Premier Cardiovascular Care of Dallas
www.premiercardiodallas.com

☐ **Ravi Chandrasekhara, MD, FACC** ☐ **Tim T. Issac, MD, FACC, FSCAI**
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WELCOME TO OUR OFFICE

YOUR APPOINTMENT HAS BEEN SCHEDULED ON: DATE:_____ TIME:_____

Should you need to cancel, please call the office at: 469-513-2666, Option 2

Your appointment is scheduled at:

☐ **DALLAS LOCATION**
Methodist Hospital Pavilion II
221 West Colorado Blvd #727
Dallas, TX 75208

☐ **DUNCANVILLE LOCATION**
1018 East Wheatland Road
Duncanville, TX 75116

☐ **WAXAHACHIE LOCATION**
211 Ferris Ave., Suite A
Waxahachie, TX 75165
(Dr. Issac Only)

☐ **MANSFIELD LOCATION**
221 Regency Pkwy., Suite 105
Mansfield, TX 76063
(Dr. Guttigoli Only)

Thank you for choosing our practice to take care of your health care needs! We know that you have a choice in selecting your medical care and we strive to provide you with the best service possible. Here are a few of our office policies.

Registration: **All patients must complete a patient information form before seeing your physician.**

Items to bring with you to your appointment:

Insurance: Insurance cards and photo ID must be available prior to each visit. Please notify our office if there is a change in your insurance plans or coverage. We file claims as a courtesy to our patients and are only responsible for filing claims to contracted insurance company and the member. Any dispute for unpaid charges from the insurance company will be billed to the member. All patients must have an insurance ID card in order to utilize benefits.

Your Medications: Please provide a list of your medications to include dosage, to our office. It's ok to bring your medication bottles in place of a list of your medication. Please inform the medical assistant if there are any changes to your medication.

It is important that you bring any cardiology testing results to your appointment. The physician needs this information to best help you at the time of your visit.

Charges: Full payment is due at the time services are rendered unless other payment arrangements have been made. For patients without insurance, payment is due at the time of service. Copays and balances are expected at the time of service. After 90 days, outstanding balances will be referred to a collection process. Billed charges not covered by insurance are the insured's responsibility. Delays in insurance processing occur when insurance information is not provided in a timely manner. Such delays may also result in insurance not covering care. Whenever insurance denies payment for a service, it is your responsibility to cover the charges, even while you may choose to review your benefits with your insurance provider.

Procedure Deposits: A procedure or surgery deposit is requested prior to each procedure and surgeries performed. Our office representative will contact you, to discuss your insurance benefits and your amount of down payment prior to your procedure or surgery.

NSF/ Closed Accounts: There will be a $35.00 charge added for returned checks

FMLA/DISABILITY Paperwork: We will complete forms for patients that have undergone surgery by our physicians only. Our form fee is $20.00 for each set of forms that requires a physician's signature. This must be paid in full before the paperwork can be picked up or faxed. Please allow 3-5 working days to complete paperwork.

Medical forms CANNOT be completed on the same day forms are presented to the office.

Medical Records: All Medical Records are processed by HealthMark and take seven business days to process. All medical requests must be in writing.

Appointments/ No Show: We request 24-hour notice for appointment cancellations.

Authorizations for Procedures/Surgery: Will be obtained prior to your procedure or surgery.

Medication Refills: All prescription refill requests should be called into your pharmacy at least five (5) working days before the last pill taken to allow adequate time for approval. Please have your pharmacy fax your request to (469)513-2667. Allow 24 hours for all requests to be processed. Refills will only be handled during normal business hours, Monday through Friday. If you should need any assistance with your refill request, please contact your physician's medical assistant.

Behavior: Physical and verbal abuse towards the office staff will not be tolerated. This includes disruptions affecting daily operations within the office as well as offensive behavior on the telephone with office personnel. Abusive behavior towards personnel will result in immediate discharge from the practice.

After Hours: Our phone message will provide patients with a number to call our answering service for urgent needs after hours. The answering service will notify the physician on call. Please understand you may not be able to speak directly with you personal physician. Please note the physician on call will not authorize medication refills or prescribe new medication. If you feel you have a life-threatening emergency, please dial 911 or go to your nearest emergency facility.

Notice of Privacy Acknowledgement: *Premier Cardiovascular Care of Dallas's* Notice of Privacy Practices provides information about how *Premier Cardiovascular Care of Dallas* may use and disclose protected health information. You have the right to review the Notice before signing this acknowledgment. A copy of the current notice is posted in the waiting room. The Notice contains the effective date and as provided in our Notice, the terms of our Notice may change.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for **treatment, payment and health care operations,** as described in our Notice. You have the right to revoke this consent, in writing, except where we have already made disclosures on your prior consent.

This Privacy Acknowledgement does **not** give us consent to release records to anyone except to whom is mentioned on your medical record release authorization form. A signed medical record release authorization form must be completed prior to us releasing records on your behalf.

Thank you for your understanding and agreeing to our Office Policies. We are committed to be an involved member of your Health Care Team working together for your health!

Signature of Patient or Guardian

Date