

## Welcome to Hillsboro Medical Center Neurology

7545 SE TV HWY • Hillsboro, OR 97123

Phone: (503) 681-1350 • Fax: (503) 681-1358

Thank you for choosing Hillsboro Medical Center Neurology. We strive to provide you with an excellent patient experience. Between our providers and staff, we strive to take care of you as a team.

### Here are some important things to know:

**Office Hours:** Our office and phones are open Monday – Friday 8:00 AM to 5:00 PM. We are closed on weekends and holidays.

**Insurance:** Please bring your insurance card with you to each visit and let us know if it changes. This helps us make sure we bill the right insurance for each visit. It is advised to check to see if your visit is covered by your insurance company. Co-payments are due at the time of service.

**Appointments:** Please arrive at least 15 minutes before your visit start time. This allows us to complete any paperwork and check you in.

**Late policy:** We know that things happen, and you may not be able to arrive on time. If this should happen, please contact our office at (503) 681-1350. If you are 15 or more minutes late from your visit start time, your visit will be rescheduled.

**Cancellation/Missed Appointment Policy:** We ask that you provide us with at least 24 hours' notice if you need to cancel your appointment. If you cannot make it to your appointment and don't call us ahead of time, it counts as a **"No-Show."**

If you have two (2) no shows or three (3) missed appointments (no-shows or short notice cancellations) you may be discharged from care.

**Medication Refills:** Please contact your pharmacy for refills. Please allow 72 hours or 3 business days to complete refill requests.

**Prior Authorizations:** Procedures, injections, and some medications require prior authorization that can take up to 14 days to be approved. Please allow this time for us to receive an answer from your insurance company.

**Behavior:** We want this to be a safe and friendly place for everyone. To ensure that, we expect everyone to treat the staff and other patients kindly. Aggressive behavior, violence, or rude language will not be tolerated. This behavior could result in immediate dismissal from the practice.

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**Care Facilities:** Please be sure that family members who know of the patient's medical history can come with the patient during each visit. This helps make sure the plan of care is not lost when returning to the care facility.

Please let us know if you have any questions or do not understand this information.

Thank you for choosing us. We're looking forward to helping you stay healthy.

**Please sign to acknowledge you have read and understand this information:**

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date