



East Valley Diabetes & Endocrinology

P: (480) 782-9531 F: (480) 782-9530

Myazdr.com

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, select 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 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.

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.



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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.

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 \$25 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.

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



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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: _____



HIPAA Policy

I hereby authorize the use and/or disclosure of my health information as described below. I understand that this authorization is voluntary. I also understand that if the person or organization authorized to receive the information is not a health plan or health care provider, the released information may be re-disclosed and may no longer be protected by the federal privacy regulations.

I authorize the following physician/organization/facility to disclose (release) my health information TO/FROM East Valley Diabetes & Endocrinology:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

By law, the HIPAA Privacy Rule applies only to covered entities – health plans, health care clearinghouses, and certain health care providers. However, most health care providers and health plans do not carry out all their health care activities and functions by themselves. Instead, they often use the services of a variety of other persons or businesses. The Privacy Rule allows covered providers and health plans to disclose protected health information to these “business associates” if the providers or plans obtain satisfactory assurances that the business associate will use the information only for the purposes for which it was engaged by the covered entity, will safeguard the information from misuse, and will help the covered entity comply with some of the covered entity’s duties under the Privacy Rule.

I acknowledge that I received and read the Notice of Health Information Practices. I understand that my healthcare provider participates in Health Current, Arizona’s health information exchange (HIE). I understand that my health information may be securely shared through the HIE, unless I complete and return an opt-out form to my healthcare provider.

Signature of Individual (or Legal Representative): _____

Individual’s/Legal Representative’s Name (Print): _____

Relationship: _____

Date: _____



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Financial Policy

1. We will collect your deductible, copay and uncovered services or the percentage you are responsible for at the time of your visit. Please be prepared to pay at the time of check-in, before you are seen by the Provider. It is the patient's responsibility to know the terms of their insurance plan prior to their visit.
2. You must bring your insurance card, photo ID and any authorization/referral information you may have to every appointment. Without these, we will be unable to see you.
3. If your insurance denies payment on your claim, you will be responsible for 100% of the allowed amount and will be asked to pay by check, cash or charge. If you do not pay in a timely manner, you will be responsible for all charges not paid by your insurance in accordance with state laws. Patient/Guarantor agrees to pay all cost of collection, including attorney fees, collection fees, and contingent fees to collection agencies which may be more than 30% of the delinquent balance, such contingency fee to be added by the provider and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice. Once your account is referred to an outside collection agency you will not be eligible for scheduling until the balance has been paid in full.
4. In accordance with AMA CPT guidelines, we reserve the right to charge for telephone/telehealth services with our physicians, physician assistants, nurse practitioners, etc. That includes evaluation and management of your medical condition(s). We will bill your insurance company for such calls but if it is not covered by your plan, you will be responsible for the charges.
5. PATIENTS REQUIRING A REFERRAL: You are responsible for making sure your visits are authorized by your primary care physician (PCP). This authorization must be obtained before your visit with East Valley Diabetes and Endocrinology. If you do not have proper authorization your appointment will be rescheduled, and you may be subject to a \$100.00 fee for a missed new patient visit, \$50.00 fee for a missed established patient office visit or a \$100.00 fee for procedures.
6. BIOPSY: Most of the time a diagnosis will be made. Sometimes there are not enough thyroid cells to make a diagnosis, in the event this occurs you will need to come back for a repeat biopsy which will be another regularly billed encounter.
7. SELF-PAY PATIENTS: This section covers patients with no insurance or whose plans do not cover the services provided by East Valley Diabetes and Endocrinology. Payment for medical service is required prior to services being rendered. We accept Visa, Mastercard, Discover, check, cash or money order. We DO NOT accept American Express or Care Credit.

NOT ALL PLANS COVER TELEHEALTH VISITS - If your plan denies then you will be financially responsible for the Self-Pay Fee.



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Self-Pay Fees by Service:

New Patient: \$200.00

Ultrasound: \$100.00

Established Patient: \$100.00

FMLA/Records: \$25.00

Telehealth New Patient: \$200.00

Injections: \$25.00

Telehealth Established Patient: \$100.00

FNA(Biopsy): \$150.00

Dietician: \$50.00

Additional Nodules (Biopsy): \$100.00

*** You and/or your employer are responsible for your insurance's monthly premiums. Your insurance company is accountable for YOU. Do not hesitate to contact them if you disagree with their payment or to find out the status of a claim.

If you have any questions regarding this financial policy, please do not hesitate to contact our billing office prior to your appointment.

Signature of Individual (or Legal Representative): _____

Individual's/Legal Representatives Name (Print): _____

Relationship: _____

Date: _____



No Show, Late, & Cancellation Policy

“No Show” shall mean any patient who fails to arrive for a scheduled appointment. “Same Day Cancellation” shall mean any patient who cancels an appointment less than 24 hours before their scheduled appointment. “Late Arrival” shall mean any patient who arrives at the clinic 15 minutes after the expected arrival time for the scheduled appointment.

It is the policy of the practice to monitor and manage appointment no-shows and late cancellations. East Valley Diabetes & Endocrinology’s goal is to provide excellent care to each patient in a timely manner. If it is necessary to cancel an appointment, patients are required to call or leave a message at least 24 hours before their appointment time. Notification allows the practice to better utilize appointments for other patients in need of prompt medical care.

- I. A patient is notified of the appointment “No-Show, Late, & Cancellation Policy” at the time of scheduling. This policy can and will be provided in writing to patients at their request.

- II. **New/Established Patients:**
 - a. Appointment must be cancelled at least 24 hours prior to the scheduled appointment time.

 - b. In the event a patient arrives late as defined by “late arrival” to their appointment and cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit, if available. If appointments are not yet available for their provider, a reminder will be placed for the patient to call to make a future appointment once the schedule opens.

 - c. In the event a patient has incurred three (3) documented “no-shows” and/or “same-day cancellations,” the patient may be subject to dismissal from East Valley Diabetes & Endocrinology. The patient’s chart is reviewed, and dismissals are determined by a physician only, no exceptions, in accordance with East Valley Diabetes & Endocrinology’s guidelines.

- III. **Procedures:**
 - a. Appointment must be cancelled at least 48 hours prior to the scheduled appointment time.

 - b. In the event a patient arrives late as defined by “late arrival” to their appointment and cannot be seen by the provider on the same day, they will be rescheduled for a future clinic visit, if available. If appointments are not yet available for their provider, a reminder will be placed for the patient to call to make a future appointment once the schedule opens.

 - c. In the event a patient has incurred three (3) documented “no-shows” and/or “same-day cancellations,” the patient may be subject to dismissal from the East Valley Diabetes & Endocrinology. The patient’s chart is reviewed, and dismissals are determined by a physician only, no exceptions, in accordance with East Valley Diabetes & Endocrinology’s guidelines.



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IV. Fees:

New Patient \$100.00

Established Patient \$50.00

Procedure \$100.00

AHCCCS Patient \$25.00

S.B. 1357 Authorizes physicians or PCPs who provide acute care services to AHCCCS members to charge a \$25.00 fee to an AHCCCS member if the member misses an appointment and does not cancel the appointment in advance. Permits the physician or PCP to prohibit the AHCCCS member from rescheduling until the \$25.00 fee is paid.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances please contact our Billing Department, they may be able to waive the No Show fee. You may contact East Valley Diabetes & Endocrinology 24 hours a day, 7 days a week at the number below. Should it be after regular business hours Monday through Friday, or a weekend, you may leave a message or you can also text us through our HIPAA compliant messaging system Klara.

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T: (480) 651-8037

I have read and understand the No Show, Late, & Cancellation Policy and agree to its terms.

Signature of Individual (or Legal Representative): _____

Individual's/Legal Representatives Name (Print): _____

Relationship: _____

Date: _____