

**New England Medical Specialists
Chatterjee Medical Associates
160 Merrimack St.
Methuen, Ma 01844
Tel 978-975-0990
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Patient Office Policy

1. I have joined this practice voluntarily and understand that these are some rules that I should follow to improve the quality of my medical care.
2. I will try my best to keep the appointment given. If by some chance I am unable to do so, I shall cancel within 24 hrs, prior to my appointment.
3. I will always call or come to the office to make an appointment to discuss the follow-up from tests results and treatment necessary after tests are done by the M.D. This office will not have any responsibility if I do not show for follow-up appointments.
4. I understand that this office will not be able to help me obtain my prescriptions and referrals unless I keep my appointments.
5. If I fail to show up for two consecutive appointments without appropriate notice this office may chose not to continue as my health care provider.
6. If I have to be hospitalized I understand that some other physician may carry out my treatment since they cover this practice. I give permission to any or all M. D.'s called for me in the hospital to provide necessary health care. I understand that Dr. Chatterjee will not be able to supervise my care or visit me when I am hospitalized.
7. If I am in need of a prescription refill I shall call during regular weekday hours M-F before 12:00pm noon. Prescriptions will be called at the end of the day. No refills will be allowed unless appointments are kept. No new prescriptions are given without an office appointment.
8. This office keeps the right of refusal of patient care if I fail to follow the above stated office policy.

Patient Name: _____ Date: _____

Signature: _____ Witness: _____