



Timothy D. Lucey, DO

Board Certified Neurology

Office Policies

We welcome you to our practice and thank you for choosing Timothy D Lucey, DO, for your neurological care. As a valued patient, it is important that you become familiar with our office policies and practices.

1. Copays/ Deductibles/ Co-insurance will be due and collected at the time of service. Please be prepared to pay for each office visit. Your appointment may be rescheduled if you are unable to make a payment for your services. _____ (initial)
2. In order to accommodate all patients, we require at least a 24-hour notice (weekends not included) for all cancelled/ rescheduled appointments. If we do not receive a 24-hour notice to cancel/reschedule your appointment, there will be a \$100 fee assessed to your account (\$35 fee for established patient appointments and \$100 fee for testing appointments.) Continuation of missed appointments may result in discharge from our practice. _____ (initial)
3. Patients with an insurance plan contracted with Timothy D. Lucey, DO requiring a referral authorization are responsible for obtaining the authorization from their primary care physician. It is the patient's responsibility to know their insurance plan. If you are unable to obtain the referral authorization at the time of your appointment we will need to re-schedule. _____ (initial)
4. Once you are an established patient; if you need a refill on your medication, please call your pharmacy directly and request the refill. The pharmacy will notify us and we will review the request, this does not guarantee it will be approved. Please allow 24-48 business hours to process refill requests. **There will be no refills after 4:00pm or on weekends/holidays. Medications requiring a paper prescription need to be requested at least 2 business days in advance.** _____ (initial)
5. We value your time and the time of all our patients. To allow enough time for the check in process, we ask that you arrive 15 minutes early for your new patient appointment and 10 minutes early for your follow up appointments. Your appointment will be rescheduled if you are more than 10 minutes late for your scheduled appointment and your account will be assessed a \$100 fee for a new patient appointment and a \$35 fee for a follow up visit. _____ (initial)
6. We will do our best to provide you with a courtesy reminder call for your appointment, if we are unable to reach you and your appointment is not confirmed by 2PM the day before you are scheduled, you will forfeit your appointment opportunity and another patient in need of care will be scheduled in your place. Please ensure we have your current and correct contact information at all times. _____ (initial)
7. Please note, Dr Lucey does not fill out disability/ insurance/ FMLA paperwork. Please consult with your primary care physician if you require paperwork to be completed. _____ (initial)
8. If your account is sent to collections, you will be required to pay the entire balance before you can be scheduled for additional appointments at our office. _____ (initial)

I have read, understand and agree to the above office policies and hereby acknowledge this with my signature.

Signature of patient/legal guardian _____ Date _____