



Gregory P. Gex MD.,F.A.C.O.G.

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Office Policies

To All Patients:

We ask that you read the following policy regarding communications with our office. Please sign the bottom of this form acknowledging that you have read and that you understand our policies. If you are unclear about any of the information, please ask a member of our staff for an explanation.

- I. Office hours are from 8:00 am to 5:00 pm, Monday through Thursday and 8:00 am through 12:00 pm on Fridays. We are closed on Saturday and Sunday; however, a physician is on call 24 hours a day, 7 days a week, for emergencies.
- II. Telephone requests for prescription renewals are handled as follows; If your prescription request is received by noon, we will try to have it called into your pharmacy by 4:00 pm. When calling your prescription renewal, please have the name and dosage of the medication along with the name and phone number of your pharmacy. If you are due for your annual exam we will only extend your prescription for 30 days to allow you to schedule your GYN exam within that 30 day period. PLEASE DO NOT allow your medication to run out. If you wait until late afternoon on Friday or if you call over the weekends, your request may not be addressed until the following Monday.
- III. When you call our office, it is important that we have your full name and the spelling of your last name, the reason for your call, and the phone number where you can be reached. This information allows us to pull your chart and deliver it along with an accurate message to the nurse or the doctor. All calls are handled immediately. Calls placed before 4:00 pm will be returned the same day; all the other non-emergency calls will be returned the next business day. If the situation is life threatening, go directly to the emergency room and ask them to call us.
- IV. If you need to cancel your appointment, please call us at least 24 hours in advance. If this is not done, and you do not show for your scheduled appointment, a **\$50.00** "No Show" fee will be charged. This fee will not be covered by your insurance company.
- V. A \$30.00 fee will be charged for any returned check.
- VI. There is a \$30.00 fee for completion of FMLA or any other disability paperwork. This must be paid at the time the paperwork is turned in to our office. Please allow 1 week for completion of your forms.

Signature of Patient

Date: _____