

OFFICE PRESCRIPTION AND APPOINTMENT POLICIES

Phone 318-212-3636

Fax 318-212-3649

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•••APPOINTMENTS, QUESTIONS, AND CONCERNS•••

Please call (318) 212-3636. You will be directed to the appropriate personnel for your specific question or concern. Phone calls will be returned within 24 hours of receipt during normal office hours of 8am-5pm M-F. Please be available during this time period to return your call. Please do not make multiple phone calls to the office, we will return your call promptly.

If you believe that your concern is a medical emergency, CALL 911. You should take the medications for your condition EXACTLY according to the instructions. If you take the medication other than the manner it was prescribed or discontinue taking a medication due to side effects, you are instructed to notify the office immediately.

YOU WILL BE ASKED TO MAKE AN APPOINTMENT FOR ISSUES OF GENERAL CONSULTATION OTHER THAN MEDICATION SIDE EFFECTS.

****IF YOU ARE LATE TO YOUR APPOINTMENT, YOU WILL BE ASKED TO RESCHEDULE!!!****

•••PROCEDURE APPOINTMENTS•••

If you are scheduled to have a procedure in the outpatient area of our clinic, your wait time on the day of your procedure may vary from *ONE TO THREE* hours, as with most outpatient hospital procedures. Please allow time and prepare for a visit of this length on the day of your procedure.

•••MEDICATION REFILLS•••

THE POLICY OF THIS OFFICE IS THAT PAIN MEDICATIONS ARE DISPENSED IN A 30 DAY SUPPLY. PRESCRIPTION PAIN MEDICATIONS ARE NOT TELEPHONED OR "CALLED IN" TO PHARMACIES. YOU MUST PICK UP PAIN MEDICATIONS DURING A SCHEDULED CLINIC APPOINTMENT. ABSOLUTELY NO PRESCRIPTION REFILLS GIVEN ON DAY OF PROCEDURE.

****EARLY REFILLS ARE NOT ALLOWED FOR PAIN MEDICATIONS.****

You must call the office at (318) 212-3636 **NO LATER THAN** 72 hours prior to running out of other medications. Please provide medication, name, strength, and dispensing directions. **Please allow 24-48 hours before medication is called into your pharmacy or available for pick-up.** Please include pharmacy name, area code, and phone number. We will only call you if we have questions.

*If you have missed your appointment for any reason and are in need of a refill, you **MUST** be seen in the clinic before refills are called in.*

Please remember, PAIN MEDICATIONS CANNOT be called in so it is imperative to keep scheduled appointments.

•••CO-PAYS, INSURANCE AND DISABILITY FORMS•••

Insurance forms will only be completed at time of a clinic visit. Please present form to office personnel at the beginning of your visit. **YOU MAY BE BILLED FOR THE COMPLETION OF FORMS FOR DISABILITY CLAIMS. INSURANCE CO-PAYS ARE DUE AT THE TIME OF VISIT. YOU WILL ALSO BE ASKED TO PAY ANY REMAINING BALANCE ON YOUR ACCOUNT PRIOR TO BEING SEEN FOR A SCHEDULED APPOINTMENT.**

•••WORK EXCUSES•••

If you require a work excuse, please ask for it at the time of your appointment. **WORK EXCUSES ARE ONLY ALLOWED FOR THE SAME DAY OF A SCHEDULED APPOINTMENT OR PROCEDURE.**

•••CANCELLATIONS•••

PLEASE NOTIFY THIS OFFICE NO LATER THAN 24 HOURS PRIOR TO YOUR SCHEDULED APPOINTMENT IF YOU CANNOT BE PRESENT FOR YOUR APPOINTMENT. YOU MAY BE BILLED FOR A MISSED APPOINTMENT IF YOU FAIL TO CALL AT LEAST 24 HOURS PRIOR TO YOUR SCHEDULED APPOINTMENT. FOLLOWING THREE "NO SHOW" APPOINTMENT CANCELLATIONS YOU MAY NOT BE ALLOWED TO RESCHEDULE ANOTHER FOLLOW-UP APPOINTMENT.

Patient Signature: _____ Date: _____