

**Kentwood Family Physicians, PC**  
5070 Cascade Road SE, Suite 250  
Grand Rapids, MI 49546  
Phone: (616)281-9066, Fax: (616)281-0539

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### Office Policies

**Office Hours:** Monday through Friday, 8:30AM to 5:00PM. While we do not see patients during the lunch hour (12:30PM-1:45PM), our office is not closed and our phones are answered during this time.

**Appointments:** Please call our office at (616) 281-9066 during normal business hours to schedule an appointment. Urgent medical issues will be scheduled within twenty-four hours, if medically necessary. Routine care (blood pressure rechecks, etc.) and physicals will be scheduled as soon as your physician's schedule permits.

**Emergency and After-Hours Care:** Please call our main office number at (616) 281-9066 to reach the physician on call after normal business hours, holidays or weekends. They may be able to give medical advice, or may send you to a med-center or emergency room for a more thorough evaluation. In a medical emergency, please call 9-1-1 or go directly to the nearest emergency room. Please note that routine requests, such as prescription refills, are not handled after hours. Also, please note that if you have left a message for a call back from the physician on call and you have a "privacy manager" feature on your phone, you should disable that feature while waiting for the physician to call you back. There may be a \$30 charge for any treatment provided over the phone.

**Cancellations and "No-shows" current patients:** If you need to cancel an appointment, please call at least twenty-four hours in advance so that we can offer your appointment to another patient. (We do understand that there are extenuating circumstances and do take those into consideration). In the event that you do not keep your appointment and do not call to notify us, there will be a \$30 charge for a missed 15-minute appointment and a \$60 charge for a missed 30-minute appointment (such as a complete physical), for which your insurance will not be billed.

**"No-shows" new patients:** We have a new patient registration deposit of \$50 that will be applied to your credit card. If you keep your scheduled appointment the \$50 can be used as a credit on your account or we can refund the amount in a check back to you. If you fail to keep your scheduled appointment the \$50 is not returned to you.

**Lab results:** We will call you directly with urgent or unusual lab results and mail most normal and routine lab results to your home, or send a message to your patient portal if active. Please allow three (3) weeks for processing of lab results.

**Prescription Refill Request:** Please call our main office number at (616) 281-9066 and speak to one of our receptionists to leave prescription refill requests. Be sure to have the name and strength of your medication available, as well as the name, location, and phone number of your pharmacy. **We ask that you allow 24 hour notice to process prescription refills, so please call well in advance of running out of your medication.** Please note that if you do not know the name of your medication, we will not be able to refill it for you. **PHARMACIES CAN NOT CALL IN REFILLS FOR YOU.**

Also, please note that if you request a refill of your medication earlier than your scheduled refill (due to losing the prescription, changing pharmacies, etc.), there will be a charge of \$5 to do so for the first

medication, \$2 for each additional medication. The monthly prescription fee for controlled substances such as: Adderall, Concerta, Vicodin, Xanax, etc. is \$5.

Any prescriptions requested from the patient for over the counter medication in order to use their HSA (health savings account) will be charged a \$10 fee per prescription. If patient is traveling and needs a medication refilled to an Out-of-State pharmacy, there is a fee of \$10.

**Insurance Referrals:** Please call our main office number at (616) 281-9066 and speak to one of our receptionists to leave referral requests. Please have available the name of the doctor you will be seeing, any testing (if known) that will be done, the date of the appointment, and the type of insurance you have. This process can take up to a week, so please call well in advance of your appointment. If there is a need to work with your insurance regarding any medication authorizations there may be a fee of \$5 depending on complexity of authorization.

**Form Fees:** If you have a form which needs to be completed at a time other than during an office visit, there will be a \$20-\$30 (depending on complexity of form) fee to complete the form. If the form is completed during an office visit, there will be no additional fee.

**Billing Charge:** There is a \$10 billing charge if your co-pay is not paid the same day as your visit.

**Parking:** We have plenty of parking, including handicapped-accessible spaces, directly in front of our building.

**Walk-In's:** The best way to see your own physician without a lengthy wait is to call ahead to schedule an appointment.

**Appointment Reminder Calls:** We will make every effort to call in advance to remind you of appointments that have been scheduled more than two weeks in advance of the appointment date. However, it is not always possible for our office to call every patient to remind them of their appointment. Ultimately, it is your responsibility to keep your appointment in order to avoid being charged for a "no-show".

**Demographic Information:** Our receptionists will ask to verify your address, home and work phone numbers, and insurance information every time you visit our office. We will also ask to see your drivers license and insurance card at every visit. While we understand that this information rarely changes for many people, please allow us to verify your demographics to be sure that the information we have in our computer system is correct. Thank you for your cooperation.

**Privacy Policies:** For complete information regarding our privacy policy, please see our "Notice of Privacy Practices". Basically, we will not release information from your medical record without your consent. This includes spouses and other family members, including parents of patients over the age of eighteen (18). Therefore, if you would like us to give medical information to your spouse, parent, significant other, etc., you should request a consent form to speak to family members.

**Transferring out of the Practice:** In order for us to release your records, you will need to sign our records release form or have a signed form from the office you are transferring to. There is a fee of \$25 for medical records for the first request. Any additional requests the charge is per page.