EAST VALLEY DIABETES & ENDOCRINOLOGY
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 may change the policies without notice at any time.

COMMUNICATION

The easiest and quickest way to communicate with our office is our patient portal with Healow. This can be accessed on a computer or via the Healow app on your phone. You can communicate directly with your provider and/or staff members. Our phones have limited staff members to answer them and can get very busy with potential long wait times or waiting for a return phone call. Patient portal messages are also directly imported into your medical record and cannot be accidentally deleted or missed. We use HIPAA complaint texting and you grant us permission to use that vendor

APPOINTMENTS

Appointments will be booked if we are in network with your insurance plan or if you prefer to be self-pay. Please tell staff if you want to be self-pay or use insurance. You can call us at 480-782-9531 or message us through the patient portal with Healow.

We require the following items with you when you arrive at our office:

- Current driver's license or state-authorized ID.
- Current insurance card(s).
- An up-to-date list of your prescriptions, over-the-counter medications and/or supplements and dosage.
- Previous blood/imaging test results, previous records, and any relevant information that you need the provider to review.
- Co-payment.
- Blood Glucose Log/meter and insulin pumps: patients who require monitoring their daily blood glucose readings should bring their glucose meter, insulin pump, and continuous glucose monitor to the office at every visit.

FOLLOW-UP

Our practice follows standard of care guidelines which require monitoring of chronic conditions with an in-person office visit every 3 months or sooner as required by the

provider. We do not practice episodic care or telephone management of medical conditions and questions. All medical questions and medical management require an in-person office visit.

NO-SHOWS AND LATE CANCELLATIONS

We require more than 48 hours' notice to cancel an appointment. "No Show" shall mean any patient who fails to arrive within the 7-minute window for a scheduled appointment. "Cancellation" shall mean any patient who cancels an appointment less than 48 hours before their scheduled appointment. More than two "no shows or late cancellations" may trigger a discharge from the practice.
Patients will be charged no-show and late cancellation fees as follows:

Appointment Type	Fee
New Patient	$100.00
Established Patient	$50.00
Procedure/Imaging	$100.00

We value your time and ours. If you miss your appointment without providing at least 48 hours' notice, a no-show fee will be automatically charged to the credit card on file.

TIMELINESS

If you arrive more than 7 minutes after your scheduled appointment, you may need to be rescheduled. We will do our best to reschedule you to a different time slot the same day if available.

PRESCRIPTIONS

We ask that all patients review their medications prior to a visit with us so you know if refills are needed so we can refill enough medications until your next visit. The easiest way to request a refill is to have your pharmacy send a request to us. The provider reviews these requests and refills accordingly. Please allow 5 business days for processing. Prescriptions

will be refilled for only 1 month if the patient has not seen the provider as required; further refills will not be made.

PRIOR AUTHORIZATION

Some medications, labs, or imaging studies require prior authorization. We do not guarantee coverage for anything needing a prior authorization. Usually, it takes 2-4 weeks for turnaround, depending on the insurance company. The pharmacy, clinic, lab, or imaging facility will contact the patient once they are approved. We use a third-party vendor for many of our prescription prior authorizations, and establishing care with our practice automatically grants us permission to use these third-party vendors.

LAB WORK AND IMAGING TESTING

Lab and imaging should be done at least 2 weeks prior to your next visit or as directed by your provider. Results will not be discussed on the phone.

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 a billed encounter with applicable additional copay/coinsurance/deductible.

RADIOFREQUENCY ABLATION PROCEDURE (RFA)

This procedure requires two benign biopsies to be considered for the procedure. Please see the separate form upon request regarding this procedure.

AFTER-HOURS ASSISTANCE

In the event of serious illness or injury occurring outside of our regular office hours, please call 911 or go to the nearest hospital emergency room. For non-emergency medical concerns needing attention prior to the next business day, please call the office and provide your name and phone number to the answering service. You will be contacted by the provider on call.

MEDICAL NECESSITY

Please note that insurance companies pay only for what they consider medically necessary. The practice does NOT guarantee that treatment or testing requested on your behalf will be covered by your insurance company. If your insurance does not cover the treatment or testing, you are responsible for the entire payment.

OTHER SERVICE CHARGES

There is a charge for clerical and administrative services that are not covered by insurance but may be requested by patients. Examples include FMLA forms, orthotic forms, insurance appeal letters, and letters for legal purposes. Allow at least 2 weeks for completion. These will be charged a $25 fee for every form completed by the provider.

MEDICAL RECORDS

We follow standard procedures and policies to maintain confidentiality. Till 10/3/26, we have contracted with an outside company to send medical records. Please contact HealthMark at 800-659-4035 or email status@healthmark-group.com to request records. After that date, please ask our front desk for authorization form

REFERRALS

It is imperative that you know the rules and regulations of your insurance plan. Please verify whether you need a referral 2 weeks prior to your appointment. If we have not received a referral prior to your arrival, you will be asked to reschedule.

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 and will be recorded as such in the patient chart:

- If the patient does not keep appointments.
- Failure to take prescribed medications accurately and failure to check blood sugars as ordered.
- If the patient does not complete labs/imaging that have been ordered by the provider within a reasonable timeframe.

DISCHARGE FROM THE PRACTICE

Patients may be discharged from the practice in the following situations:

- Failure to follow financial policy, including timely payments of patient balances. If the account is sent to outside collections, this will result in discharge from the practice.
- Medical noncompliance as defined above.
- Aggressive behavior towards providers or staff.
- Com plaints against the medical board or insurance companies, or threats of litigation.
- Breakdown of provider-patient relationship (examples include not following medical recommendations or posting negative comments about providers or practice).
- Two documented "no-shows" and/or "late cancellations" in a 12-month period.

Upon discharge, the patient will be given medication refills relevant to their treated conditions, provided it is safe to do so. Discharge refills will be for 90 days. They can be seen for urgent matters for 30 days depending on the provider's schedule.

RESEARCH

Our practice does clinical research per established standards, and occasionally providers or office staff will contact the patient for enrollment in a research study if applicable. The practice requires all patients to opt out if they do not want to be included in any research data.

FINANCIAL POLICY

Please see separate financial policy for full details.

THIRD-PARTY COMMUNICATIONS NOTICE

By signing this document, you acknowledge and authorize that your contact information may be shared with authorized third-party service providers or partners for purposes related to your care, billing, appointment coordination, or other healthcare-related services. Third parties may contact you directly by phone, email, text message, or mail. All such disclosures will comply with applicable privacy laws, including HIPAA, where applicable.

I have read the East Valley Diabetes & Endocrinology office policies listed above, have understood them, and agree to abide by them in ENTIRETY.

I understand that these policies are applicable at every office visit and can change without prior notice.

I give authorization for my medical record to be reviewed by East Valley Diabetes & Endocrinology for research purposes. I understand that I will not be enrolled in any clinical study without my written consent.

Signature of patient or legal representative:

_____

Date:_____

Name of legal representative (printed): _____

Relationship: _____