Dr. Ingalls' Patient Policy Agreement

New Patients

Call the office for an appointment 480-488-0575. You can text this number also. The office assistant will collect your information and invite you to join a portal which is the **best** way to communicate with the office and access information in your chart.

Then, go to Dr. Ingalls' website: **drjudithingalls.com**. Press "FORMS" and fill out the 3 (female or male) forms. Print the forms, fill them out, then upload the completed forms into your portal OR bring the filled out forms to the office for your first visit.

Office Location: 8985 E Bell Rd on the corner of 90th St. On your maps app enter "HouseHolder Group." This is the building you want. Enter and tell the receptionist you are here to see Dr. Ingalls.

Insurance: Dr. Ingalls does not accept insurance payment for her visits but upon request she will provide you with an invoice which you can submit to your insurance company for possible reimbursement. New patient charge is \$275 and established patient charge is \$185 per visit. Your credit card will be charged for each visit.

WE KEEP YOUR CREDIT CARD NUMBER TO COVER THESE CHARGES

CREDIT CARD #		SEC code
Name on Card	_	
Appointments/Cancellation policy Followup appointments are made at the time of your visit. Notify th avoid a full visit cancellation fee of \$185.	ne office at least 24	hours prior to your visit t
Medications/Labs Call your pharmacy to request refills. Medications are refilled at th through the next visit. Requests for refills between these visits will	-	to cover your needs
Lab orders are transmitted to Sonora Quest directly or can be prir orders. Reminder: get labs drawn 2-3 weeks prior to your appoint		al. Look under "lab/lab
Communication on the Portal You will be sent an invitation to join the portal prior to your first visi portal will allow you to access your lab results, obtain lab orders, a also text or leave messages on the office phone but portal commu	and message the c	loctor directly. You may
Special requests for information Occasionally special requests are made by third parties to provide approval we will send your information to the requesting party. The request.	•	-
I have read the above, provided my credit card information, a for this account.	nd accept financia	al responsibility in full
SIGNED X		_DATE
Print Name		