



# CEI Medical Group

ear • sleep • sinus • face

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## **APPOINTMENT POLICY** **Effective 02/01/2010, Last Updated 01/01/2012**

Dear Patient,

Thank you for choosing CEI Medical Group. It is our every desire to provide you with excellent and timely service. The following guidelines were designed to facilitate this process.

### **ON THE DAY OF YOUR APPOINTMENT:**

#### **NEW PATIENTS**

- Please complete the enclosed forms and bring completed to your appointment. A map with directions to our office is enclosed for your convenience.

#### **ALL PATIENTS**

- Please arrive 10-15 minutes prior to your scheduled appointment time. This will allow us to complete the registration process in a timely manner. Please note that arriving late may result in your appointment being rescheduled.
- Please bring your current insurance card to every appointment. If your insurance requires prior authorization/referral, this must be on file before you can be seen. If you arrive for your appointment and we cannot verify your insurance coverage or authorization, you will be expected to pay in full at the time of the visit.
- Be prepared to pay your co-payment at every visit. Your co-payment amount is normally indicated on your insurance card. For your convenience our office accepts cash, checks, debit cards, VISA, and MasterCard.
- We will make every effort to accommodate your scheduling needs. In return, we ask that you help us by keeping your scheduled appointments. You must notify our office at least 24 hours in advance if you need to cancel or reschedule your appointment. Cancellation fees will be incurred if you do not give 24-hour notice. (See Patient Service Guidelines for fee schedule).

Thank you for your cooperation. We are looking forward to being of service to you and your family.

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PATIENT NAME: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ M T W Th F TIME: \_\_\_\_\_ AM PM

WITH: \_\_\_\_\_ LOCATION: \_\_\_\_\_

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