

Ph: (360)570-8010

Advanced Family Wellness

Fax: (360)570-8009

*** VERY IMPORTANT ***

PLEASE READ

As a patient of Advanced Family Wellness, we ask that you please agree to honor the requests below.

Advanced Family Wellness requests that all patients:

*Be responsible for keeping track of your scheduled appointments and notify us at least **3 business days** before that appointment date if you need to cancel. We will do our best to confirm your appointment with you at least 4 days beforehand. However, this is a courtesy we offer our patients and it is ultimately your responsibility to remember when you are scheduled.

AFW will forgive 1 missed appointment if we do not receive a call to cancel within 3 business days of the scheduled appt. After that, you will be billed the usual charge for an office visit (\$84.00 -\$254.00 depending on your coverage) if sufficient notice is not given. Please do leave messages on voice mail if you don't reach us.

*New patients or re-establishing patients check in **30minutes prior to appointment time**. Established patients arrive **15 minutes** prior to your scheduled appointment time, even if your "intake forms" are filled out in advance.

*Advanced Family Wellness does not offer payment plans. For patients not covered by insurance or who have a **high insurance deductible** that needs to be met, **please be prepared to make payment "in-full" on the day of your visit.**

***All patients are expected to pay their insurance copays prior to being seen on the day of visit.**

*Call our dedicated phone line at: **(360)754-4329** for questions regarding your medical concerns. If we are not able to answer your call, it is because we are with a patient. Please leave a detailed message and your call will be returned as soon as possible.

If you have an urgent need and cannot reach the medical assistant on the above phone line, please call our main line at: (360)570-8010 and speak with our receptionist. And always, if you are having a medical emergency, dial 911 or go to your nearest urgent care center immediately for assistance.

*Please contact your preferred pharmacy for any prescription refill requests. They will fax your request to us for Dr. Kather's review and approval. Once Dr. Kather has approved or denied your request, it will be faxed back to your pharmacy. **Please note:** If you need a refill and have not been seen here for three months or longer to review them, Dr. Kather will need to see you before approving your refill. In some instances, a one-time refill will be approved prior to being seen but your AFW account will be charged \$7.00 per prescription.

***Allow a 72hr (3 day) turn-around time for medication refills**

****PLEASE REFRAIN FROM WEARING FRAGRANCES (cologne, perfume, etc.)***

TO OUR OFFICE, AS DR. KATHER IS ALLERGIC TO MANY OF THEM.

By signing below, I acknowledge that I have read, understand and agree to the above requests.

Signature: _____ Date: _____