



Patient Name : _____

Office Policy

*Thank you for choosing **High Risk Pregnancy Center of Kansas City, P.A.** We are dedicated to providing quality care with compassionate understanding and empowering patients through knowledge. Please take a moment of your time to become acquainted with our office policies and procedures.*

- ∂ To help expedite the filing of insurance claims, a **copy of your Insurance Card(s) and Valid Photo ID is required** at the time of your appointment.
- ∂ We will do our best to accommodate your schedule when arranging an appointment. In turn, we ask you provide our office **at least 24 hours' notice when rescheduling or cancelling appointments**. Failure to do so, will incur a **\$50 service charge**. This charge is not covered by any insurance carriers.
- ∂ To ensure you are seen in a timely manner and provide adequate time for your visit/ultrasound, we may ask you to **reschedule if you are more than 10 minutes late for your appointment**.
- ∂ In the instance of disagreements or noncompliance, HRPC of KC reserves the right to discharge any patient from this practice at any time for failure to comply with treatment recommendations, office/financial policies, or hostile behavior towards staff members or other patients.
- ∂ To expedite prescription refills, please contact your pharmacy to send refill requests electronically. Please allow 24 hours for any prescription refills/questions to be answered, Monday-Thursday. Any prescription requests received on Fridays will be answered the following Monday or clinic day.
- ∂ HRPC of KC is a consultative service, working in conjunction with your primary OB/GYN provider. Please contact your OB with questions not immediately related to the reason for your care at our office.
- ∂ To promote green practices and ease of accessibility, ultrasound images will be texted to you via Trice and available to download/save onto any device, social media, or Trice app. If images are requested after 30 days, a \$25 fee is applied to retrieve the images from archives.
- ∂ If you are requiring a FMLA form to be completed due to restrictions recommended by our office, a \$25 fee is requested prior to completing the forms. Please allow 1 week for completion.
- ∂ I have read and understand the above information pertaining to High Risk Pregnancy of Kansas City's office policy

Signature: _____ Date: _____

Please refer to our website (hrpckc.com) for additional explanations of our office policies and information