



East Valley Diabetes & Endocrinology  
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## Office Policies

We would like to share the following information with you so that you understand your rights and responsibilities as a patient. Please review them carefully. We might change the policies without notice at any time.

**Appointments & consultations:** To schedule an appointment call 480-782-9531. When the automated system answers, press the option that will connect you with the scheduler. You can also request/cancel/reschedule an existing appointment or make a new appointment by using the patient portal or our HIPAA compliant messaging system Klara. We will call you with a courtesy reminder the day before your upcoming appointment. Please be sure to have the following items with you when you arrive at our office:

- Insurance card(s)
- An up-to-date list of your prescriptions, over-the-counter medications and/or supplements and dosage
- Previous blood test results and any relevant new information from other physicians that may not have been forwarded to our office yet
- Co-payment

**Blood glucose diary:** patients who require monitoring their daily blood glucose reading should bring their readings/log to the office at every visit or as instructed by their provider. Our office will download your meter readings.

**Cancellations:** If you are unable to keep an appointment, please provide us with 24-hour notice prior to your scheduled visit. In the event of a sudden/urgent situation please contact us as soon as possible. This will allow us to re-enter you into the schedule as well as to accommodate patients awaiting appointments or those who need to be seen due to illness or other special circumstances.

**Prescriptions:** We ask that all patients review their medications prior to a visit with us so you know if refills are needed, asking for enough refills to last until your next visit will save a lot of time. The easiest way to request a refill is to have your pharmacy send a request, you can do this by calling the pharmacy and asking them to send a refill request to us. The provider personally reviews these requests and will give the proper refill amounts. Please allow 3 business days for this to be processed. **Prescriptions will be refilled for only 1 month if the patient cannot show up for the required follow up visit for any reason and further refills will not be made unless the patient is seen.**

**\* PLEASE DO NOT WAIT UNTIL YOU ARE ALMOST OUT OF THE MEDICATION TO ASK FOR A REFILL \***

**Prior Authorization:** Some medication/lab/imaging studies require prior authorization. Usually, it takes 2-4 weeks for turnaround, depending on the insurance company. The pharmacy/clinic/lab/imaging facility will contact the patient once they are approved.

**Lab work and testing:** Lab orders are given for blood work/testing should be done **prior to your next visit** or as directed by your provider.

**Thyroid nodules and biopsy:** Patients with thyroid nodule(s) will be seen for an initial consultation to determine whether they require a biopsy. If they do, they will be scheduled for the next available biopsy appointment. If the biopsy results come back as "inadequate" they will be required to come back for a repeat biopsy which will be another regularly billed encounter.

**After-hours assistance:** In the event of serious illness or injury occurring outside of our regular office hours call 9-1-1 or go to the hospital emergency room. For non-emergency medical concerns needing attention prior to the next business day call the office and provide your name and phone number. You will be contacted by the physician on call.

**Financial Policy:** East Valley Diabetes & Endocrinology works with most major insurance plans. However, questions about coverage or benefits should be directed to your insurance company or checked in your schedule of benefits. Please be aware that any costs not covered by your insurance are due at the time of your appointment. This might include co-pay and deductibles. Your insurance plan may also require you to pay a portion (co-insurance) of various medical care fees. For information on this check your schedule of benefits or contact your insurance provider.

**Medical necessity:** Please note that insurance companies pay only for what they consider medically necessary. Depending on the clinical situation, your physician may have a recommendation which on occasion may differ from your insurer. As every insurance company has its own policies and this changes frequently, the practice will not be responsible for assuring that a procedure or a lab test (which is requested on your behalf) will be covered. If your insurance does not cover the procedure or lab test, you may still pay out-of-pocket to have it done.

**Other service charges:** There is also a charge for clerical and administrative service which are not covered by insurance but may be requested by patients, many require significant office staff time. A) Requests for prior authorization forms from an insurance company for coverage of medication or services (Patients can request such forms from the insurance company at no charge). B) FMLA forms, insurance appeals and letters to be used for legal purposes. Allow at least 2 weeks for completion. These will be charged a \$10 fee for every form completed by the provider. *Additional information regarding specific service fees is posted in our office.*

**Medical records:** To obtain copies of your medical records call the office, we require you to sign a medical records release form prior to forwarding your information. If you request copies of records to be sent directly to another physician there is no charge.

**Referrals:** It is imperative that you know the rules and regulations of your insurance company. Please verify whether you need a referral prior to your appointment. If we have not received a referral prior to your arrival at our office, you may be asked to reschedule your appointment or to sign a waiver accepting full financial responsibility for the services you receive.

**Compliance:** It is very important for patients to follow instructions given by their provider accurately and in a timely manner. The following situations are considered **medical noncompliance** by the practice and will be recorded as such in the patient chart.

1. If the patient does not keep appointments.
2. If the patient does not show up for follow up appointments on 2 consecutive occasions.
3. Failure to take prescribed medications accurately and failure to check blood sugars as ordered.
4. If the patient does not do labs/imaging that have been ordered by the physician within a reasonable timeframe.

I have read the East Valley Diabetes & Endocrinology office policies listed above, have understood them and agree to abide by them. I accept full responsibility to ask questions if I need further clarification on any of the above-listed policies. I understand that these policies are applicable at every office visit and can change without prior notice.

Signature of Individual (or Legal Representative): \_\_\_\_\_

Individual's/Legal Representatives Name (Print): \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_