

Our goal at Hallmark Health Medical Associates (HHMA) is to provide our patients with high-quality and efficient care. As a patient of our office, you play an important role to help us to meet our goals and it is essential that you understand your role and responsibilities in this process.

***Your Responsibilities:***

1. ***Update your personal information.*** Please notify the office if there are any changes to your mailing or billing address, telephone numbers, health insurance plan, or emergency contacts.
2. ***Keep all your scheduled appointments and arrive on time.*** If you cannot make a scheduled appointment or cannot arrive on time, please call the office at least 48 hours prior to your appointment time. We will be glad to assist you with rescheduling. This allows our physicians the opportunity to maximize their time and allows our office to work efficiently. If you arrive more than 15 minutes late, you may be asked to reschedule to another time when your physician is available. If you miss a scheduled appointment and do not contact the office, you will receive a letter in the mail from our office asking you to call the office to reschedule. If you frequently miss or arrive late to your appointments, our office may no longer be able to provide your care.
3. ***Payment is due at the time of your appointment.*** We accept payment in the form of cash, personal check, and credit cards with Visa, Mastercard, American Express, and Discover. The estimated, discounted charges provided by the office are available to those patients who make payment for the office visit on the date of the service and / or make payment on any additional outstanding charges within 15 business days from receipt of our billing statement. We will send you a bill for any additional services that are performed but not included in the original estimate. Services that are not paid within 15 days from the statement date will be billed at our full rate. Our office may no longer be able to provide your care in the event of continued unpaid balances.

***HHMA Responsibilities:***

1. ***We will attempt to provide an estimate of your total charges prior to your visit.***  
We will make every effort to provide an accurate estimate of total charges, however, the physician may order additional services during your appointment based on your medical needs that are not included in the original estimate. Any additional services provided will be billed to you.
2. ***Our office will call you to confirm your appointment and remind you of any outstanding balances which will be due at the time of your appointment.***
3. ***Our office will keep your scheduled appointment to the best of our ability.*** If our office cannot keep a scheduled appointment, we will provide you with as much notice as possible. Our office will reschedule the appointment to the first available time.
4. ***Our office will provide same day sick appointments.*** If you are sick, our office will offer you an appointment with your physician or a nurse practitioner if there is an available time.

***Patient Name:*** \_\_\_\_\_ ***Date of Birth:*** \_\_\_\_\_

***Patient Signature:*** \_\_\_\_\_ ***Today's Date:*** \_\_\_\_\_