

# Office Policies

Paul W. John, MD

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Family Practice

**APPOINTMENT TIMES ARE IMPORTANT TO US.** We ask that you please respect this by being on time for your appointment. We, in turn, will always try to stay on schedule. We understand that emergencies and illnesses do occur. We ask for 24 hour notice when canceling an appointment. If a patient cancels with less that 2 hours notice more than once, a \$25 fee may be assessed to their account. Thank you for your cooperation.

**REFILL POLICY.** Please do not call our office for refills of prescriptions. Please contact your pharmacy who in turn will contact our office. If your pharmacy tells you that you are out of refills, this is an indication that you need to make an appointment to see the doctor. Periodic visits to the office are necessary when patients take medications on a regular basis. Routine refills will be called back to the pharmacy within 2 business days. Please allow the appropriate time to get your refill before you run out of medication. Antibiotics will never be called in over the phone. I would be happy to discuss this policy at any time during your office visit.

**URGENT CARE** An urgent care facility will be available for after hours care. It is shared by Dr. Paul John, Dr. David King, Dr. Humberto Enriquez, Dr. Steve Loeschen and Dr. Susan King. This will be available from 5:00pm to 7:30 pm Monday through Thursday, and 9:00 am to 1:00 pm on Saturdays. Call first to obtain copay information based on your particular insurance.

**NURSE CALL BACKS.** The nurse at our office has voicemail. The nurse is often not available to speak directly to patients when they call because she is taking care of patients in the office. If the nurse is not available, please leave a voicemail or a message with the front office staff. The nurse has time set aside each day to return phone calls.

**FORM COMPLETION** Please make an appointment for the completion of paperwork not directly related to medical insurance reimbursement of charges incurred at our office. This includes, but is not limited to, Disability forms and FMLA and Leave of Absence paperwork.

I, \_\_\_\_\_ have read and understand the policies described above.

Print Name

Date \_\_\_\_\_

\_\_\_\_\_  
Signature