Rocky Mountain Family Medicine LLC

5840 E. 2nd St. Suite 200
Casper, WY 82609
Telephone: 307-315-6133
Fax: 307-315-6134

Refill Policy

- I understand that refills MUST be requested by me, via phone, email or text. I will not rely on my pharmacy to fax requests. For best results please contact the office via phone, text, or email for prescription refills rather then relying on the pharmacy to fax requests.

- I understand that this office does not prescribe chronic pain medication. For chronic pain management, I may be referred to a pain specialist.

- **I understand that there is a 72 hour waiting period for ALL refills. Weekends and Holidays DO NOT count in that time period.** Requests made after 4 pm Monday-Thursday will not be received until the following morning. Requests made Friday will not be received until Monday morning. Please monitor your medications and allow ample time for the refill to be processed. Refill requests by phone must be made during business hours. The on call doctor will not process refill requests.

- I understand that any controlled substances will NOT be filled early, unless the provider says differently.

- I understand that in order to continue receiving refills, periodic appointments are required, to monitor my condition. These may be required annually or bi-monthly, at the provider's discretion. Failure to keep these appointments may result in a delay of my refills.

Zero Tolerance Policy

- I understand that any patient thought to be "Doctor Shopping" or "Drug Seeking" will be immediately terminated from this practice.

- I understand that failure to treat the office staff with respect, while in the office, or during a telephone conversation, will result in immediate termination.

- I understand that all statements above are subject to discretion of the provider.

Signature:_____ Date:_____

Print Name:_____

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Consent Form

I have received the "Office Policies" brochure. I understand and accept the terms and conditions below:

Cancellation /No Show Policy

- I understand that if I fail to cancel my appointment within the 24 hour required time frame, it will be considered a "No Show Visit", and will result in a warning letter. The second "No Show Visit" will be assessed a $75 fee, and the 3rd offense within 12 months will be assessed a $150 fee, and will result in dismissal from the practice.

- I understand that if I check in more than 10 minutes late, and if I fail to alert the office staff of any emergent/qualifying circumstances, it will be considered a "No Show Visit" and I will be asked to reschedule.

- I understand that if I make and cancel an acute visit (a sick appointment made "same day"), I will not be seen , even for a nurse visit, until an appointment is made and kept with the provider.

Financial Policy

- I understand that payment of my bill is part of my contract with my provider. My co-pay is due at the time of the service, and if the office does not participate in my Insurance, or if I am a "self pay" patient, payment **IN FULL** is due at the time of the service. Any special circumstances will need to be discussed with the office staff prior to the visit.

- I understand that any balance not paid by my insurance company then becomes my responsibility.

- I understand that any balance that I pay before leaving this office is an estimate of charges, and that there may be additional office fees that were not added at the time of the service (ie: lab fees, injection fees etc.). These fees will be forwarded onto the billable insurance, and I may receive a billing statement.

- If I fail to pay my balance in full within 90 days of receipt of the statement, my account will be referred to a collection agency, and my account will be assessed a 35% collection fee, in addition to the balance.