

WK Endocrine Specialists  
2449 Hospital Drive Suite 400  
Bossier City, Louisiana 71111  
Phone: 318-212-7902  
Fax: 318-212-7905

## ENDOCRINE SPECIALISTS ATTENDANCE REQUIREMENTS

**Lab Results** MUST be received prior to the date of your follow up appointment listed above. It is recommended that you complete lab **2 WEEKS** prior to your appointment to ensure the results are received in a timely manner.

Failure to receive lab results **48 hours PRIOR** to your appointment could result in the cancelling / rescheduling of your appointment which will cause delay in your care.

**Insurance** It is **patient** responsibility to obtain a referral or authorization prior to the office visit if it is required by the insurance plan.

It is **patient** responsibility to provide current insurance information at every visit.

It is **patient** responsibility to notify our office of any change in coverage **PRIOR** to an upcoming office visit to confirm our clinic accepts the insurance as a payor. Failure to do so could result in the cancelling of your appointment if you present to the visit with insurance that is not accepted.

**Diabetic** If you are treated in this clinic for diabetes or any other diagnosis that requires you check your glucose, you **MUST** bring your glucose **meter** and/or **insulin pump** and/or **glucose logs** and/or **dietary food logs** to **EVERY APPOINTMENT.**

Failure to comply could result in the cancelling / rescheduling of your appointment.

If you have an insulin pump (Medtronic, Omnipod) or a Dexcom sensor, please upload your readings 1-2 days prior to your appointment. Please notify the nurse or the front staff if you need instructions regarding the upload of your insulin pump or sensor data.

## Appointment Compliance

You are asked to be at our office at least fifteen **(15) minutes prior** to this appointment.

Our office MUST be contacted 24 hours in advance to cancel or reschedule an appointment. Failure to comply will result in a **\$200 FEE FOR NEW PATIENTS / \$50 FEE FOR ESTABLISHED PATIENTS** not billable to your insurance company.

Patients who miss an appointment will be scheduled at the physician's next available appointment unless otherwise specified by the physician.

You will be contacted to confirm your appointment date and time. Failure to establish contact with you, at least **48 hours prior** to your appointment, will result in your appointment being cancelled.

If you are **15 minutes** late for your appointment, it may be rescheduled.

Patients who fail to attend or cancel their appointment may be discharged after three consecutively unkept appointments.

Failure to comply with any of the above could result in the cancelling / rescheduling of your appointment or your dismissal from our practice.

Printed Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_