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New Patient Policy Agreement

Please **initial** each statement below and **sign** at the bottom, to show that you understand and agree to abide by these policies.

[_____] **PHONE: Regular cellphone hours are 9 a.m. to 6 p.m., Monday through Friday.**

- After-hours and weekend cellphone calls are for *urgent and emergency* issues only.
- Non-urgent issues may be left on my voicemail answering service (866-581-5559), and are usually answered within 36 hours, in priority order.
- My phone accepts text messages. *These are not secured.* Don't transmit private information by text.

[_____] **EMAIL: Email is securely encrypted, but is for *non-urgent* issues only.**

Email consultation in lieu of an office visit, requiring more than a brief answer, will be billed at the same rate as an office visit (\$60.00). This allows chart review, research, and formation of an individualized care plan.

[_____] **ONE-MONTH FOLLOWUP RULE:** Test results and followup instructions are free, when they pertain to a recent office visit taking place **within the past 4 weeks**. Changes to your care plan, occurring more than a month after your last visit, generally require another office visit for re-evaluation.

[_____] **FORMS AND REFERRALS: An office visit is required for the following services.** These generally require a history review and physical examination.

- *School or daycare forms*
- *Camp forms*
- *Sports participation forms*
- *Weight-loss or other individualized programs required by insurance*
- *Physical exam forms for other practitioners*
- *Disability forms and letters*
- *Jury duty letters*
- *Companion animal forms and letters*
- *Specialty driver's license forms (e.g., CDL)*
- *Handicap parking sticker forms*
- *FMLA forms*
- *OMMP renewal forms*
- *Life insurance forms*
- *Rx patient assistance programs*
- *Power bill assistance programs*
- *Referrals to specialist or therapist care*
- *Other programs requiring forms or letters*

[_____] **MEDICATION REFILLS:** Routine prescription refills should be requested during office visits. Please provide empty bottles or pharmacy records to facilitate this.

Lab tests may be needed to determine whether continuing medication is appropriate.

[_____] **LATE AND MISSED APPOINTMENTS:**

If you are 10 minutes late for a 30-minute appointment, please reschedule.

If you are 20 minutes late for a 60-minute appointment, please reschedule.

If you "no-show" 3 appointments in 1 year without notifying me, you may be terminated from the practice.

- *I have read the above policies and agree to abide by their contents.*
- *I understand that more details and changes to policies may be found in Dr Leigh's Policy and Procedures manual, found online at <http://bit.ly/17YdDmn>.*
- *I understand that I may also request and be given a paper copy of that document.*

Signed _____ Date ____/____/____