

ALLERGY PARTNERS of the Shenandoah Valley

Updated Office Policies Effective July 1, 2023

Appointments, Cancellations, & No Shows

- ❖ There is a \$50.00 no show fee for established patients without 24HR notice.
- ❖ There is a \$150.00 no show fee for New Patients without 48HR notice.
- ❖ Any patient that has no shows for a scheduled appointment & does not inform us 24 hours or more prior will be considered a NO SHOW.
- ❖ Allergy Partners reserves the right to discontinue the physician-patient relationship with any patient who is a NO-SHOW on three occasions (total.) If the relationship is terminated, the patient will receive written notice.

In our efforts to provide the best possible care at the lowest possible cost to you and to allow for other patients in need of care to be accommodated, please call our office as soon as possible if you need to change or cancel your appointment.

Prescription Refills

- ❖ If your prescription refill runs out before your follow-up appointment, please call your pharmacy to contact us to authorize more refills.
- ❖ Please be advised that a prescription refill request requires 7 business days' notice. For your safety do not allow yourself to run out of your medication ever.
- ❖ Prescriptions will be provided only for current or ongoing medications. If it has been over a year since your last visit, you will need an office visit to get any refills.
- ❖ New medications, narcotics, and antibiotics require an office visit before being sent to the pharmacy.
- ❖ We will make every effort to write your prescriptions with enough refills to last until your appointment.

School & Medical Forms

The following information **MUST** be provided:

- ❖ The patient & guardian portion of the forms must be filled out & signed prior to dropping off.
- ❖ You must fill your portion of the form out to include the medication if applicable.
- ❖ There is a fee of \$15, the fee is payable at time of request.
- ❖ We make every attempt to have these forms completed within 7-10 business days.
- ❖ You will be notified if the forms require an office visit.
- ❖ You are responsible for notifying us of the delivery method for the forms. (Fax, email, mail, or pick-up)

If you do not provide us with the above information the forms may not be completed, and you will be notified. Please understand that filling out forms requires careful consideration and a significant amount of time as the doctor is personally responsible for the accuracy of the information provided. We will accept forms via drop off, fax, or email.

Print Name _____ Signature _____ Date _____