

# Northlight Clients Responsibilities

\_\_\_\_\_  
Name

By initialing this form I acknowledge I have read and understood the items below.

## **Co-payments**

\_\_\_\_\_  
Initial

Co-payments are due at time of service please be prepared to pay prior to appointment.

## **No Show Late Cancellation Policy**

\_\_\_\_\_  
Initial

Missed appointments or appointments cancelled with less than 24 business hours notice (Monday 8am to Friday 12pm) will incur a \$45.00 charge payable by the client. Monday cancellations require phone call notice by 12pm previous Friday. After two no-shows, any additional previously scheduled appointments will be cancelled and not rescheduled until fees have been paid.

## **Medication refill request**

\_\_\_\_\_  
Initial

Refills are usually allowed if the doctor has seen you within the last 90 days. Request for medication refills must go through your pharmacy. Prescription refills require 2-4 business days to process. Do not wait until you have run out of medication to contact us. You are encouraged to request your refill 7 days prior to the day of your last dosage in order to prevent going without medication.

## **Disability, FMLA and other forms/paperwork**

\_\_\_\_\_  
Initial

Forms and special paperwork requires you to be present with the provider to complete. This means that you will need to have a scheduled appointment with your provider. This office does not consider these items as emergencies so please allow adequate time for scheduling these appointments.