

SUGANTHI RAVINDRAN M.D P.C
709 HAWKINS AVE
RONKONKOMA, NY 11779
631-588-0880 FAX 631-588-0391

Welcome to our medical practice. In order to provide you with the best possible service, we would like to explain our policies and practices.

1. Co-payments are due at the time of your visit. It is against the law for us to bill your insurance company for a visit if we do not collect your co-payment. If you are unable to pay your copayment or fees due to financial hardship please speak with Dr. Ravindran and arrangements will be made for a payment plan.
2. If a bill must be sent because you did not pay your copayment, there will be a \$10.00 service charge, unless alternate arrangements have been made.
3. Non-urgent referrals must be completed on our referral form or online at Drsuganthiravindran.com. You may mail, fax, or drop the forms off. We pledge to complete the referral within three business days, barring unforeseen catastrophes. Phone referrals will only be accepted in emergencies.
4. There is no charge for forms completed during your visit. However, forms which must be completed between visits will require a \$10.00 fee.
5. Medical records copied and sent to another physician are sent free of charge. If you wish for a copy of your most recent labs or test results, you may also have them. Medical records released to anyone other than a physician will require a charge of \$0.75 a page.
6. Dr. Ravindran will call all test results received to you personally, with rare exceptions. Please make sure you have your phone number correct at each visit. We return all of our phone calls the same day received, except a day we are closed. We will respond the next day the office is open. Dr. Ravindran returns calls between 1-2 PM, and after office hours are completed, except in emergencies.
7. We will do our very best to minimize your wait. Please try to come on time for your appointment. Patients who are more than 10 minutes late, and not an emergency, may be asked to reschedule.
8. We take patients in order of their appointment time, not time of arrival. However, we will do our best to accommodate you.

9. Please call ahead to make an appointment. Walk-ins are very disruptive to our schedule and increase the wait time for all patients. We ALWAYS have same day appointments for our patients.
10. Because a physical requires additional time to reschedule, there will be a \$35.00 fee for all physicals not canceled within 34 hours. We want to keep physicals available to you in a timely manner.
11. Our office hours are Monday-Friday from 8:00 A.M.- 6:00 P.M, and Saturdays from 8:00 A.M.-1:00 P.M. Please be aware that the office is open until all patients are seen, even if this is before or after 6:00 P.M. Our lunch hour is from 1 P.M. to 2 P.M.
12. Prescriptions will be called in or faxed within 1 business day of request, usually the same day. We ask if you lose your prescriptions to please come to the office to pick up another copy or let us fax them to your pharmacy.
13. Please ask for your prescriptions at the time of your visit, to help make sure you have all your medications.
14. Please shut off your cell phone when taken to an exam room. The cell phones may interfere with our equipment, and are disruptive to your visit.
15. We will make every effort to give you an appointment at the time and with the doctor you want.
16. We pledge to try and minimize your wait time. However, emergencies occur and there are also times of the year, such as the flu season, which are busier than others. We promise to give you the same caring, courteous and professional attention for your concerns when it is time for your appointment.
17. There is a \$25.00 for any regular appointment that is missed and not cancelled.

We would like to work together with you, patients, staff and doctors to help us provide the best care in the best way possible.

Please sign below that you have received and understood these policies. You are welcome to keep a copy of them.

Patient's Signature

Print Name, Date