



Patient Responsibility & Accountability Contract

At Alliance Medical Ministry (AMM), in order to meet the basic requirements necessary to maintain doctor-patient relationships, we must hold our patients accountable. Please read the following policies carefully, and initial on each line to verify that you have read and understand your responsibilities as a patient. Failure to uphold any portion of this contract may result in immediate termination from care at AMM.

I, (print name) _____, hereby consent to be examined by the medical staff at AMM and to be tested and treated as deemed necessary an appropriate by them.

_____ I agree to pay my co-payment, based on a sliding fee scale, at the time of each appointment.

_____ I agree to update my Patient Information Form and to provide documentation and/or evidence of my household income every year as a requirement for my continued care at AMM. **Failure to do so will result in my no longer being eligible for a sliding scale fee with a reduced co-payment and I will be charged a \$50 co-payment.**

_____ I understand that any three (3) missed appointments within a 12 month period may disqualify me for services at AMM. I agree to call at least 24 hours in advance if I need to cancel or reschedule an appointment.

_____ I understand that it is my responsibility to arrive on time (standard procedure is to arrive 15 minutes early) for my appointments. I understand that my appointment may be rescheduled if I arrive more than 15 minutes after my scheduled appointment time.

_____ I agree to contact my local pharmacy when I have 5 days of medication remaining. This allows your Provider to process your refill in a timely manner.

_____ I understand that AMM does not write letters certifying or refuting disability AND AMM does not provide disability evaluations.

Patient Signature: _____ Date: _____

AMM Representative: _____ Date: _____