

WEST MICHIGAN FAMILY MEDICINE  
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**PATIENT INFORMATION**

OUR OFFICE HOURS ARE MONDAY – FRIDAY 8:30 AM – 5:00 PM  
OUR PHONE HOURS ARE MONDAY – FRIDAY 9:00 AM – 4:30 PM 9/1-05/31  
8:30 AM – 4:00 PM 6/1-8/31  
WE ARE CLOSED FOR LUNCH FROM 12:15 PM – 1:15 PM

PAYMENT FOR SERVICES IS EXPECTED AT THE TIME OF SERVICE. IF YOU HAVE A CO-PAY, THIS WILL BE COLLECTED WHEN YOU REGISTER. IF YOU ARE UNABLE TO PAY YOUR CO-PAY, YOU WILL BE ASKED TO RESCHEDULE YOUR APPOINTMENT. IT IS THE PATIENT'S RESPONSIBILITY TO CHECK WITH THEIR INSURANCE COMPANY REGARDING COVERAGE OF ANY TESTS OR PROCEDURES. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD AND DISCOVER. IF A CHECK IS RETURNED TO US FOR NON-SUFFICIENT FUNDS, YOU WILL BE CHARGED \$25.00.

A CHILD UNDER THE AGE OF 18 WILL NOT BE SEEN WITHOUT A LEGAL GUARDIAN. IF YOU ABSOLUTELY CANNOT ACCOMPANY YOUR CHILD TO THE APPOINTMENT, YOU MUST PROVIDE A WRITTEN CONSENT FOR US TO TREAT HIM OR HER.

PRESCRIPTION REFILLS WILL BE FILLED WITHIN 48-BUSINESS HOURS. WE RECOMMEND YOU CALL THE OFFICE ONE WEEK BEFORE YOUR PRESCRIPTION EXPIRES.

APPOINTMENT CANCELLATION: WE REQUEST A 24- HOUR NOTICE IF YOU HAVE TO CHANGE YOUR APPOINTMENT.

**IF A 24 HOUR NOTICE IS NOT GIVEN YOU WILL BE CHARGED \$20.00 FOR AN OFFICE VISIT; FOR AN EXTENDED VISIT OR PROCEDURE YOU WILL BE CHARGED \$40.00.** IF YOU ARRIVE LATE FOR YOUR APPOINTMENT, YOU MAY BE ASKED TO RESCHEDULE.

FORM FEE. PATIENTS REQUESTING A FORM TO BE COMPLETED BY THE PHYSICIAN WILL BE CHARGED A FEE. THE DOLLAR AMOUNT WILL BE DETERMINED BY THE PHYSICIAN.

**PLEASE NOTE**

OUR AFTER-HOUR CALL SERVICE HAS INCREASED THEIR RATE PER PATIENT PHONE CALL. FOR EXCESSIVE OR INAPPROPRIATE USE OF THIS SERVICE, THE CHARGES WILL BE PASSED ON TO THE PATIENT.

**YOUR HEALTH**

PLEASE FEEL FREE TO TALK TO US. THE MORE WE KNOW ABOUT HOW YOU FEEL, THE BETTER WE CAN HELP YOU.

I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE PATIENT INFORMATION FORM.

\_\_\_\_\_  
PRINT NAME

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE