



NOTICE OF FEES & OFFICE PROCEDURES

NS 01-21

Orange Park 981 Kingsley Ave (904) 269-9595

Jacksonville Beach 2710 3rd St South (904) 269-9595

No Show or Late Cancellation

Due to the increasing cost and complexity of regulations, we have found it necessary to charge for a "no show" and for "cancellations" given with less than 24-hour notice. This will be a \$50.00 fee. It will be your responsibility to obtain the name of the person you called and the date/time in which you canceled to avoid this fee. Remember this is a 24-hour notice.

Requested Forms To Be Completed

Disability forms to be completed require a prepayment of \$25.00 each time new information is requested. The first FMLA form is free after that the \$25.00 charge applies. Leave the form with us and allow 7-10 business days for completion. If you require forms to be completed by Dr. Tellam you MUST FIRST complete all information concerning you, your job, work duties, etc. Disability paperwork will not be completed until after surgery.

Records & X-Ray Requests

Copies of medical records requested by the patient: First copy will be provided free, and after that, following FAG 6488-10.003, the price is \$1.00 per page up to 25 and \$0.25 per page for the remaining. Allow 3-5 business days for the retrieval and copying of records. Do not ask us to copy your records "on-demand" or with little to no notice. We recommend after obtaining your records from us you make copies so that you have them as needed.

Copies of any X-rays will require you to bring a CDR in and allow 3-5 business days for the X-ray image to be retrieved and burned onto the CDR. Once again please do not call us the day you need them or with little notice. We have two locations and are not at each office daily to retrieve them.

Photo/Video/Audio

Patients, family members, visitors are not to video, audio record, or photograph any procedure, appointment, or anything transpiring in the office without the expressed consent of Dr. Tellam. You MUST ask him and receive his approval before any/all media usage.

Insurance Appeals

Occasionally we need to appeal a visit, procedure, or item with your insurance company. This requires your consent for us to work on your behalf. Unless otherwise noted here _____, your signature on this document is your approval/permission for us to conduct appeals on your behalf for insurance non-payments.

Please let us know if you would like a copy of this policy.

PATIENT PRINTED NAME :

DATE:

SIGNATURE (PATIENT OR RESPONSIBLE PARTY):