CHHABRA MEDICAL CORPORATION PC

Portage Office
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Portage, IN 46368
219.762.3196
219-763-6438 Fax

Hobart Office
7835 Grand Blvd
Hobart, IN 46342
219.769.2258
219.769.2743 Fax

B. Chhabra, MD Family Practice
M. Geeta, MD Family Practice

S. Meeks, NP Family Nurse Practitioner
K. Kozub, NP Family Nurse Practitioner
S. Wojcik, NP Family Nurse Practitioner

PATIENT OFFICE POLICIES

We welcome you to our medical offices. For your convenience we have two facilities to meet your healthcare needs. Some of our office policies are stated below for your information. Please read and sign at the bottom of the second page.

Office Hours:

Portage Health Center
Monday- 8 a.m. to 5 p.m.
Tuesday- 8 a.m. to 5 p.m.
Wednesday-8 a.m. to 5 p.m.
Thursday- 8 a.m. to 5 p.m.
Friday- 8 a.m. to 1 p.m.

Saturday- 8 a.m. to 12 p.m.
(Every 1st Saturday of the month)

Hobart Health Center
Monday- 8:30 a.m. To 4:30 p.m.
Tuesday- 9 a.m. to 5 p.m.
Wednesday- 8 a.m. to 4 p.m.
Thursday- 9 a.m. to 5 p.m.
Friday- 8:00 a.m. to 1 p.m.

The time of these hours are subject to change without notice. Please call the office to confirm appointments and location.

APPOINTMENTS: Appointments are scheduled in advance. In an emergency situation, we will be able to see you in either of our two offices or you may go to the emergency room at the nearest hospital. If it becomes necessary to cancel an appointment, please give our office a 24-48 hour notice so we may offer your appointment to another patient. If a 24-hour notice is not given there will be a failed appointment service charge added to the account. **1st occurrence $50.00, 2nd occurrence $75.00, and 3rd occurrence $100.00.** This charge shall be the responsibility of the patient and is not insurance billable.

TELEPHONE: In order to reduce interruptions to patients being examined, our receptionist and or nursing staff will handle the phone calls. Messages taken between, 8 a.m. and 1:00 p.m. shall be most likely handled within 12-24 hours. Most messages taken after 1 p.m. will be handled by the end of the next business day. The doctors or their associates will return your calls as soon as possible. This, on occasions, may take up to 48-72 hours. When the offices are closed, our answering service will take **urgent messages only** and transmit them to the doctor on call. All refill requests shall be accommodated only during business hours.

IN OFFICE TESTING: We are equipped to do some basic blood and urine tests in our office. An outside laboratory does more complicated testing. As a convenience to you, frequently will draw the blood for these tests in our office. When this is done, there is a nominal charge for drawing the blood and preparing the specimen. Any other tests done will be billed according to the test performed. Testing results shall be discussed at the time of your next follow-up visit.

X_____
Signature of Responsible Party/Guarantor/Patient

X_____
Print Name
D.O.B._____

HEALTH INSURANCE: Health insurance is designed to help the patient meet the cost of medical service, but the basic responsibility for payment is the patient's. Your insurance contract defines to what extent the company can reimburse you. We are prepared to help you recover the portion of your medical expenses that are covered by your contract by filling out the form from the patient before submitting the form to us for completion. There shall be a nominal charge for completion of disability forms, insurance forms and workman's compensation forms. It is your responsibility to familiarize yourself with your insurance policy. Your insurance dictates if you need referrals for diagnostic testing and specialty visits. If referrals are needed, please inform our offices before your diagnostic testing and/or for specialist visits. This could take up to 4-5 business days.

CREDIT AND GUARANTEE AGREEMENT: We hope you understand that our credit and collection policies are a necessary part of assuring the financial resources needed to maintain the medical offices for our patients and the community. By signing below you signify your understanding and agreement to be responsible for any and all reasonable charges incurred for medical services provided to the patient. **Charges for medical services at our offices are due and payable at the time services are rendered.** All co-pays, deductibles, and co-insurance as dictated by your health policy, are payable at the time of service. For your convenience, we accept cash, check, or credit card. All Co-Pays not paid at time of office visit shall entail a $20 administrative and collection charge.

If unusual circumstances should make it impossible to meet our credit terms, please call or personally discuss the matter with our billing manager. This will avoid misunderstandings and enable you to keep your account in good standing. Accounts 60 days past due are referred to our attorney, unless prior arrangements have been made with my office. If we must retain an attorney in order to collect and overdue amount owed by you, you will be responsible for not only the original debt, but also for all costs of collection incurred by this office, including court costs, attorney fees incurred, and any and all other costs reasonable and necessarily incurred in litigating the matter.

If you have health insurance, please understand that this is an agreement between you and your insurance company to pay your certain amounts for medical care. Our bill for medical services is an agreement between you and us. You are responsible for the payment of your bill regardless of the status of your insurance claim.
If you should have any questions regarding any of the above, please feel free to discuss it with my staff.

Sincerely,
CHHABRA MEDICAL CORPORATION, P.C.

This agreement also serves as a formal consent to treatment for myself and/or my dependents.

X_____
Signature of Responsible Party Guarantor/Patient

X_____
Witness Signature

X_____
Print Name

X _____
Witness Name

X_____
Date

X_____
Date

_____
D.O.B.