



SUN STATE CARDIOLOGY

60 N. McClintock Dr., Suite 3
Chandler, AZ 85226
(480) 821-3800
FAX (480) 821-3806

OFFICE POLICY

A \$40.00 fee will be assessed for any no show appointment. A no show visit is a missed scheduled visit. Same day cancellations **are** allowed with no fee as long as the cancellation is made **BEFORE** the appointment time.

Initials _____

Prescription refills can take up to **48 HOURS** for our office to process them. Please plan accordingly. Do not wait for your prescriptions to run out before calling our office. Certain controlled substances require appointments for refills. Lost, stolen, misplaced or miswritten controlled substance prescriptions **absolutely CANNOT** be replaced.

Initials _____

Co-pays are due at check-in. If your co-pay is not paid at check-in, our office will charge you for a **\$10 service charge in addition** to your co-pay amount.

Initials _____

A charge of **\$75.00** for any letters that are requested by the patient for purposes including, but not limited to: **insurance claims, letters to a lawyer regarding a law suit, or extensive chart reviews for disability/social security claims.**

Sick letters for work/school, return to work/school letters, public service letters (i.e. duty), and release of information to other offices **ARE NOT subject to this fee.**

Initials _____

I have received a copy of **Sun State Cardiology, PC.** 'Notice of Privacy Practices'. This notice describes how **Sun State Cardiology, PC.** may use and disclose my protected health information, certain restrictions on the use and disclosure of my health care information, and rights I may have regarding my protected health information.

PATIENT'S SIGNATURE

DATE