you will not be able to keep your scheduled appointment. We are committed to ensuring your access to same day professional care. For that reason, we have implemented a "No Show Policy".

Missed appointments or last minute cancellations will be subject to a \$25.00 fee, which will be required to be paid in full prior to the scheduling the next appointment.

For the purposes of this policy, a no-show appointment is defined as follows:

1. An appointment which is missed by the patient without any advance notice.
2. An appointment that is cancelled less than 24 hours prior to the scheduled appointment time.
3. An appointment in which the patient arrives 10 minutes or more beyond the scheduled appointment time.

Failure to show for the initial "new patient" appointment may eliminate your opportunity to establish care as a new patient.

Paperwork Forms and Fee's

Please understand that there will be a minimum fee of \$25.00 for any paperwork from 3rd parties that need to be filled out by Dr. Gisi or staff.

RX REFILL POLICY

Our policy is to refill patient prescriptions within 72 (business) hours of receiving the request. Please do not wait until you are completely out of medication or you will likely do without until the refill can be processed.

How to Request a Prescription Refill:

1. Call your pharmacy 3-5 days before you run out. If you use a mail order service (Express-Scripts, RX Solutions), contact them at least 1-2 weeks prior.
2. Ask your pharmacist to fax us a prescription refill request. Once received, our office may authorize a refill if appropriate.
3. If you have not been in our office recently, refills may be denied. Especially if you have specific metabolic conditions.

Patient Name:

Date:

Received By:

Patient Signature or Patient Representative

Relationship (If Signed by Other than Patient)



Patient Information

Date: _____

Patient Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Street Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

Would you like to sign up and have access to our patient portal? No Yes (Please provide a valid email address)

Demographic Information

The American Recovery and Investment Act of 2009 (ARRA) require medical providers to collect patient race, ethnicity, and language data. Your and ethnicity are to be recorded in accordance with the Office of Management and Budget (OMB) standards.

Your Race

American Indian or Alaska Native African American Asian Caucasian

Filipino Hispanic/Latina Native Hawaiian or Pacific Islander Other: _____

Preferred Language: _____

Marital Status

Single Married Separated Divorced

Widowed Domestic Partner Other: _____

Insurance Information

Name of Primary Insurance: _____ Primary Insurance Holder Name: _____

Member ID# _____ Group# _____

Patient Relationship to Primary Insurance Holder: _____

Pharmacy Information

Local Pharmacy

Name: _____

Address: _____

Phone: (____) _____

Mail Order Pharmacy

Name: _____

Address: _____

Phone: (____) _____