



Pediatric Epilepsy & Neurology Specialists

Patient Name _____ Date of Birth: _____

Office Policies

We appreciate the trust you have in Pediatric Epilepsy and Neurology Specialists (PENS) by choosing us to care for your child. We will do our best to satisfy your needs. If you have any questions or concerns during your communications with our office or during any visit, please discuss them with the office administrator.

1. Due to the complexity of most of our patients' medical needs, anyone who has **2 NO SHOWS (WITHOUT NOTICE)** or refuses to follow our recommendations may be considered to have left our practice and may not be scheduled for another appointment.
2. All co-pays and/or patient account balances must be paid at the time of the visit.
3. You are responsible for requesting your referral and/or authorization from the Primary Care Physician at least 5 business days prior to your appointment in our office. You must bring the referral and/or authorization at the time of your visit or it can be faxed to 813-875-9722.
4. Urgent messages will be returned within 24-48 hours. Non-urgent messages will be returned within 48-72 hours, and usually at the end of the day. We do not accept walk-ins and if you feel that you have an emergency call 911 or go to the nearest Emergency Room.
5. Prescription refills may be requested by e-mail at refills@pensoftampabay.com or by calling the main number and selecting the option for prescription refills.
6. **Prescription pick-up times** are from 7:30-9:00 am and 4:00-5:00 pm due to the high volume of patients in our office. If you cannot comply with these times please provide our office with self-addressed stamped envelopes and they will be mailed to you.
7. There may be a \$25.00 fee for any forms or formal letters that require completion by our office. We require 7-10 Business days to complete these requests and any fees associated with these documents must be paid prior to the release of the form.
8. It is vital that for us to always have an accurate and working telephone number where we can reach you at all times. It is your responsibility to update your telephone numbers, address and insurance information.
9. **We reserve the right to terminate our relationship with anyone who is disrespectful or abusive to our staff.**

Legal Guardian Signature _____ Date _____

Relationship _____

Witness _____ Date _____

This policy has been revised as of 2/20/2015 and it has been scanned into our electronic records.