

Harpersville Family Medicine, P. C.
71 Jackson Street, Harpersville, AL 35078
Leigh St. Petery, D.O.
P: 205-672-1002 F: 205-672-1009

New Patient Information:

Name (Please Print): _____

Mailing Address: _____

Phone: _____

DOB: _____

Email Address: _____

Reason for Visit?: _____

Who Referred You to Our Office?: _____

Insurance _____ Contract# _____

_____(Please Initial)****Note: We are offering functional medicine only and will NOT be overtaking any traditional medicine prescriptions and/or urgent care issues, so you will need to keep your primary care provider for those prescription refills and acute care needs

Cancellation and No Show Policies for New Patients

_____(Please Initial)---We strive to render excellent medical care to you and the rest of our patients. In order to do so we have had to implement an appointment/cancellation policy. This policy enables us to better utilize available appointments for our patients.

Scheduled New Patient Appointments

_____(Please Initial)---As a courtesy, we contact you one week prior to your appointment as a reminder. If we leave you a message, please confirm your appointment by calling our office; messages may be left on the voicemail. If we have not received a confirmation from you by close of business the day of your reminder, your appointment will be cancelled completely and will require you to call and schedule a new appointment.

No Show Policy

_____(Please Initial)---A "no show" is someone who misses a confirmed appointment without canceling it at least 24 business hours in advance or who fails to keep a scheduled appointment. Monday appointments must be cancelled by Thursday by 4pm. In the event that proper notice is not given, a fee of \$150.00 will be charged for missed office consultations.

*****NOTE: THESE FEES ARE NOT COVERED BY YOUR INSURANCE COMPANY.**

*****We gladly accept Cash, Visa and MasterCard. NO CHECKS!**

Patient Name (Please Print): _____

Patient Signature: _____ Date: _____

Received by HFM staff: _____ Date: _____

****Send completed form to kaci@harpersvillefamilymedicine.com in order to get an appointment.**