



Terese A. Taylor, M.D.
Family Medicine and Medical Aesthetics

Clinic Policies

Patient Encounter

The state of Florida requires that we certify patients every 210 days. These certification visits require an in person physical examination and full assessment of medical history by a physician in the same room as the patient. We refer to these visits as **Certification Visits** and our fee is \$250. Occasionally you may be required to be seen more often than the state required minimum. We refer to these visits as **Established Patient, Office Visits** and the fee is \$150.

Scheduled Appointments

In order to maintain a timely schedule and keep our patients and doctor on time, we require you to come in 30 minutes prior to your Certification Visit to complete the required paperwork. If you are more than 10 minutes late for your scheduled appointment time we may not be able to complete your full visit. We will do our best to accommodate you at another time. If we cannot complete your visit due to tardiness, you will be charged for that visit and will be required to book a new visit.

No Shows

Because we strive for an “on time” schedule we have a strict “no show” policy for patients that do not keep their appointments. Existing patients who “no show” for scheduled appointments will be charged for the visit according to the fee schedule above. Additionally, any active orders within the Medical Marijuana Use Registry will be cancelled and you will not be able to get orders filled. After the second “no show”, we will require that all future visits be prepaid.

Cancellations

Our office policy is that all appointment cancellations must be done at least 24 hours in advance. If an appointment is not cancelled 24 hours in advance, you will be charged the full cost of the visit. After the second cancellation, we will require that all future visits be prepaid in advance.

Deactivation

We are obligated by the State of Florida’s Compassionate Use Registry to deactivate patients and caregivers within the Medical Marijuana Use Registry in the event that the patient is no longer suffering from a qualifying condition, is no longer an active patient of this practice, if they otherwise become disqualified under the law, or based on the above “no show” policy. For patients who elect to be deactivated for their own reasons may be assessed a \$75 **deactivation fee** to cover our office expenses.

Account Balance / Refunds

We require that all visits be paid prior to receiving services. All balances must be paid in full prior to receiving any further services. If pre-payment is required, Advanced Integrative Medicine, LLC may keep my credit/debit card information on file. No refunds will be issued for any services rendered by our office.

I, _____ hereby acknowledge receipt of the Clinical Policies for Advanced Integrative Medicine, LLC.

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