

ADVANCED ALLERGY & ASTHMA SPECIALISTS

DENISE GONZÁLEZ MD

DIPLOMATE OF THE AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY
1530 Celebration Blvd #402 Celebration, FL 34747 407-566-0020 Fax 566-0400

OFFICE POLICY

By initialing next to each item, you are indicating you have read & understand the policy as it relates to your care.

_____ EMERGENCY OR AFTER HOURS POLICY

Advanced Allergy & Asthma Specialists is an Allergy Consulting Practice; we are Specialists Physicians, not Primary Care Physicians (PCP). Our goal is to evaluate your medical problems and recommend a treatment plan to you and your PCP. This plan will not only include treatment and prevention measures, but will also have outlined instructions for treatment during disease flares. It is therefore essential, if you do not have a PCP, **you must have an assigned Primary Care Physician by your second visit. AFTER HOURS**, should your medical problems not respond to the recommended treatment and prevention measures, **PLEASE CONTACT YOUR PRIMARY CARE PRACTITIONER.**

For all emergencies, CALL 911 or go to your nearest Emergency Room. **Do not waste valuable time** trying to contact your PCP! Once there, **have the Emergency Room or Urgent Care Physician contact your Primary Care Physician.** Should your Primary Care Physician feel the need to contact us, he/she will do so.

_____ APPOINTMENTS

Appointments are to be made by telephone during office hours only. **WE ARE SPECIALIST'S OFFICE, no walk-in medical services are provided.** All urgent problems after hours should be addressed with your Primary Care Provider. Should they have any questions or concerns, they will contact us at our office. **Appointments are necessary to pick-up the first vial of Allergy Drops** in order to assure we have the appropriate staff available for your attention. Please coordinate an appointment for pick-up of your Allergy Drops with our staff.

_____ APPOINTMENT CANCELLATIONS

When you are scheduled for an appointment, as part of our commitment to you, YOUR TIME SLOT is blocked out in the Doctor's schedule. We do not double book or over book, as some physicians may. We ask *if you do not plan to keep your appointment*, YOU MUST CALL US TO CANCEL at least 24 HOURS IN ADVANCE of YOUR APPOINTMENT TIME. Monday patients must notify our office on or before Friday, as if Friday were the weekday before Monday. **There will be a \$60 cancellation fee, payable prior to your next visit, should you not notify us at least 24 hours in advance of YOUR APPOINTMENT TIME.** By notifying us, we have the opportunity to assign your time to care for our other patients who are ill and waiting for an opening, *which may be a need you have in the future.* We understand occasionally there may be circumstances beyond your control which do not permit advanced notice; however, abuse of this policy is grounds for dismissal from the practice.

_____ PRESCRIPTIONS

In order to receive refills, you must see our physician and keep scheduled appointments so the physician may determine the efficacy of your medications. **Follow Up Visits are ESSENTIAL as they provide valuable information and feedback determining your response to treatment and what works best for you. No physician can provide optimal care without reviewing the patient's response to treatment.** Repetitive cancellation of Follow Up Visits will be deemed as treatment non-compliance and grounds for dismissal from the practice.

Our goal is to provide the highest quality of care; to do so requires patient participation in the treatment plan laid out at the time of each visit, and follow up as directed by the physician in order to assess your response to the treatment. **Insurances are now requiring copies of your visit note along with the bill we submit, and are examining the documentation for standard of care treatment as part of their review for payment. If the note demonstrates STANDARD of MEDICAL CARE guidelines are not followed, the insurance can deny the claim; and not pay us.**

All medication refills require an **EMAILED REQUEST FROM THE FILLING PHARMACY.** Please plan ahead and allow **at least 72hrs** for these to be reviewed and emailed back to your pharmacy. **NO REFILLS WILL BE HANDLED AFTER OFFICE HOURS OR SOONER THAN 72 HRS FROM RECEIPT OF THE PHARMACY REQUEST.** Please do not call our office before 72 hrs. **BY LAW YOU MAY PICK UP REFILLS 5 DAYS BEFORE YOUR 30 DAY PRESCRIPTION RUNS OUT.**

_____ TELEPHONE CALLS

ALL MESSAGES WILL BE HANDLED AT THE END OF THE PHYSICIAN'S WORK DAY (AFTER 6PM). When leaving a message, please provide us with all phone #s where you may be reached. REMOVE ALL CALLER BLOCK FROM THESE NUMBERS or you will not receive a call back from the physician. **WE DO NOT TREAT MEDICAL PROBLEMS OVER THE PHONE**, so plan on contacting your Primary Care Practitioner or scheduling an appointment with our physicians if a need arises. **WE ARE NOT AN EMERGENCY ROOM so PLEASE DO NOT COME TO THE OFFICE IF YOU ARE HAVING DIFFICULTY BREATHING** or other symptoms of an urgent nature. Though we appreciate your confidence in the care we provide, we are not set up with staff or equipment as an Emergency Room. **GO TO THE NEAREST EMERGENCY ROOM** where they are equipped for emergent care.

SIGNATURE _____ PATIENT'S PRINTED NAME _____

PRINTED NAME OF SIGNATORY _____ WITNESS _____ DATE _____