



Label

Communications Policy

E-Mail Policy

Our goal is to be accessible to our patients while not over encumbering Dr. Brown’s full schedule. For needed correspondences, please send emails to cmbrownhs@gmail.com. We try to respond to emails within 2-3 business days of receiving. If you have an urgent need, or have general questions for the office staff please contact the clinic directly at (414) 764-0920. Messages left during non-business hours will be addressed in a timely manner the following business day.

Emails that require a response from the doctor will be charged at a rate of \$99 per email. Dr. Brown will review and respond to one short email per month at no charge, additional emails will be charged if it requires a response from Dr. Brown. It is at Dr Brown’s discretion to respond or request an in-off appointment to discuss. This would include questions regarding new information that you are giving us or if you have changes in your health and would like feedback. This fee covers the doctor’s time in researching, thoughtfully considering and responding to your questions, and recording the details in your medical chart. You are not charged for requesting clarifications of doctor recommendations or providing the doctor with requested information.

Prescription Policy

Refill requests must be made 72 hours prior to need. There are some medications that cannot be filled over the phone and require an office visit. If there has not been an office visit in greater than a year, there will be a 30 day grace period for refills, but we cannot refill any prescription past that grace period. Some medications require an office visit every 6 months and certain medications require a monthly office visit.

Phone Consultation Policy

Calls for phone consultations with Dr. Brown will be scheduled during office hours and charged appropriately.

Regarding Cancellations

To avoid a cancellation fee, please call or email to reschedule *no later than 2* business days prior to your appointment. This allows us sufficient time to schedule a patient who may be waiting for an appointment. Your consideration helps both of us. After the 2nd “no-call, no-show,” the next visit will require full pre-payment.

I have read and understand the communication policies described above. I have agreed to comply with these policies.

Signature

Date