



**Dr.Jaya Sonkar, MD ( Rheumatology)**

**General Consent for Evaluation and Treatment for Patients of JSRHealth**

TO THE PATIENT: Welcome to our practice. At this point in your care, no specific treatment plan has been recommended, until we have had the opportunity to identify your needs. This consent form is simply to obtain your permission to perform the evaluation necessary to identify any condition that might require an appropriate treatment and/or procedure as part of your plan of care. You have the right to be informed about any condition identified and the options for recommended surgical, medical or diagnostic procedure to be used. You may then decide whether or not to undergo any suggested treatment or procedure, after being informed of the potential benefits and risks involved. This consent provides us with your permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, you are indicating that you understand that this consent is continuing in nature even after a specific diagnosis has been made and treatment recommended, along with potential risks and benefits. The consent will remain fully effective until it is revoked in writing. You have the right at any time to ask additional questions or to discontinue or decline services. You have the right to discuss the treatment plan with your physician about the purpose, potential risks and benefits of any test ordered for you. If you have any concerns regarding any test or treatment recommend by your health care provider, we encourage you to ask questions. I voluntarily request a physician, or the designees as deemed necessary, to perform reasonable and necessary medical examination, testing and treatment for the condition which has brought me to seek care at this practice or one that has been identified. I understand that if additional testing, invasive or interventional procedures are recommended, I will be asked to read and sign additional consent forms prior to the test(s) or procedure(s). I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

**Acceptance:**

You have read, understand, are legally able and agree to the provisions of JSR HEALTH PLLC. Patient Financial and Office policy. If this form is signed by anyone other than the patient, it is warranted that the signatory has the legal authority to do so.

**Name (please print):**

**Date:**

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**Signature of Responsible Party**

**(Patient/Guarantor):** \_\_\_\_\_

**Relationship to Patient(s) (please check):** \_\_\_ Self \_\_\_ Other: \_\_\_\_\_

**Note:** The patient (or Guarantor) must sign this sheet and present valid photo identification before the patient can be seen. This is for your protection and to prevent fraud.

*Thank you for understanding our office policies. We are excited you chose JSR HEALTH PLLC Rheumatology clinic for your rheumatology care.*



## Financial and Office Policy

### Insurance:

As a courtesy, JSR HEALTH PLLC Rheumatology Clinic (We/our/us) will gladly file the forms necessary so that patients (you/your) receive the full benefits of their medical coverage. We ask that you read your insurance policy to be fully aware of any limitations of the benefits provided. If you are concerned about coverage for any of our services, **please contact your insurance company prior to your visit**. If your insurance company denies coverage, or we otherwise do not receive payment **60 days** from filing your claim, the amount will then become due and payable by you. Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we **cannot** force your insurance company to pay for the services we have provided to you.

### Financial Arrangements:

Because we realize that every person's financial situation is different, we provide a variety of payment options. For your convenience, we accept all major credit cards and checks. **(Returned checks will be subject to a \$35 returned check fee)**. If the check is returned for any reason, you will have 7 days to contact our office and arrange another form of payment.

### Deductibles and Co-pays:

**Full payment is due at the time services are rendered.** This includes co-payments, deductibles and services not covered by your insurance. If you are on a high deductible plan, we collect \$200 (discounted price) for new patients and \$150 (discounted price) for established patients until the deductible has been met. If you are not able to pay your co-pay or deductible, you may be asked to reschedule your appointment.

### Appointments/Cancellations:

We gladly reserve appointment times for you and appreciate that you have chosen JSR HEALTH PLLC Rheumatology Clinic for your care. As a courtesy, we will remind you of your appointment by calling and/or text/emailing you prior to your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full, or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time, and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment. **We charge \$40 for appointments canceled or not kept by you without advance notice of at least two (2) business days.**

**Late Fees:**

Your account becomes delinquent if not paid within 30 days after billing and the unpaid balance becomes subject to a monthly finance charge of 1.5% (18% APR) or \$35, whichever is greater. Any further delinquency will warrant the balance and any administrative fees being assigned to a collection agency.

**Assignment and Release:**

You authorize release of any medical care information requested by your insurance company.

**Prescription Refills:**

We only provide prescription refills during an office visit with a physician. We require office visits on a **regular basis** for all patients taking prescription medications. Please bring all prescription bottles and a current detailed medication list with you to your appointment.

**Credit Card on File Policy**

JST HEALTH PLLC Rheumatology Clinic is committed to making our billing process as simple and easy as possible. We provide provisions for patients to provide a credit card on file with our office. We will scan your card with a card reader. **If you choose to save the credit card on file, our third-party merchant will store your card number at a secure, compliant location. For security reasons only the last four digits will be visible to our staff.** Credit cards on file will be used to pay copays when you are seen in our office, including account balances, after your insurance processes your claim.

If we do not receive payment for the amount listed on your statement within 14 days, we will run the credit card on file for the full amount owed. If your payment is declined, we will call you. If our reminder call is not returned within one week, a \$35 declined payment fee will be applied, and another statement will be mailed. Your account becomes delinquent if not paid within 30 days after the date of the original statement. The unpaid balance will be subject to a finance charge of 1.5% (18% APR) or \$35, whichever is greater. Further delinquency will be subject to collections with additional finance fees. You give JSR HEALTH PLLC permission to charge your credit card for any patient balance due on your account.

**Dismissal:**

If you are 'dismissed' from the practice it means you can no longer schedule appointments, get medication refills, or consider us to be your doctor. You must find a doctor in another practice. Common reasons for dismissal:

- failure to keep appointments, frequent no-shows
- non-compliance, which means you will not follow physician instructions about an important health issue.
- abusive to staff
- failure to pay your bill.

**Dismissal Process:**

We will send a letter via email and if we don't get an acknowledgement, we will mail to your last known address, via certified mail, notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on this letter, we will see you. After that, you must find another doctor. We

will forward a copy of your medical record to your new doctor after you let us know who your new doctor is and sign a release form.

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**Name (please print):**

**Date:**

**Signature of Responsible Party**

**(Guarantor):**

**Relationship to Patient(s) (please check):** \_\_\_ Self \_\_\_ Other: \_\_\_\_\_

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# JSR Health Clinic Policies and Procedures

For your convenience, we have provided office policy information below. Some information is provided simply for your review so you may be well informed of your rights and obligations as a patient. If you have any questions or concerns regarding these policies, we will be glad to answer any questions you may have. Please call our office directly with any questions.

## Appointments and Reminders

To schedule, cancel, or modify an appointment, you may call our office directly. **Clinic staff are available by phone Monday-Friday, 8 a.m. - 5 p.m.** Please call at least 48 hours in advance if you need to change your appointment so we can schedule another patient at that time. We ask that you arrive 15 minutes early for an office appointment to update forms as necessary. A reminder for your scheduled appointment will be provided by **telephone call/text message** in the days leading up to your appointment.

## Referrals to Our Specialists

Some of your medical conditions may require a referral to another specialist in a particular field of medicine. **If this is the case, we will refer you to a specialist, however, based on your insurance provider, you may need to see your primary care provider first and obtain the referral in which case we will inform your primary care office.** Please be aware that all your medical records (not just specialty provider records) are maintained by your primary care provider who understands your medical condition along with your medical history and course of treatment. Therefore, your primary care provider can recommend what specialists would be appropriate to visit.

If referred to a specialist, your insurance plan may require referral paperwork or other authorization for visits to any of our specialty providers. Please contact your primary care provider or insurance company for more information.

## What to Bring to an Appointment

You can save time at the clinic by coming prepared to your visit with the following:

- Any paperwork the office has asked you to complete prior to arriving
- Insurance card(s)
- Photo ID
- Medication bottles and supplements you are currently taking
- A list of all allergies
- A list of questions you want to ask your healthcare professional
- A list of any medications you need refilled

## New Prescriptions/Prescription Refill

The following guidelines for new prescriptions and prescription refills are provided to ensure you receive quality care and service:

For medication to be effective, it should be taken exactly as your provider prescribes. It is much easier to evaluate the progress made with a medication if a patient has remained compliant with instructions.

We cannot provide a medication without an evaluation first. We only provide medications pertaining to our branch of medical specialty i.e., Rheumatology. Contact our office to schedule an appointment. If your prescription bottle indicates you have refills left, you do not need to call the office; your pharmacy will refill this for you.

It will generally take your provider 48-72 hours to contact your pharmacy when issuing a refill request. **However, based on your insurance company and coverage, there can be**

a delay in you obtaining the medication, even after our office fill provide the necessary prior authorization paperwork. Rest assured; we will do what everything possible to get the medication approved but the timely insurance approval of the medication is not in our control.

Whenever you feel a medication is ineffective or needs adjusting, call your provider's office to schedule an appointment.

### After Hours Care

During normal business hours (8 a.m. – 5 p.m.), contact your provider's office directly. Outside of these hours, our answering service is available to direct your care. If you have a situation that necessitates contacting your provider during these off-hours, please call 409 276 5595 and if unanswered, please call our off hours answering services at 612 439 9572 ,your provider or a covering provider, will be notified to return your call. We try our best to answer all calls within 24 hours but it may take upto 3 business days to respond to these calls. **If you have an emergency that you would consider serious or life-threatening, go directly to the Emergency Room or dial 9-1-1 for emergency assistance.**

### Requesting Records

When requesting copies of your medical records, please clarify if it is an urgent or non-urgent situation. We do not want your medical care to suffer even if you have decided to move on from our practice. In an urgent situation, please allow 3 business day and in a non-urgent situation, we ask that you please allow a minimum of 15 business days to prepare your request for pick-up. Please fill out Authorization For



Release of Medical Information and submit to our office either by fax ( fax number 314 405 9678) or in person. **If the record request was not made in person, we require you to call our office and speak with a staff member to notify us of the records request and whether it is an urgent or non urgent.**

**A patient may request records for:**

- Personal use (charges will apply)
- To leave your current practitioner and have your medical care transferred to a new practitioner in another clinic (charges will apply)
- When your practitioner has referred you to the care of another practitioner or specialist (no charge)

**No-Show Policy**

Attending regularly scheduled appointments is necessary to provide quality care. If you need to reschedule an appointment, adequate notice needs to be given.

Non-participation in treatment as exhibited by not coming to scheduled appointments or excessive cancellations is cause for terminating the provider/patient relationship and may also be subject to a fee. If you do not show or fail to cancel an appointment at least 24 hours in advance for 3 consecutive appointments or 4 appointments within a 12-month period, the provider may pursue closing your case and terminating the relationship.

**Arriving Late for an Appointment**

If you arrive late for an appointment, you may be asked to reschedule. Every attempt will be made to get you in to see your physician, but this will depend on the remaining patient schedule and the availability of the practitioner.

### Patient Termination Policy

Although it is an infrequent occurrence, a provider/patient relationship may be terminated. Reasons for termination include, but are not limited to: use of foul language; chronic noncompliance with recommended therapy; abusive behavior of staff, practitioners, visitors or other patients; or other disruptive behavior. A patient whom is terminated will be notified of the termination and given 30 days to locate another medical office for their continued care.

### Patient Feedback/Advocacy

Our clinic welcome and encourage your feedback, both positive and negative. We will assist you with the coordination, investigation, and resolution of any patient complaint regarding experience.

### Privacy Policy

We are required by law to maintain the privacy of your medical information. We are also required to notify you of our legal duties and privacy practices regarding your medical information and abide by the terms of this Notice.

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