



Silver Springs Medical Centre

Patient – Physician Agreement

This is a family practice office where each physician has their own patient roster. Patients are seen by appointments or as walk-in for urgent reasons only.

At Silver Springs Medical Centre, we make every attempt to accommodate our patients as quickly and efficiently as possible. We allow ten (10) minutes for a regular appointment and thirty (30) minutes for an annual physical examination or for minor procedures.

Our physicians offer excellent care and 100% commitment to their patients, and will treat each patient with the utmost respect and dignity.

In return, we require the following from you, the patient.

1. We require that you be on time for your appointment so that others' appointment times are not compromised. If you are **five (5) minutes** late for your appointment, we will do our best to accommodate you, but we may need to see other patients first or re-schedule your appointment for a later date.
2. We require that you be considerate of others with respect to the amount of time allotted for your appointment. If you have a list of concerns, you may be requested to make additional appointments to address those concerns. Multiple family members may not share the same appointment time and must book their individual appointments.
3. Alberta Health Services does not reimburse physicians for certain services. For example, you will be charged \$150.00 for a driver's medical examination. There are also other services for which you will be charged a fee, e.g. insurance form, transfer of chart, sick note, medical certificate, etc.
4. Prescription medications will not be renewed by telephone or fax. You must make an appointment to see the physician to renew prescriptions. Likewise, laboratory results will not be disclosed by telephone. You must make an appointment to see the physician to discuss laboratory results, with regards to abnormal results. Normal results will not be communicated unless requested.
5. We require that appointment cancellations are received (by telephone) **a minimum of twenty-four (24) hours** ahead of the scheduled appointment time. We do not call to remind you, it is your responsibility to remember your appointment date and time.
6. If you do not show up for your scheduled appointment (without 24 hours notice of cancellation), you will be billed **\$50.00** for regular visit (10 minutes) and **\$100** for appointments booked for 30 minutes or more, i.e. physicals, procedures or any lengthy follow-up appointments. No further appointments will be accepted until payment has been received.
7. If you miss **three (3)** appointments without appropriate notice of cancellation, we may remove your name from our patient roster.
8. As we have a limited number of appointments available, we reserve the right to offer your position on our patient roster to other potential patients if you have had no contact with the clinic for a **two-year (2-year)** period.
9. Silver Springs Medical Centre has a zero tolerance policy with respect to verbal and/or physical abuse towards staff. You may be removed from the roster at our discretion if this occurs.

I have read and I fully understand the entire contents of this agreement.

Dated this _____ day of _____, 20____.

Patient's Printed Name & Signature

Physician

If under 18 years of age, the form must be signed by a parent or guardian.