

**GAYLE S. SCHWARTZ, M.D. & ASSOCIATES**  
PHYSICAL MEDICINE & REHABILITATION  
ELECTRODIAGNOSTIC TESTING

**OFFICE POLICIES**

At Gayle S. Schwartz, M.D. & Associates, we value you and your time. In order to provide prompt, efficient service to all of our patients, we must enforce the following policies:

**OFFICE HOURS**

Our normal business hours are Monday through Friday 8:00am – 4:30pm. Our hours for scheduling appointments are Monday through Friday 8am – 4pm.

**APPOINTMENTS**

We see patients by appointment only. We make every effort to get you into our office on a timely basis. If you must cancel an appointment, please call twenty-four (24) hours in advance, during normal business hours, in order to make this time available to other patients. A \$25.00 fee will be charged for missed appointments and appointments not cancelled within the twenty-four (24) hour time frame. We make every effort to see our patients at their scheduled time. Please arrive at your scheduled time. In order to avoid inconveniencing other patients, if you are more than fifteen (15) minutes late for your appointment, it may have to be rescheduled and a \$25.00 missed appointment fee will be charged. We call to confirm our patient's appointments 2 business days prior to their scheduled appointment to confirm. We do REQUIRE that if we have to leave you a message that you return our call and let us know that you are still planning on coming. If we do not hear from you, we will cancel your appointment and will tell you so in our message. It is imperative that you call us back!

**PAYMENT**

Payment (including co-payments, deductibles, and self-pay patients) is due at the time of service. A \$30.00 fee will be charged for all returned checks. If your co-payment (if one is due) is not received at the time of service, a \$10.00 processing fee will be applied to your bill. If your account remains past due over sixty (60) days then a 1.5% interest will be applied on a monthly basis, which will be 18% interest annually. If your account is turned over to collections, an additional fee of \$50.00 will be added to your account.

**TELEPHONE CALLS**

Due to the number of telephone calls that the doctors receive on a daily basis we will be charging a fee to you for the calls you request from Dr. Schwartz to personally answer. Calls to the office staff are at no charge. Your insurance is not responsible for these fees, you will be billed directly, and the payment is due within thirty (30) days. The cost of each telephone call can vary. The fees will range from \$10.00 to \$50.00 depending on the complexity of the call. If you are experiencing a medical emergency, please do not hesitate to call us. Dr. Schwartz is always available for medical emergencies.

**OTHER FEES**

There will be a fee for filling out forms or writing a letter on behalf of the patient that will be billed to you directly. Payment is due before release of forms or letter. The fee will be from \$10.00 to \$50.00 depending on the complexity of the form and/or letter.

The cost of medical records copies is \$0.76 cents per page plus the cost of postage if mailed. This includes the doctors' office note for your visit and/or reports you are requesting. This will also include copying any prescriptions that were given to you at your time of service, if you have lost or misplaced them. This includes all prescriptions for medication, radiology and/or physical therapy prescriptions.

Thank you in advance for helping us to keep this office running efficiently. Any questions please contact the office staff.

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

If signing as a parent or guardian, please note the name of the patient \_\_\_\_\_

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