

## Welcome to Family Health Care of Edinboro

It is our pleasure to welcome you as a new patient to Family Health Care of Edinboro. Given this privilege, we will work with you to provide the most compassionate medical care. As a means of introduction to our practice, we have enclosed some materials so you know what to expect for your first and subsequent visits.

### Please make note of the following important reminders and office policies:

- **Out of consideration for our patients and employees that suffer from allergies, asthma, and migraines; we are a fragrance-free office. We ask that you do not wear perfumes, colognes, or body lotions to our office.**
- Regular telephone hours are Monday through Friday, 8:00 a.m. through 4:30 p.m. Our providers are available after hours for acute medical problems. If you should have a true medical emergency, please call 911 or go to the UPMC Hamot Emergency Room.
- We understand that there may be times when you will not be able to make it to a scheduled appointment; we do ask that you call us to cancel with at least 24 hours, so we can make that time available for another patient. Three missed appointments or late cancellations in a one-year period may result in dismissal from the practice. *Arriving late or failure to arrive for a new patient appointment will result in dismissal from the practice.*
- If you arrive **late** for an appointment, you may be required to reschedule your appointment date. We request that you arrive 15 minutes before your scheduled appointment to give our front office and nursing staff appropriate time for rooming and provide you as much time as possible with the provider.
- Prescription refills are only processed during regular business hours. Medications will not be refilled by the on-call providers. **Please allow 48 hours to refill medications.** Our preferred method of medication refill requests is through your online MyUPMC portal; you may refill medications without calling the office and you can do this at any time of the day or night. **We DO NOT accept refill requests from local or mail-order pharmacies.** You will need to personally call us or utilize your MyUPMC account when you run out of refills.
- Please call your health insurance carrier prior to your appointment to verify that our office participates in your plan. As a UPMC Hamot Practice, we do participate with most major insurance companies. If your health insurance carrier requires that you select a Primary Care Physician (PCP), please call the member services telephone number on the back of your insurance card to do so.
- Co-payments and self-pay balances are due at the time of service. For your convenience, we accept most major credit cards, cash, and checks.
- Referrals require at least 72 hours' notice to process, but may take additional time if there are delays at the specialist office or testing site. In most cases, if your physician has not seen you for this problem, you may be required to make an appointment prior to being scheduled with a specialist.
- Your privacy is important to us; therefore, if you wish to appoint a family member to call our office on your behalf, we require a Personal Representative Designation form be signed. This form can be obtained at the front desk of our office at any time.
- For additional information about your health care, **MyUPMC** offers *secure online access* to portions of your medical records. **MyUPMC** allows you or your proxy – an authorized family member or individual who has access to your medical record – the ability to refill your medications, view your test results, manage and schedule appointments, message your doctor's office, and review/pay your bills online.
- Tired of being placed on hold? Tired of playing phone tag? To communicate more efficiently with our patients, we often utilize **MyUPMC** for test results, updates, reminders, and appointment information. We encourage you to create your personalized and secure account today!

If you have questions prior to your appointment, please contact our office at (814) 877-7500.

Sincerely,

**The Physicians and Staff of Family Health Care of Edinboro**

I have read and understand the policies outlined above. I acknowledge that if I fail to comply with any of these policies, I may be asked to leave the practice at the discretion of my provider.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_