

Christopher Beney, MD
PATIENT CONTRACT

Patient Name: _____

Date: _____

By signing below, I state that I understand that, as a patient of Dr. Beney's Practice, I am held to the following:

- I will follow the direction of the Providers in the Practice, whether it is told to me personally by them or through a staff member.
- I will come to the office for a Complete Physical every year or as prescribed by my Provider.
- I will follow through on referrals my Provider sends me to in a timely manner.
- I will get testing done that my Provider prescribes for me in a timely manner, or at the direction of the Provider.
- I understand that it is my responsibility to arrange a time to have consultations or testing done.
- I understand that the Providers will give me prescriptions to have Preventative Services done (for example colonoscopy, mammogram, etc.) and I will have these tests done in a timely manner, unless I have refused to have these done and it is documented in my Electronic Medical Record.
- When possible, I will contact the office prior to going to an Emergency Room or Urgent Care Center to see if the office can accommodate my acute problem.
- If I have an emergency, I will go to the closest Emergency Room or the Emergency Department that the Provider directs me to.
- I will follow the posted policies of the Practice.
- I understand that the Practice expects me to pay my account balance in a timely manner.
- I understand that the Practice can make Financial Arrangements with me if I am unable to pay off my bill.
- I understand that the Practice will contact me ONCE if I am delinquent in following through with referrals or testing.
- I understand if I miss 3 appointments without calling the office to cancel I will be DISCHARGED from the practice.
- I understand that if I am delinquent, I risk being DISCHARGED from the Practice.
- If Discharged, I understand that I will be given 30 days to find another Doctor, in accordance with New York State Law.