



DAVID W. MILLER, M.D.
TONY HILL, D.O.
GARY RALEIGH, ARNP

503 S. ASPEN
BROKEN ARROW, OK 74012
(918) 286-MEDI (6331)

Notice of Practice Protocol

This letter is designed to answer questions you may have regarding your medical care. Our medical staff, physicians, receptionists, and technical personnel operate as a team. We take great pride in our training, knowledge, and capabilities. We want you to know that we are dedicated to giving you quality health care.

Clinic Hours

Regular Clinic hours are from 8 A.M. – 8 P.M., Monday thru Friday and 9 A.M. - 4 P.M. Saturday and Sunday.

Telephone Calls

Our telephones are answered during normal clinic hours. Our staff has been instructed to handle all incoming calls. This allows the doctors to attend to their scheduled patients with minimum interruptions. If you have questions that they can not answer, the physician or nurse will return your call at the earliest possible time.

Prescriptions & Refills

Just as we can not treat illnesses over the phone, we can not prescribe medications over the phone. Medications will be handled only during business hours. Refill requests can be handled through your pharmacy. Please allow 24 hours for us to get back with them.

Fees & Payment

We make every effort to keep your medical costs to a minimum. **All Co-Pays, Co-Insurance monies are due before being seen by the physician or nurse practitioner. For Self-Pay patients monies are due before being seen by the physician or nurse practitioner.** For your convenience we accept Cash, Check, MasterCard, Visa, Discover and American Express.

Insurance

If you have insurance coverage, please understand that this is an agreement between **you and your insurance company. You are responsible for the payment of your bill regardless of the status of your insurance claim.** We will be happy to submit your insurance for prompt reimbursement to you.

Our physicians are participating in the Medicare program. This means they will accept what Medicare approves, **not what Medicare pays.** Medicare will pay 80% of approved charges and the patient is responsible for the 20% due. This is expected at the time of services are rendered.

All Medical Insurance will be filed by our office according to our contract with the individual carrier. All co-payments are to be paid by the patient at the time services are rendered.

THANK YOU FOR ALLOWING US TO SERVE YOU

I have read and understand the payment policy of MedNOW Urgent Care Center.

Signature: _____ Date: _____