

OFFICE INFORMATION

OFFICE HOURS: Our usual office hours are 8:30 AM until 5:00 PM, Monday through Friday. Sleep studies are done seven (7) days a week.

OFFICE STAFF

Our office staff has been chosen for their professionalism and for their genuine concern for our patients. Patient care is our first priority, and our staff members undergo frequent instruction to improve their skills on your behalf. They are available to assist you with any questions you may have concerning our office policies, your treatment, insurance, or financial information.

APPOINTMENTS

We see people by appointment only. You may make an appointment by calling during regular office hours. **If you must change an appointment, please contact the office at least 48 - 72 hours in advance. This courtesy enables us to schedule other patients needing prompt treatment. A \$50 fee is charged for cancelled/missed office appointments without 48 hours notice, and a \$100 fee is charged for cancelled/missed sleep study appointments without 72 hours notice.** Although we are generally punctual, we occasionally run behind due to unforeseen emergencies. If this happens, we ask your patience.

REFERRAL POLICY

We are obliged to follow your insurer's rules. If an authorized referral is necessary for any treatment, it is your responsibility to have all the necessary forms at the time of service. Because we may not be able to get your referral by telephone or by fax on the day of your visit, please be sure to stop by your primary care doctor's office for any needed referral forms, before you visit our office. In the event you do not have a referral and we're unable to reach your primary care physician, your appointment will need to be rescheduled, or you may sign a Referral Waiver Form and pay the office fee at the time of your visit.

EMERGENCIES

Dr. Gofreed is not available at all times or on all days. You may have an urgent problem when Dr. Gofreed is not available. For this reason all our patients must be under the care of a primary care physician. If you have an urgent concern, please call the office telephone number, 703-243-6700. If Dr. Gofreed is not available, then we will advise you to contact your primary physician. In the case of an extreme emergency, go directly to the hospital emergency room, where a physician is immediately available at all times.

PRESCRIPTION REFILLS

Please call for prescription refills during regular office hours. Have available the name of the medication, dosage schedule, prescription number and the name and phone number of your pharmacy when you call. **Please allow at least 48 hours for refills. We do not authorize refills after usual office hours. Please call by 12 noon on Fridays. When we must forward a written prescription to your pharmacy, allow at least one week for us to fill your prescription.**

REFERRING PHYSICIANS

Dr. Gofreed will dictate a complete report to your primary physician, for every visit. Reports usually are mailed within 24 hours of your visit. Please be sure to give us the complete mailing address for your primary physician.

TELEPHONE CALLS: We are happy to help you with any concerns you may have regarding your health. When calling, please give the receptionist a brief idea of your problem. In an emergency she can relay the message immediately to Dr. Gofreed. Calls regarding appointments, charges, laboratory tests, insurance claims, and all non-emergency medical questions should be made during office hours. Our staff has been instructed to handle all incoming telephone calls, and we will return your call as soon as possible.

FINANCIAL POLICY: Fees in this office are comparable to those charged by sleep medicine specialists in this area. In the event we do not participate with your insurance or you do not have any insurance we ask that office charges be paid at the time the service is rendered to keep administrative costs, and subsequent increased fees, to a minimum. If necessary you may contact our billing department at 703-243-6700 for payment arrangements.

Your policy may not cover the full cost of office visits, sleep testing, or sleep treatment equipment. We ask you to pay outstanding bills when you receive your statement. Please discuss any financial difficulties that may arise as soon as you recognize them with me or my staff.

Please sign your acknowledgement of our office policies.

Patient Signature

Date

Arlington Sleep Medicine, Ltd.