



Frank D. Mastandrea, M. D.
Office Policies

Patient appointments are taken in order of appointment time, not arrival time.

Patients are seen only by scheduled appointment. We DO NOT see walk in patients.

It is the policy of Dr. Mastandrea that we DO NOT give out test results/ x-ray results over the telephone. You will receive the test results at your next schedule visit with the doctor.

Please discontinue all cell phone conversations once in office or nurse has called you to be taken to a room.

If you brought x-ray films with you to the appointment, please make sure you ask for them back that day.

Please be advised there will be a \$25.00 for missed appointment. Appointment needs to be canceled 24 hours in advance.

Any form you need our staff to fill out (including FMLA, family medical leave act) will be subject to a \$20.00 fee we will require 5-7 days to complete all documentation

Patients requesting copies of their medical records will need to sign a medical release form. Copies are \$1.00 per Page for the first 25 pages, then .25 cents per page after.

All prescription refills should be requested at the time of your visit. If requesting refills by phone, please allow 5-7 days to process your request. Please note, we do not call, fax or mail prescriptions to 800# pharmacies (Example: Medco). We will provide you with a Ninety (90) day prescription at the time of your visit.

All payments, co-payments and deductibles are due at the time of service. Anyone coming to us out of his or her Insurance network must pay the visit in full.

We fully respect your right to privacy. Please be aware we CAN NOT file to your insurance company without your or the insured's social security number. Should you fail to provide us with that information you will be responsible for your balance in its entirety.

Any patients unable to produce their insurance card(s) on the day of the office visit will have to pay for services in full. We will be happy to bill your insurance once the documentation has been provided and reimburse your account once the insurance has paid.

Patients having surgery must pay their deductible prior to surgery

Please be advised there will be a \$50.00 cancellation fee assessed to all patients who fail to cancel any scheduled surgery, including cystoscopy, vasectomy, uroflow and biopsy.

Patient's Signature _____ Date _____