

NEW PATIENT PACKAGE

What is Endocrinology?

Endocrinology is the field of medicine that relates to disorders of hormone secreting organs (glands).

MORE SIMPLY STATED:

- Diabetes Mellitus (high blood sugar, sugar diabetes)
- Pre-Diabetes (also known as borderline diabetes, metabolic syndrome, syndrome X, abdominal obesity syndrome)
 - Thyroid Disease (all kinds)
 - Osteoporosis and/or Calcium Disorders
- Reproductive Gland Disease (polycystic ovaries in women or erectile dysfunction in men)
 - Less common disorders of the Adrenal, Pituitary and other Glands of the body

MISSION STATEMENT

“Simple, straight talk for complicated medical issues”

We at Eastside Endocrine, PC are committed first and foremost to really listening to what you have to say about your medical issues and treating you the patient, not just your condition.

Second, we are committed to delivering the finest, state-of-the-art care in our field.

Third, I Dr. Shenoy, am committed to explaining to you, in plain English, in words you can understand, why you are here to see us. More importantly, I will tell you what you, your family, my staff and I, as a team, are going to do to best address your often complicated medical issues.

A NOTE FROM OUR FOUNDER

I have known since ninth grade in high school that I wanted to be a physician, specifically, an endocrinologist. To accomplish this I graduated from high school second out of 450 and then attended the University of Pennsylvania, an Ivy League institution, where I then worked on the Human Genome Project, the project that mapped out all 22 chromosomes that human beings have in common.

I attended medical school at the Medical University of South Carolina. I completed my internship and residency at Orlando Regional Medical Center, one of the highest ranked private community based residency programs in the southeast United States. Finally, I completed my endocrine training at the University of South Carolina School of Medicine. I am Board Certified in Diabetes, Endocrinology, Metabolism and Internal Medicine.

Throughout my training and into the future, it has been and will always be my driving passion to continue to be a student of medicine and endocrinology so that I can provide the finest, state of the art care for my patients.

Naland P. Shenoy, M.D.

PERSONAL INFORMATION

First Name	Middle Name	Last Name	Preferred Name
Birthdate	Sex	Marital Status	Social Security Number <i>(required for insurance purposes)</i>
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			Primary Language: Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Other
Street Address			
City	State	Zip	County
Mailing Address			
City	State	Zip	County
Home Phone	Work Phone		
Cell Phone	E-Mail Address		

HIPAA COMPLIANCE

What phone numbers may we call to discuss your medical care?	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Where may we leave a message on your answering machine or voice mail?	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

PRIMARY CARE PHYSICIAN

Primary Care Physician			
Phone #	Fax #		
Address	City	Zip	

IF YOU WERE REFERRED TO EASTSIDE ENDOCRINE, PC, WHO REFERRED YOU?

<input type="checkbox"/> Primary Care Physician	<input type="checkbox"/> Hospital/ER	<input type="checkbox"/> Nurse/Hospital/Physician Staff	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Other
Name:					
Phone # (if a doctor)					

PATIENT'S EMPLOYMENT INFORMATION

Employer	Occupation		
Street Address	Phone#		
City	State	Zip	

SPOUSE INFORMATION

Name	Date of Birth
Cell Phone	Work Phone
May we discuss your medical care with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Who can we discuss your medical care with other than your spouse?

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

Emergency Contact- Person not living with patient (relative or friend)

Name	Relationship	Phone
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PATIENT NAME

HEALTH INSURANCE INFORMATION

Primary Insurance Company	
ID#	
Policy Group #	Group Name
Subscriber's Name	
Subscriber's Birth date	Relationship to Patient
Subscriber's Social Security # <i>(required for insurance purposes)</i>	

Secondary Insurance Company	
ID#	
Policy Group #	Group Name
Subscriber's Name	
Subscriber's Birth date	Relationship to Patient
Subscriber's Social Security # <i>(required for insurance purposes)</i>	
If Medicare is secondary please specify the reason why:	

PHARMACY INFORMATION

Local Pharmacy	Phone #
Address	Fax#
Mail Order Pharmacy (example Medco or Express Scripts)	Phone #
	Fax#
Pharmacy for Diabetic Supplies (test strips and lancets)	Phone #
	Fax#

OTHER SPECIALISTS THAT YOU CURRENTLY SEE

SPECIALTY	NAME	PHONE #
CARDIOLOGY		
HEMATOLOGY/ONCOLOGY		
NEUROLOGY		
NEPHROLOGY		
OB/GYN		
OPHTHALMOLOGY		
PODIATRY		
PSYCHIATRY		
SURGEON		

Signature: _____
(Patient and/or Responsible Party)

Date: _____

Patient: _____ Date of Birth: _____ Date: _____

PERSONAL MEDICAL HISTORY

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Anemia | <input type="checkbox"/> Anesthetic Complication | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Autoimmune Problem | <input type="checkbox"/> Birth Defects |
| <input type="checkbox"/> Bleeding Disease | <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Blood Transfusion | <input type="checkbox"/> Bowel Disease |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Cervical Cancer | <input type="checkbox"/> Colon/Rectal Cancer | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Growth/Development | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Hepatitis C |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> HIV | <input type="checkbox"/> Kidney/Bladder Disease |
| <input type="checkbox"/> Liver Cancer | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Lung/Respiratory | <input type="checkbox"/> Lung Cancer |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Migraines | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Reflux/GERD | <input type="checkbox"/> Seizures | <input type="checkbox"/> Severe Allergies | <input type="checkbox"/> STD |
| <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Stroke | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> | <input type="checkbox"/> Tobacco Abuse | <input type="checkbox"/> Drug Abuse |
- Other Medical History _____

SURGICAL HISTORY

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Anal Fissure Repair | <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Breast Biopsy | <input type="checkbox"/> Breast Reconstruct. |
| <input type="checkbox"/> Breast Reduction | <input type="checkbox"/> C-Section | <input type="checkbox"/> Carotid Artery Surg | <input type="checkbox"/> Carpal Tunnel |
| <input type="checkbox"/> Cataract Surgery | <input type="checkbox"/> Colon Polyp Removal | <input type="checkbox"/> Colon Removal | <input type="checkbox"/> Deviated Nose Surg |
| <input type="checkbox"/> DC | <input type="checkbox"/> Disk, Low Back | <input type="checkbox"/> Disk, Neck | <input type="checkbox"/> Foot Surgery |
| <input type="checkbox"/> Gall Bladder Surgery | <input type="checkbox"/> Heart Bypass | <input type="checkbox"/> Heart Valve Replace | <input type="checkbox"/> Hemorrhoidectomy |
| <input type="checkbox"/> Hip Fracture ORIF | <input type="checkbox"/> Hip Replacement | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Inguinal Hernia |
| <input type="checkbox"/> Kidney Removal | <input type="checkbox"/> Knee, arthroscopic | <input type="checkbox"/> Knee Replacement | <input type="checkbox"/> Lung Surgery |
| <input type="checkbox"/> Lumpectomy | <input type="checkbox"/> Mastectomy | <input type="checkbox"/> Mastoidectomy | <input type="checkbox"/> Ovary Removal |
| <input type="checkbox"/> Peripheral Vascular | <input type="checkbox"/> Prostate Surgery | <input type="checkbox"/> Rotator Cuff Repair | <input type="checkbox"/> Shoulder, arthroscopy |
| <input type="checkbox"/> Sinus Surgery | <input type="checkbox"/> Spinal Decompression | <input type="checkbox"/> Spinal Fusion | <input type="checkbox"/> Thyroid Surgery |
| <input type="checkbox"/> Tonsillectomy | <input type="checkbox"/> Tubal Ligation | <input type="checkbox"/> Ulcer Surgery | <input type="checkbox"/> Vasectomy |
- Other Surgeries: _____

FAMILY HISTORY

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Anemia | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Anesthetic Problems |
| <input type="checkbox"/> Breast Cancer | <input type="checkbox"/> Colon/Rectal Cancer | <input type="checkbox"/> Bleeding Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Lung/Respiratory | <input type="checkbox"/> Severe Allergies |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Seizures | |

RISK FACTORS

Tobacco Use: Current Previous Never
Passive Smoke Exposure: yes no
Drug use: previous current never
HIV high risk behavior: yes no prefer to discuss with physician
Alcohol Use: yes no Type _____ How often? _____
Family history of Heart Disease in a female <65
Family history of Heart Disease in a male <55

REVIEW OF SYSTEMS- CHECK NONE IF YOU HAVE NO PROBLEMS IN A CATEGORY

GENERAL

- fevers
- chills
- sweats
- appetite loss
- fatigue
- malaise
- weight loss
- NONE**

EYES

- blurring
- double vision
- eye irritation
- discharge
- vision loss- 1 eye
- vision loss- both eyes
- eye pain
- light sensitivity
- halos
- NONE**

EARS/NOSE/THROAT

- earache
- ear discharge
- ringing in ears
- decreased hearing
- nasal congestion
- nosebleeds
- sore throat
- hoarseness
- difficulty swallowing
- NONE**

CARDIOVASCULAR

- difficulty breathing at night
- racing/skipping heart beats
- shortness of breath with exertion
- difficulty breathing while lying down
- bluish discoloration of lips or nails
- near fainting
- fatigue
- palpitations
- weight gain
- chest pain or discomfort
- lightheadedness
- swelling of hands or feet
- leg cramps with exertion
- NONE**

RESPIRATORY

- sleep disturbances due to breathing
- chest discomfort
- cough
- shortness of breath
- coughing up blood
- excessive sputum
- wheezing
- excessive snoring
- NONE**

GASTROINTESTINAL

- excessive appetite
- loss of appetite
- vomiting blood
- indigestion
- nausea
- vomiting
- yellowish skin color
- abdominal bloating
- abdominal pain
- gas
- hemorrhoids
- diarrhea
- constipation
- change in bowel habits
- blood stool
- dark tarry stools
- NONE**

GENITOURINARY

- blood in urine
- unusual urinary color
- painful urination
- foul urinary discharge
- inability to empty bladder
- trouble starting urinary stream
- inability to control bladder
- urinary urgency
- urinary frequency
- night time urination
- kidney pain

- missed periods
- excessively heavy periods
- other abnormal vaginal bleeding
- genital sores
- pelvic pain
- lack of sexual drive
- NONE**

MUSCULOSKELETAL

- back pain
- joint pain
- joint swelling
- presence of joint fluid
- muscle cramps
- muscle weakness
- muscle aches
- stiffness
- arthritis
- gout
- loss of strength
- NONE**

SKIN

- night sweats
- excessive perspiration
- rash
- itching
- dryness
- suspicious lesions
- skin cancer
- changes in nail beds
- unusual hair distribution
- flushing
- changes in color of skin
- poor wound healing
- NONE**

NEUROLOGICAL

- headaches
- difficulty with concentration
- visual disturbances
- inability to speak
- falling down
- disturbances in coordination
- poor balance
- brief paralysis
- numbness
- tingling
- weakness
- seizures
- fainting
- tremors
- sensation of room spinning
- excessive daytime sleeping
- memory loss
- NONE**

PSYCHIATRIC

- depression
- anxiety
- mental illness
- thoughts of violence
- frightening visions or sounds
- sense of great danger
- NONE**

ENDOCRINE

- cold intolerance
- heat intolerance
- excessive hunger
- excessive thirst
- excessive urination
- weight change
- NONE**

HEME/LYMPHATIC

- abnormal bruising
- bleeding
- enlarge lymph nodes
- skin discoloration
- fevers
- NONE**

ALLERGIC/IMMUNOLOGIC

- hives or rash
- seasonal allergies
- persistent infections
- HIV exposure
- NONE**

EASTSIDE ENDOCRINE POLICIES

How We Will Protect Your Private Health Information

When you visit our office it is very important that you feel safe in telling your doctor personal information that may be required to fully diagnose or treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted to us. However, on April 14, 2003, new regulations became effective under a federal law called the Health Insurance Portability and Accountability Act ("HIPAA"). HIPAA regulations cover physicians and all other health care providers, health insurance companies and their claims processing staffs. In general, HIPAA was enacted to establish national standards to:

- Give patients more control over their health information;
- Set boundaries for the use and release of health records;
- Establish safeguards that physicians, health plans and other healthcare providers must have in place to protect the privacy of health information;
- Hold violators accountable, with civil & criminal penalties; and
- Try to balance need for individual privacy with requirement for public responsibility that requires disclosures to protect the public health.

The HIPAA rules require that our practice provide all of our patients that we see after August 1, 2003 with the attached Notice of Privacy Practices. The Notice describes how the medical information we receive from you may be used or disclosed by our practice and your rights related to your access to this information.

You are entitled to a personal copy of the Notice at any time to review and keep for your records. If you have any questions about our Privacy Practices, please feel free to contact our Privacy Officer.

SPECIALTY CARE

At Eastside Endocrine, PC We provide specialized medical care for conditions of an endocrine nature (see section "*What is Endocrinology*"). It is important that patients maintain a relationship with a primary care physician for medical conditions that are not of an endocrine nature.

NON-ENGLISH SPEAKING PATIENTS

In order for us to provide quality medical care all non-English speaking patients are required to bring a translator to each visit.

APPOINTMENTS AND NO SHOW POLICY

We see all patients on an appointment basis and ask that you call and schedule an appointment in advance. We ask that if you must cancel your appointment that you give us 24 hours notice or you may be charged a "No Show" fee. Not showing up for an appointment without canceling is considered non-compliance with medical care. If you are 15 minutes late for an appointment we reserve the right to reschedule the appointment for another time and/or day.

We know our patients are busy and have better things to do than wait in a doctor's office. We will do everything we can to keep appointments on time; however, *medicine is not fast food*. No one likes to see a doctor who "has one foot out of the door" while they are trying to ask questions and understand their medical condition. In order to fulfill our mission statement the doctor will spend as much time as necessary with each patient to address their medical conditions and needs. If there is a delay that is too much for your schedule, we will gladly reschedule you. We appreciate your patience and understanding.

There are things that need to be addressed by the office staff before the physician can see the patient. At every visit the front desk will need to verify insurance and demographic information. At every visit you will be asked to complete a "Review of System" health questionnaire and verify your list of current medications. If you are seen for diabetes we will need to download your glucose meter and/or insulin pump or continuous glucose monitor. We encourage patients to arrive early to allow time to complete these tasks.

NON-COMPLIANCE POLICY

This is a general statement of policy for Eastside Endocrine, PC, regarding the patients' noncompliance with prescribed and recommended medical care. It is important for any medical practice to have a noncompliance policy. It is even more important that patients adhere to prescribed and recommended medical care if there is to be a constructive relationship between the patient and the medical practice, and we are to reach the goals that we set and the outcomes we desire in terms of health and outcome with the patient. Our standard policy has always been as follows: Regarding new patients, anytime a new patient books or has an appointment booked for them twice and no-shows twice, they will never under any circumstances be offered any further new patient appointments.

If a patient books a new patient appointment and then cancels one or more times, it will be at the discretion of me, the physician and the office staff as to whether to book any further appointments, especially if a pattern appears to emerge. The policy regarding established patients is as follows. Noncompliance can be defined in terms of lack of follow-up appointments, lack of compliance with medications, lack of compliance with labs, lack of compliance with keeping blood sugar logs or requested records or bringing materials that have been requested to visits, or any other conduct at the judgment of me the physician or the staff or the practice manager that is deemed medical noncompliance.

It will be at the judgment solely of me, or the staff, as to what constitutes medical noncompliance. Generally, more than 2 to 3 episodes in fact, will be required. However, single episodes that are judged to be especially grievous in nature will certainly constitute sufficient evidence to establish significant noncompliance. Again, this is an area in which the judgment of the physician, the practice manager, and the staff must be used. A purely numerical system would be unfair both to the patient and to the practice. Once such a pattern has been established, it would then result in finding of noncompliance that has resulted in sundering of the doctor-patient relationship. Anytime the doctor-patient relationship has been sundered to a point that there is no way that that relationship can result in further productivity, there is no reason to continue that relationship. There are a series of letters that have been developed to allow the patient ample opportunity to address and redress any misunderstandings or miscommunications that have been misconstrued as non-compliance. It is our mission to provide, not deny, high quality medical care!

PRESCRIPTION POLICIES

Please remember that all prescriptions and authorizations for refills should be requested during normal office hours. To insure that you do not run out of your needed medication please remember the following:

- Ask for refills during your visit with the doctor
- If you run low between visits call the office a week ahead to request refills
- Allow 72 hours for the doctor to approve the refill (remember he needs time to review your medical records)
- Prescription requests will not be accepted at night or on weekends except for medical emergencies. Keep in mind that the physician on call will determine what constitutes an emergency and you may be instructed to go to the emergency room if it is medically indicated.
- Controlled substances and narcotics are never approved at night or on the weekends.
- There will be a \$5.00 fee to replace lost prescriptions.

AFTER HOURS POLICY

A physician is on call to handle medical emergencies 24 hours a day, 365 days a year. The on-call physician may be reached at 678-551-3704. Routine medical issues, such as prescription refills, appointments, financial questions and general medical questions that are normally addressed during an office visit, are not addressed after hours and the physician on call will determine what constitutes an emergency. Please be courteous of the doctor's time and family life and call during normal business hours for routine issues. Patients should always contact their primary care physician for issues that are not of an endocrine nature. Please note that abuse of the after hours telephone coverage for non-emergencies can result in discharge from the practice.

FINANCIAL & INSURANCE POLICIES

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy.

- Please bring your insurance card and photo ID with you to each visit. This will help insure that we have the most up to date information available and to help us comply with Federal Red Flag Rules.
- As a courtesy, we will process and file your insurance claims for services at no cost to you.
- Co-payments, co-insurance and deductibles for office services are required at the time of registration. We accept cash, checks, Discover, Mastercard or Visa. **Patients are subject to a service charge for co-payments that are not made on the day of the visit.**
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been worked out in advance.
- **Returned checks are subject to a handling fee.** In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved in that process.
- Accounts 90 days past due will be turned over to an outside collection agency. **Patients are subject to a service charge for balances referred to an outside agency.**

You must realize:

1. Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.
2. It is the patient's responsibility to know if their insurance has a "participating provider list" and to verify if doctors they see are on that list and understand how that affects their benefits.
3. It is the patient's responsibility to obtain required referrals and/or prior authorizations from their primary care physician (PCP) and to track the effective dates and number of visits authorized.
4. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or which they may consider medically unnecessary. In some instances you will be responsible for these amounts. We will make every effort to ascertain your coverage of our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

The goal of Eastside Endocrine, PC is to provide quality medical care to all of our patients. We do not discriminate against patients that do not have medical insurance; however, we do feel that it is important for uninsured patients to be aware of the following:

- We do require payment on the day of your visit. We do not bill.
- An endocrine evaluation is specialized and generally requires additional diagnostic testing with either laboratory blood tests that can run several hundred dollars or x-rays scans that can run into thousands of dollars. The fees for these tests are above and beyond the physician's fees. We do not have control over the cost of diagnostic testing and are billed by the service providers (laboratories and hospitals). Please understand that any tests ordered by the physician are required for him to evaluate and treat your problem. If you will not be able to comply with the testing, he will not be able to provide you with the level of care that an endocrinologist is expected to provide.
- In addition to diagnostic testing, prescription medication may be required and again we do not control the costs.
- The above information has been provided to avoid causing undue stress to any patient due to a financial burden that was not anticipated. We will provide the same quality care to all patients and believe that the financial and time burden is unfair to both the patient and the practice if the patient presents for the initial visit and then abandons care because they cannot proceed with diagnostic testing or prescription medication.

LAB POLICY AND PROCEDURES

Quest Diagnostics has placed a phlebotomist in our office so you do not have to go to a Patient Service Center to have your blood drawn. She is here from 8:30 am until 4:30 pm Monday through Thursday and 8:30 am until 12:30 pm on Fridays. She takes lunch from 12:30 pm until 1:30 pm. Labs are drawn first come first serve, you do not need an appointment time. You will not need a lab requisition if you have your blood drawn in our office. We will print the requisition when you come in. Due to volume and the turn around time for results, patients are asked to have blood drawn 2 weeks prior to their office visit to ensure the results are back in time for the visit. **If it is more convenient for you to have your labs drawn at a Patient Service Center you will need to request a lab requisition from our office staff.**

If you choose to have your labs drawn in another doctor's office you will need to request a lab requisition from our office staff. It will be your responsibility to be sure that the lab results are sent to us prior to your visit. You will also need to be sure that the tests are ordered exactly as listed on our lab requisition. We have experienced problems where other offices have ordered incorrect tests.

REGARDING LABS FOR OTHER DOCTORS Even though the phlebotomist is employed by Quest, she is not allowed by Quest to draw labs that are not ordered by Eastside Endocrine, PC. Due to health privacy laws and medical liability provisions we are unable to order lab tests for issues we are not treating. We are sorry for any inconvenience this may cause.

AVOIDING INSURANCE REJECTIONS Insurance carriers have placed restrictions on how often they will pay for certain lab tests. For example, a Hemoglobin A1c is only covered once every three months and a Vitamin D is only covered once every 6 months. Whenever you have labs drawn by any of your other doctors it is advisable for you to write down the date and the tests drawn and show that to the phlebotomist when you come in to have your labs drawn for this office. This will help make sure that we do not duplicate any test that may have restrictions.

PATIENT CONSENTS AND ACKNOWLEDGEMENTS

I hereby consent to treatment by Eastside Endocrine, P.C with the understanding that I will furnish accurate information regarding my health history and will cooperate when referred to other physicians or medical institutions for examination or testing. My noncompliance with these conditions may result in the refusal of further care from Eastside Endocrine, P.C.

I understand that Eastside Endocrine, PC provides specialty care and it is important that I maintain a relationship with a primary care physician for conditions that are not of an endocrine nature.

I have read and understand the practice's Appointments & No Show policy and I understand "No Shows" are subject to a fee not covered by insurance.

I read and understand the practice's Non-compliance Policy. I understand that chronically missing scheduled appointments are considered noncompliance of medical treatment and may result in the refusal of further care from Eastside Endocrine, P.C.

I have read and understand the practice's Prescription Policy and I understand there will be a \$5.00 fee to replace lost prescriptions.

I have read and understand the practice's After Hours Policy.

I have read and understand the practice's Financial and Insurance Policy.

I have read and understand the practice's Lab Policy and Procedures.

I hereby authorize Eastside Endocrine, P.C to release any information acquired in the course of my examination to other medical providers as needed to provide quality medical care including information of a psychiatric nature, substance abuse or HIV status.

I hereby authorize Eastside Endocrine, PC to obtain medical records from any other physician or medical facility necessary in the course of my treatment.

I also authorize the release of any information necessary to process my medical claims including information of a psychiatric nature, substance abuse or HIV status.

I hereby authorize payment of medical benefits normally due to me to be paid directly to Eastside Endocrine, P.C for services rendered for which I have not paid.

If my current policy prohibits direct payment to Eastside Endocrine, P.C, I hereby also instruct and direct you to make out the check to me and mail it to Eastside Endocrine, P.C at the above address for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. The payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional fees over and above this insurance payment.

I authorize Eastside Endocrine, P.C to initiate a complaint to the Insurance Commission for any reason on my behalf.

I have provided correct information and supplied all cards necessary to file insurance claims on my behalf. I understand that I am financially responsible to Eastside Endocrine, P.C for charges not covered by this assignment. If the insurance companies fail to make prompt payment I understand that I am obligated to pay for all services rendered and hereby give my personal guarantee of payment to Eastside Endocrine, P.C.

I acknowledge that I have received a copy of Eastside Endocrine, P.C.'s Notice of Privacy Practices and have been given an opportunity to ask questions.

A photocopy or scanned copy of this Agreement shall be considered as effective and valid as the original.

Signature of Patient or Personal Representative _____

Date: _____

If Personal Representative, give relationship to patient: _____

Above authorization will expire upon termination of the doctor patient relationship