



Desai Medical Center
3290 N. Ridge Rd., Suite 100
Ellicott City, MD 21043
P (410) 313-9292 F (410) 313-9293
E drdesai@desaimedicalcenter.com

Kartik J. Desai, MD FACP

Smita A. Patel, MD

CAREFULLY READ THE FOLLOWING OFFICE POLICIES AND INITIALS WHERE INDICATED TO REPRESENT YOUR UNDERSTANDING OF THIS DOCUMENT. WHEN YOU ARE FINISHED READING, PLEASE SIGN AND DATE THE BOTTOM OF THE DOCUMENT.

____ **1.1 Appointments:**

Initials

Please follow up on your appointment as scheduled. If for any reason you cannot follow up on an appointment, please inform us at least 24 hours in advance.

Missed appointments and same day cancellations will incur a \$25.00 missed appointment fee.

Our office staff do their best to provide a reminder call or message the day before an appointment; however, if you do not receive a call or message, it is still your responsibility to show up for your appointment. If you did not receive a call and fail to show up, that does not nullify the \$25.00 missed appointment fee.

Co-pay must be paid BEFORE we can consult with the patient.

____ **1.2 Health Conditions & Medical Reports Discussion:**

Initials

Lab results, Radiology results or consultation reports **will not** be discussed over the phone (or through any other mode of communication, ex: e-mail) except at the discretion of the physician or in case of an emergency. Evaluation of results are directly related to the clinical condition, care and management of the patient and need to be discussed in person for a thorough understanding of follow up plans, including any further lab tests and necessary prescription of appropriate medications. **In order to discuss medical reports, patients must make an appointment** to come in and have a discussion with the doctor.

Patient should designate an individual with whom medical reports can be discussed in case of emergency or one who is authorized to receive prescriptions for the patient from the pharmacy. The name of the person, their relationship to the patient and their contact info should be provided to our staff. Patient's medical conditions, lab reports, consultation reports, and other related information will not be discussed with any family or friend, unless the patient authorizes the sharing of medical records with an individual in writing, as per HIPPA regulations.

____ **1.3 Billing Questions:**

Initials

If you have any questions about billing, please forward the call to our professional billing service number (888) 281- 9052 Ext. 3. If you still have any questions or concerns, feel free to contact us; however, it will take **7-10 business days to process the response**. It is expected that charges for the service provided will be paid in reasonable time. Certain charges will be applicable based on insurance policy, type of coverage and deductibles. Patient is expected to pay any outstanding bill before further service can be provided. Certain applicable charges may be required to pay at the time of service.

____ **1.4 Lab tests, Radiology & Other tests:**

Initials

Our physicians will order the Lab tests, Radiological Investigations, 2D Echo, Nuclear stress test and other necessary investigations based on the clinical evaluations and management of the patient. **It will be the patient's responsibility to verify the appropriate testing and applicable charges by contacting their insurance provider before getting those tests performed** as patient might receive a bill. All patients are responsible for medical bills for the services provided from Labs, Radiology Units and physicians who interpret the test or any other medically related services, including hospitals and Nursing Homes.

____ **1.5 Vaccinations:**

Initials

Vaccinations will be provided as per the CDC recommendation but it is the patient's duty to make sure that the vaccinations are covered by their insurance company. Patients will be responsible for charges that apply, before vaccinations will be administered.

Patient's Last Name, First Name

Date



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____ **1.6 Pharmacy & Medications:**

Initials

Please provide accurate information for local pharmacy. If you use a Mail Order Pharmacy, it is your responsibility to provide all appropriate documents and data for Medicine Order Submissions. Mail orders require a minimum of 15 days to process and provide medications. **It is advised NOT to wait until the last minute** to provide mail orders otherwise the patient might have to buy medications from a local pharmacy. **Please ask for prescription refills at least a week before you run out of medicine.** It is better to have extra medicine rather than not having any at all.

Follow directions for dosage and frequency of use as directed by the physicians. Failure to follow these directions could result in serious medical complications. Pharmacy may not be able to supply medications based on an individual's insurance company regulations if the patient utilizes the medication before the prescribed time period.

____ **1.7 Patient Conduct:**

Initials

Professional behavior is expected at all times from patients and their family members while they are at our facility or when they contact our staff for any reason, through phone or by any other form of communication. **Phone calls may be recorded for quality and teaching purposes.**

Use of cell phone is NOT allowed while in our facility except for URGENT calls with permission from our staff.

____ **1.8 Medical Records Request:**

Initials

Medical records request need to be submitted in writing. Medical record retrieval, processing, shipping and handling will **require a minimum of 10 business days.** Medical records must be picked up and **will not be dispatched to fax machines** except for doctor's offices or hospitals.

Any documents (ex: physical disability, MVA, etc) that need to be completed by our office must be submitted in their entirety with the **patient's part properly completed** and legitimately signed with supportive documents. It will take **7-10 business days to process those documents.** If the document is incomplete or information is missing, documents will not be processed in a timely manner. Appropriate charges will apply for returning, processing and handling the documents. The processing fee is \$10.00. The search fee is \$22.18. The cost per page is \$ 0.73 (as reflected by the Consumer Price Index) and the mailing fee/fax fee is \$ 5.00.

A copy of all labs, radiology, etc. will be given to the patient after review with the doctor.

____ **1.9 Contact Us: (Routine or Emergency)**

Initials

In case of a serious or life threatening situation, please call 911 immediately. You may contact our office by calling our

- Phone Number: (410) 313- 9292
- Fax: (410) 313- 9293
- E-mail: drdesai@desaimedicalcenter.com

Please leave a clear voice message when you call, with a call back number, date and time.

In case of an Emergency, please call our office at (410) 313-9292. If the office is closed or there is no response, press 1 as an option and it will connect you to our Answering Service.

Please **DO NOT** call Dr. Desai, M.D. on his cell phone for a ROUTINE CALL.

THE OFFICE POLICY IS A LIVING DOCUMENT SUBJECT TO CHANGE OVER TIME.

By signing below, I certify that I have read Desai Medical Center's Office Policy and any questions regarding these policies have been discussed. My signature also certifies my understanding of and agreement to comply with the above policies.

Signature

Date

Patient's Last Name, First Name

Date