

WELCOME TO THE CHESAPEAKE ENT & FACIAL PLASTIC SURGERY

Chesapeake ENT & Facial Plastic Surgery is an Otolaryngology practice affiliated with Union Hospital. This list provides information about our services and answers to the most commonly asked questions.

APPOINTMENTS:

Every effort is made to see you at or close to your appointment time, so your promptness is appreciated. Unfortunately, unforeseen conditions of other patients or medical emergencies may require the doctor to spend extra time with a patient. When you schedule an appointment, please be as complete as possible in describing your needs so that we may schedule the proper amount of time for you. If you cannot wait, we will be glad to offer you an opportunity to reschedule. If you fail to cancel your appointment, you will be charged a \$25. "No Show Fee". This is necessary to insure courtesy to other patients.

INSURANCE:

Please bring a copy of your current insurance card. We will make every effort to help you understand your plan coverage, but there are dozens of plans; and not all plans with the same name provide the same coverage. If your insurance plan requires a referral, please request it in advance from your Primary Care Physician. We are unable to bill your insurance without a referral at the time of service.

IF YOU NEED A COPY OF YOUR MEDICAL RECORD:

The original medical record is the property of the health care provider. However, records will be copied for you or another healthcare provider with your written request. There may be a charge to copy records for your personal use. Copies of records will be provided within two weeks of receipt of the written request. Copies of records of other healthcare providers in your chart will not be sent unless you are unable to obtain copies of the originals from that provider.

IF YOU NEED A PRESCRIPTION REFILLED:

Requests to refill a prescription should be made at least one to two business days before the prescription runs out. When calling in requests for prescription refills please dial "4" when prompted and, after the tone, leave the following information: your name, your physician's name, your date of birth, name of pharmacy and pharmacy phone number, the medication requested, the strength of the medication, and how often you take the medication. Narcotic prescriptions and other controlled substances require a written prescription and will have to be picked up at the office. Request for narcotic and controlled substances refills must be made during business hours so that the pharmacy can check the origin of the prescription.

IF YOU NEED A REFERRAL:

Please call your Primary Care Physician prior to your scheduled appointment. We are unable to bill your insurance without a referral. **If you arrive for your appointment without a referral you will be asked to reschedule your appointment or asked to sign a waiver making you financially responsible for the visit.**

IF YOU HAVE A QUESTION REGARDING YOUR BILL:

Billing is performed by a central billing office. Payment questions should be directed to (410) 398-3868.

PAYMENT:

Bounced checks increase the cost to ALL patients. As a consideration to our patients, our office will no longer accept personal checks. Payments will be accepted as cash, credit card and debit only.

Charges and co-payments are expected at the time of check-in. The administrative costs to bill small amounts results in added costs for all patients. Every effort is made to collect past due balances.

JUST A REMINDER, YOUR APPOINTMENT IS

WITH DR: Martini/Robinson

ON:

We look forward to meeting you!