Vascular Specialists of Mobile, P. C.

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S. TIMOTHY STRING, M.D. (1939 - 1997)

RALPH B. PFEIFFER, JR., M.D.

In order to treat you at the highest professional level, we require the following from you, our patient.

Patient Responsibilities

1. Notify us of any changes in your address or insurance information at the time of change.
2. Be familiar with your insurance requirements regarding necessary referrals or prior authorizations. If you need a referral, please contact your primary care physician before your office visit.
3. Provide us with copies of any testing done at another office or hospital.
4. All appointments are scheduled in advance. There will be a $25 fee for missed doctor appointments, $25 fee for missed vascular laboratory appointments and $100 fee for missed procedures. To avoid these fees, please cancel 24 hours in advance for visits and 48 hours for procedures. The fees may be waived under certain circumstances.
5. Co-payments must be paid at the time service is rendered. (Your insurance requires this.) There could be a separate co-payment for an office visit and vascular laboratory testing.
6. The fee for returned checks is $25.
7. The fee for completing any disability, life insurance or health policy form is $12. Payment is due when the form is given to us to complete. Please allow 14 days to complete the form.

I have read and understand the above policies.

Patient's Signature_____Date_____