

Office Policies

Payment Policy

Enrollment Fee:

\$50 per member, family max of \$150. Fee waived if patient purchases 12 months in advance. If membership is cancelled before 12 months, the remaining months charges will be refunded, minus the enrollment fee.

Membership Fee:

Age 0-19 is \$50 per month; Age 20-49 is \$80 per month; Age 50+ is \$110 per month. You will not pay any co-pays. Your routine and sick visits are covered by this fee, up to 3 visits per month. (No surprise fees ever at Dr. Rotondo's office).

Credit card payment:

We will keep your credit card on file and it will be charged each month. Your wholesale medications, shipping (if applicable), discount labs, and discount imaging will also be billed on your card on file. If your credit card is denied you will be offered the opportunity to correct the credit card information and immediately resubmit payment.

Cancellations/No Shows:

Cancellations should be made within 24 hours. No Shows prohibit Dr. Rotondo from taking care of other patients during your time slot and will incur a \$25 fee.

Re-enrollment Fee:

The goal of Serenity Osteopathic and Direct Primary Care is to develop a long-term doctor patient relationship between yourself and Dr. Rotondo. If a member chooses to cancel their membership and re-enroll at a later date there will be six month waiting period and a \$250 re-enrollment fee.

Phone Policy

Dr. Rotondo's phone number is (608)205-8326. Membership includes access to Dr. Rotondo via phone and email from 9 am-5 pm. After hours voicemails and emails will be addressed within one business day unless other arrangements have been made. If you are having a life threatening emergency you should call 911 and go to the nearest Emergency Room. If you are unable to reach Dr. Rotondo for urgent medical needs you should go to Urgent Care.

Confidentiality

Our Privacy Policy, with permission to leave voicemail messages for you, and the ability for you to indicate if we may discuss your care with another person, is provided on a separate form that you received along with this form.