

**CHI Memorial Family Practice Associates Ooltewah  
6401 Mountain View Road, Suite 109  
Ooltewah, TN 37363  
Policy Acknowledgement**

We want to make your experience with every aspect of our service, meet or exceed your expectations. If you have any questions or concerns, suggestions for improvement in our services, or any comments, please do not hesitate to speak with any of our staff or physicians.

**Advanced Directives**

Do you have a living will/ advance directives \_\_\_\_\_Yes \_\_\_\_\_No. If yes please provide a copy for our records. If you do not have a living will or advance directive and would like to receive information please let us know.

**Financial Information**

CHI Family Practice Associates Ooltewah accepts most major insurances. Please check your provider listing with your insurance company to verify we are a participating provider. Your insurance may not cover all services. You will be financially responsible for all co-insurance and deductible. You may also be asked to sign a waiver if services are considered non-covered. Self-pay patients are given a 32% discount and asked to pay the remaining 68% at the time of service. If you are unable to pay co-pay, deductible, or self-pay balances at the time of service, you will need to make arrangement with our financial specialist.

**No Show and Late Cancellation**

Patients who no show for their appointment will be charged a \$25.00 to \$50.00 no show fee depending on the time reserved for your appointment. Patients who do not give cancellation notice may be charged a 25.00 no show fee. We ask that you give us at least a 24 hour notice if you need to cancel.

Pharmacy Name: \_\_\_\_\_ Number \_\_\_\_\_

All prescriptions are sent electronically to the pharmacy or mail order pharmacy. Our office does not accept faxed requests for refills.

Acknowledgement of Policies:

Patient Name \_\_\_\_\_ Date \_\_\_\_\_