CONNECTICUT NEUROLOGICAL SPECIALIST, LLC

PERMISSION TO TREAT/OFFICE RULES & POLICIES

455 Lewis Avenue, Suite 202, Meriden, CT 06451
Phone: 203-630-1000
Fax: 1-203-413-3333

CO-PAYMENTS
Co-Payments are due at the time of your visit.

Insurance regulations REQUIRE us to collect co-payment.

Under no circumstance are we able to waive co-payment.

BOUNCED CHECK
A $25.00 CHARGE WILL BE ASSESSED FOR RETURNED CHECKS

WALK INS
Patients are seen by pre-scheduled appointment. Patients may or may not be able to be seen on a walking basis.

NO SHOW OR CANCELLATIONS
A $50.00 charge will be accessed, if you fail to keep your appointment and do not notify the office. 24-hour advance notification is required for a cancellation or rescheduled appointment.

Established Patients: Patient may be discharged from the practice, after 2 (TWO) NO SHOW without a call or explanation within a 24 hour period.

PHONE CALLS
Patients are limited to maximum two phone calls per day. Callbacks from Dr. Sami will be returned within 36 hours depending on the urgency of call.

LANGUAGE
Rude or disrespectful language will not be tolerated.

AGREEMENT
I give permission to the physician or the persons under his instruction, to provide neurological care and treat me in his office or hospital as required. In order to become and continue as a patient of Connecticut Neurological Specialist, LLC, I understand the rules and policies set by the physician and agree to abide by set office rules and policies or I will be discharged from the practice immediately.

Printed Name: ____________________________________ Signature: _______________________________ Date: __________________