

**Midwest Sports and Pain Specialists, P.C.**

**Narayan (Bob) S. Tata MD**

*(Board Certified in Physical Medicine and Rehabilitation & Pain Management)*

1999 Springbrook Square Drive  
Suite 101 Naperville, IL 60564

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Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

We would like to inform you of our office policies

**No-show policy**

If you are unable to keep your scheduled appointment, please notify us at least 24 hours in advance so we can accommodate our other patients. You may also reschedule your appointment at that time.

Our no-show policy is as follows: a 24-hour notice is required. After the first no-show appointment you will receive a phone call to remind you of the missed appointment and to reschedule your appt. After the second no-show you (not your insurance company) will be charged \$50 for the time slot we were not able to fill when you were a no-show. On the third no-show, it will be the physician's discretion as to whether a discharge letter will be sent out disengaging you from the practice and giving you 30 days to enroll with a new physician.

**Medical record policy**

Each patient has a complete record of all medical care received at our office. Your personal medical record provides a history of treatment, medication, and diagnostic information that enables your health care team to make comprehensive medical evaluations. We consider your record to be confidential. Therefore, information will not be released without your written consent, unless required by law. Copies of your medical record will be released to you or transferred to another physician upon written consent. There will be a \$25 - \$50 copying fee for this service.

**Completion of Forms** (Workman's compensation and disability forms, etc.)

A \$25-50 charge will be assessed for the completion of forms outside of an office visit. The charge varies on the length of the form and the time taken to complete.

**No Co-pay at time of visit**

If you are unable to pay your co-pay at the time of visit a \$10 charge will be assessed.

I \_\_\_\_\_ have reviewed the above new policy.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date