



For Use & Disclosure of Protected Health Information

In connection with the medical services I am receiving from Northeast Florida Endocrine & Diabetes Associates, I consent to and authorize the above named physicians and group to use and disclose any and all Protected Health Information (PHI) necessary to carry out treatment, payment, and health care operations (TPO) related to my medical care, unless noted below. Medical records may include results or tests for HIV antibody, substance abuse or treatment in regard to either of the aforementioned .

I have read and understand the Notice of Privacy Practices that offer a more complete description of such uses and disclosures. Copies are available in the waiting room. This office reserves the right to review and change their Notice of Privacy Practice any time. Northeast Florida Endocrine & Diabetes Associates may call my home or office and leave a message in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and call pertaining to my health care.

Northeast Florida Endocrine & Diabetes Associates may call my home, office or cell and leave a message in reference to appointment reminders, insurance/billing and health care unless the patient specifies otherwise.

I have the right to request that this practice restrict how they use or disclose my protected health information (PHI) to carry out treatment, payment and health care operations (TPO). However, this office is not required to agree to my requested restrictions, but if they do, the office is bound by this agreement.

Obtaining External Rx History

This allows our offices to retrieve your prescription history of medications dispensed from any pharmacies that are participating with our electronic medical record system. This helps to ensure that we are providing excellent care by keeping your correct medications and dosages up-to-date.

Lab & Financial Policies



Laboratory Policies

1. For your safety and HIPPA compliance, only patients are allowed into the drawing room. If you have small children, please make arrangements accordingly.
2. You will be seen by the lab in appointment time order, not arrival time. Arriving earlier than your appointment time will not guarantee an expedited visit.
3. Fasting patients may only have water and black coffee, unless otherwise noted by your doctor.
4. We will make every effort to combine orders from other physicians or if need be, send them out to the appropriate lab per your insurance.

*Note: If you are a diabetic and have a fasting lab, please bring your insulin, syringe and a snack to have after your lab appointment.

Financial Policies

1. We will file a claim to your insurance. Please call your insurance company to verify that we participate with your plan. If you have a referral based insurance that requires referrals, it is your responsibility to make sure you have a valid referral for each and every visit.
2. All co-payments, co insurance and deductibles will be collected prior to seeing the doctor on the day of your visit. If you are unable to pay prior to your appointment, your visit may be rescheduled. We accept cash, checks and all major credit cards.
3. Occasionally your doctor might order a laboratory test that our laboratory does not perform in office and must be sent to an outside laboratory. When this occurs the outside laboratory will bill your insurance or you directly. If you receive a bill from them, please contact them directly. Outside laboratories do not bill through our office.
4. Occasionally your doctor might order a medically necessary laboratory test not covered by your insurance. If this occurs, you will be advised in advance of the cost of the test and you will be asked to sign an Advance Beneficiary Notice. At that time the necessity of the test will be explained to you and you will have the option of accepting or denying the laboratory test. If you accept, the full payment of the laboratory test will be your responsibility.
5. All returned checks are subject to a \$25.00 returned check fee. The amount of the check as well as the \$25.00 fee will be assessed to your account.
6. There is a charge of \$25.00 for the completion of disability, FMLA, or leave of absence forms. You must complete the patient information sections completely and sign the form prior to submission to the practice. The practice requires 10 business days from the date the form is received by the practice for completion.
7. Any patient account balances older than 60 days are subject to collection procedures.

We understand that temporary financial problems may affect timely payment if your account. If such problems arise, you must contact our billing staff to make payment arrangements.

Cancellation & Prescription Refill Policies



Cancellation Policy

Northeast Florida Endocrine and Diabetes Associates Physicians work by appointment only. Because of this, we have had to adopt a very strict "Late Cancellation" and "No Show" policy for all office examinations, injections, and procedure visits.

Cancellations less than 48 hour notice will be subject to a cancellation / no show fee of \$25.00. Failure to pay a cancellation fee will be treated accordingly to our policy on unpaid balances.

Appointments you select are reserved especially for you. Late cancellations / no shows denies you the opportunity to schedule care as your doctor prescribes.

Prescription Refill Policies

1. Patients will need to request prescription refills through their pharmacy, which can then be requested via e-prescribe. Phone requests or fax request will no longer be accepted.
2. The office will need 48 hours (business days) for all prescription refills.
3. Refills will not be done on the weekends or holidays. They will be addressed the following business day.
4. Controlled substance refills will not be called into the pharmacy. A written prescription will be given to the patient at the time of appointment, mailed, or can be picked up by the patient.
5. Per state law, controlled substance prescriptions can only be written for a 30 day supply with a max of 5 refills, or a 90 day supply with 1 refills. (6 month total)
6. If the insurance company requires a prior authorization for the medication, please allow 14 business days for the company to complete the prior authorization process. If available, the office will provide samples.
7. If the patient has not been seen in the past 6 months, and does not have an upcoming appointment, controlled substance prescriptions will not be refilled.
8. All thyroid patients needing refills will need to be seen at least once a year unless otherwise noted by your physician.
9. All diabetic patients will need to be seen in 3-6 month intervals, in order for prescriptions to be refilled, unless otherwise indicated by the physician.
10. Medication samples will only be given out Monday-Thursday 8:30am-4:30pm and Friday 8:30am-12pm.
11. If we are unable to refill your medication, please contact your primary care physician