



MOUNTAIN DOCS  
*Family Medicine, PA*

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**KIT C. HELM, M.D.**  
**SONDRA K. WOLF, M.D.**

Thank you for choosing Mountain Docs Family Medicine for your healthcare needs. We strive to provide the best possible service to our patients. To make your visit as pleasant as possible and prevent future misunderstandings regarding appointments and billing, please read and familiarize yourself with the following policies and procedures.

- Office hours are Monday –Thursday, 8:00am-12:00pm and 2:00pm-5:00pm and Friday 8:00am-12:00. For after hour emergencies please go to the nearest emergency room.
- Please bring all medical records from other providers which you have available.
- Please bring **all** medication bottles that you are currently taking or a current list with the name and dosage.
- Please bring your most current insurance card to **every** visit.
- We update our patient demographics continually, including address, phone number, insurance, etc. **Please be patient during this time.**
- Please notify us if you are unable to keep your appointment as soon as possible, failure to provide notification will be considered a “No Show”, three (3) “No Shows” in one year will result in dismissal from the practice.
- If you are more than 15 minutes late for your appointment we will make every effort to work you in if the schedule permits, however you may be asked to reschedule for a later date.
- Patients will be seen in the following order: (1) Emergencies (2) Scheduled appointments (3) Work ins for acute illness
- Please be considerate if the office is running behind, emergencies occur and each patient will be treated with the time and care it takes to address their problem, including you.

- Prescription refills will be provided at scheduled appointments in quantities sufficient to last until your next scheduled appointments. Please remind us you will need refills.
- Prescription refill request called into our office must allow 24 hours for these to be completed.
- At no time will controlled substance prescriptions be called in. You must be seen every 3 months by your physician for refills.
- Termination of the physician –patient relationship can occur at the request of the patient or the physician when the relationship is no longer proceeding in a mutually productive manner. If you are dismissed from the practice, emergency care only will be provided for 30 days to allow appropriate time to find further providers. Circumstances that may result in dismissal from the practice include:
  - Noncompliance with treatment
  - Failure to keep appointments
  - Threatening, demanding or abusive behavior directed toward our staff, physicians, other healthcare providers or patients
  - Deceptive behavior
  - Medication abuse
  - The patient leaves the practice
  - Failure to pay consistent with the policy listed below
- Family members are welcome to go back to the exam room with the patient. However the visit will focus on the needs of the scheduled patient.
- If you require hospitalization, there is an agreement between the hospitalists at Angel Medical Center to provide quality care and communicate that care to your provider.
- Forms will be completed by the provider as time allows at a charge of \$5.00
- We participate with most major insurance plans. If you are unsure whether you insurance is one we participate in, please call the member services for your insurance carrier.
- Please be aware that you are responsible for any portion of your bill that is not paid by your insurance company.

- We are obligated by contract to collect co-pays at the time of service, if you do not have your co-pay at time of appointment, services cannot be rendered except in the case of an emergency.
- Insurance claims and appeals will be filed in a reasonable time frame and followed up on. However, if you are experiencing delays or difficulties with your insurance company in the payment of benefits, **it is your responsibility** to ensure your insurer abides by the plan you have.
- Patients will be responsible for any services that your insurance will not cover or deems “medically unnecessary”.
- Patients will be responsible for any unpaid balance and notified of the balance monthly. At the end of 90 days unpaid balances will be turned over to a collection agency and the patient will be responsible for agency fees. Failure to remit payment on a past due account will result in dismissal from the practice.
- All Motor Vehicle and/or Worker’s Comp claims will be the responsibility of the patient. Our office **will not** be responsible for filing claims to get payment on these services.
- All returned checks will have a service charge of \$10.00.
- If you are uninsured payment is due at the time of service.
- If you choose to transfer to another physician you **will not** be allowed to become a patient at Mountain Docs Family Medicine in the future.

**I have read and understand the above policies, procedures and financial responsibilities, and agree to abide by this policy in exchange for quality medical care.**

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**Printed Patient's Name**

**Date**

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**Printed Parent or Legal Guardian's Name**

**Date**

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**Signature of patient, parent or legal guardian**

**Date**

**I agree to give Mountain Docs Family Medicine online access to my Prescription history.**

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**Patient Signature**

**Date**