



Clinic Policies

Thank you for choosing American Medical Center as your primary care health provider. We are committed to providing you with the highest quality of health care. Below are our clinic policies which we require you to read, agree to, and sign prior to any treatment.

Broken Appointments – *please initial next to each statement*

☐ American Medical Center requires a **24 hour advance notice** for rescheduling appointments. If notified short of 24 hours, there will be a **€25 charge** for every half hour scheduled. This charge will have to be paid in full before a new appointment can be scheduled. **If you are more than 10 minutes late for your scheduled time slot, you have forfeited your appointment.**

Financial – *please read and initial next to each statement*

☐ As your health care provider, American Medical Center would like to emphasize that our relationship is with you, our patient, and not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.

☐ American Medical Center is a client of the billing company **Ransom International Partners**. Ransom works with most federal employee insurance programs, and will direct bill your office visits to your insurance.

☐ You are required to provide copay and coinsurance payments in full at the time of service. All of our prices are in Euro, and we accept payments in cash, Visa, MC, and Giro Card. In accordance with German law, we do not accept VAT forms.

Medication Refills – *please read and initial next to each statement*

☐ **ALL prescriptions** require a follow-up appointment. These appointments will need to be scheduled every 3 to 6 months, depending on the type of medication.

☐ It is your responsibility to notify the office in a timely manner when medication refills are necessary. **Refills require a minimum 24 hour advance notice**, so please be courteous and do not wait to call. If you call on a Friday, it will be ready for pick up the next business day.

☐ Refills can only be authorized on medication prescribed by providers from our office. We will not refill medications prescribed by other providers.

☐ If you have any questions regarding medications, please discuss during your appointment. If you feel your medication needs to be adjusted or changed, contact the office immediately.

☐ New symptoms or events require a clinic appointment. Your provider will not diagnose or treat over the phone.

Workers Compensation – *please read and initial next to each statement*

☐ All Workers Compensation appointments must be paid in full at time of service. It will be your responsibility to file the claim for reimbursement.

Patient Signature _____ **Date** _____

Print Name _____