

FOOTHILL PULMONARY AND CRITICAL CARE CONSULTANTS MEDICAL GROUP, INC.

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Dear Patient,

In order to serve you, our valued patient, in a more efficient manner, please be advised of the following office policies:

1. Pulmonary Consultation Requirements:

As pulmonary specialists, it is very important that, along with the enclosed history forms, you also bring along all pertinent information. We ask that you bring to your appointment any chest x-ray films and Cat Scans of the chest that have been done within the last 5 years. Please have all relevant x-rays and Cat Scans put on CD-Rom if possible.

Films may be obtained at the radiology group where the x-rays or Cat Scans were originally performed. **PLEASE DO NOT RELY ON FILMS BEING DELIVERED TO OUR OFFICE.** To ensure a complete consultation, please pick up the films and hand-carry them in at the time of your appointment. Please have all relevant x-rays and Cat Scans put on CD-Rom if possible.

If you have any questions or difficulty obtaining your films, please give us a call prior to your appointment so that we may assist you.

2. Medication Refills:

Please have your pharmacy contact our office 3 to 5 days prior to when your medications are expired or completed. Practice good healthy habits and call us with your medication requirements prior to completion of your prescription. This policy allows you to take your medication without any interruptions or compromise in your health and well-being. Routine medication refills (*including all CPAP and BiPAP equipment*) require at least one yearly follow up exam with your physician.

PRESCRIPTION REFILLS ARE NOT PROCESSED ON SATURDAY OR SUNDAY OR AFTER HOURS. Please allow 48 hours for all refills to be processed. Patients *must* be seen within one year for any refills. We are not responsible for your prescription plan coverage. Please read your medical plans pharmacy policies.

3. Laboratory/Diagnostic testing:

All test results are reviewed by the ordering physician within 1 working day of receiving the results. Patients will only be notified of abnormal test results requiring treatment. Patients are always encouraged to contact our office during normal business hours (Monday through Friday 9 a.m. to 5 p.m.) to obtain verbal results from our nurse.

4. Cancelled/Missed Appointments:

A scheduled appointment means that time is reserved only for you. If an appointment is missed or cancelled with less than a 24 hour notice you will be charged a \$25.00 fee. Foothill Pulmonary reserves the right to bill the patient according to the scheduled fee or according to the rules of the patient's health plan. You will be billed unless another appointment is made.

5. Authorization/Eligibility:

Because of the contractual relationship between Foothill Pulmonary and all managed care insurance plans, I am aware that every visit requires pre-authorization prior to any procedures or lab tests, which may delay health care. Co-payments are expected to be paid at the time of service and are required for each visit. **AUTHORIZATION FORMS MUST BE PRESENTED AT THE TIME OF SERVICE OR YOU MAY BE REFUSED SERVICE OR BE RESPONSIBLE FOR THE BILL AT THE TIME OF SERVICE.** I understand I must be seen prior to the expiration date of the authorization, and must be eligible with the insurance at the time of service. I will notify the office of any change in my insurance, primary care physician, or demographic information. Failure to do so may delay the billing process and/or medical care.

6. Disability forms and other non-insurance forms:

Due to the complexity of completing certain disability forms and other non-insurance forms, effective August 21, 2008 office has instituted a charge of \$35.00 per form to complete these forms. This includes but is not limited to SDI, FMLA, DMV, Electric or Gas Company, jury duty, and airline forms. If you have any questions about this fee, please speak with one of the office staff.

7. Consent to treat

The examination you will be receiving is a focused one, for the express purpose of pulmonary or sleep related diagnosis and treatment.

The doctor-patient relationship established by this examination/treatment is limited to this specific purpose. We perform only the examination and care necessary to address this current problem.

Because of this narrowly limited purpose, it is important that we advise you that this examination does not replace your regular medical evaluations done by your personal physician. If you have any other questions of concerns about your health, you must discuss these with your own doctor.

**Please be advised, if 3 years have passed since your last visit
you will be considered a new patient.**

We provide this information because we would like you to be able to plan for your entire health care needs and not inappropriately rely on a limited purpose visit as if it were a comprehensive examination of your overall health.

Your on going partnership and working relationship with our office and staff allows us to better meet your medical needs. We appreciate, very much, your cooperation and adherence to our policies. We understand the need for personalized medical care and we strive to meet your needs.

Do you have any personal, religious, or cultural preferences which may affect or influence the way you want to be treated?

Yes _____ No _____

If you answered yes, please explain

I agree to allow the physicians of Foothill Pulmonary to render medical care to:

Patient's Name

I have read and understand the above information and agree to all of the terms stated above.
My signature below represents my acceptance of these policies.

Patient's signature

Date