

# Welcome to Eastside Endocrine, PC

I have known since ninth grade in high school that I wanted to be a physician, specifically, an endocrinologist. To accomplish this I graduated from high school second out of 450 and then attended the University of Pennsylvania, an Ivy League institution, where I then worked on the Human Genome Project, the project that mapped out all 22 chromosomes that human beings have in common.

I attended medical school at the Medical University of South Carolina. I completed my internship and residency at Orlando Regional Medical Center, one of the highest ranked private community based residency programs in the southeast United States. Finally, I completed my endocrine training at the University of South Carolina School of Medicine. I am Board Certified in Diabetes, Endocrinology, Metabolism and Internal Medicine.

Throughout my training and into the future, it has been and will always be my driving passion to continue to be a student of medicine and endocrinology so that I can provide the finest, state of the art care for my patients.

**Naland P. Shenoy, M.D.**

## What is Endocrinology?

Endocrinology is the field of medicine that relates to disorders of hormone secreting organs (glands).

### ***MORE SIMPLY STATED:***

- Diabetes Mellitus (high blood sugar, sugar diabetes)
- Pre-Diabetes (also known as borderline diabetes, metabolic syndrome, syndrome X, abdominal obesity syndrome)
  - Thyroid Disease (all kinds)
  - Osteoporosis and/or Calcium Disorders
- Reproductive Gland Disease (polycystic ovaries in women or erectile dysfunction in men)
  - Less common disorders of the Adrenal, Pituitary and other Glands of the body

## MISSION STATEMENT

### ***“Simple, straight talk for complicated medical issues***

*We at Eastside Endocrine, PC are committed first and foremost to really listening to what you have to say about your medical issues and treating you the patient, not just your condition.*

*Second, we are committed to delivering the finest, state-of-the-art care in our field.*

*Third, I Dr. Shenoy, am committed to explaining to you, in plain English, in words you can understand, why you are here to see us. More importantly, I will tell you what you, your family, my staff and I, as a team, are going to do to best address your often complicated medical issues.*

## WHAT YOU NEED FOR YOUR APPOINTMENT

### FIRST VISIT

- Complete and bring patient registration forms
- Photo identification, insurance cards and referral from your primary care physician if required by your insurance carrier
- Complete and thorough list of medications you are taking including names, strength and doses
- Most recent diagnostic results related to why we are going to see you (A1c, Lipid panel, thyroid labs, thyroid ultrasounds, MRI, DEXA, etc)
- If you are a diabetic bring your glucose meter and blood sugar logs
- Arrive early there will be a medical questionnaire to complete when you arrive

### FOLLOW UP VISITS

- Complete and thorough list of medications you are taking including names, strength and doses

- If you are a diabetic bring your glucose meter and blood sugar logs
- List of refills needed
- List of questions you have for the doctor
- Updated referral from your primary care physician as needed
- Arrive early there will be a medical questionnaire to complete when you arrive

### SPECIALTY CARE

At Eastside Endocrine, PC We provided specialized medical care for conditions of an endocrine nature (see section “*What is Endocrinology*”). It is important that patients maintain a relationship with a primary care physician for medical conditions that are not of an endocrine nature.

### NON-ENGLISH SPEAKING PATIENTS

In order for us to provide quality medical care all non-English speaking patients are required to bring a translator to each visit.

### AFTER HOURS

We have an answering service provide telephone coverage when the office is closed. A physician is on call to handle medical emergencies 24 hours a day, 365 days a year. *Routine medical issues, such as prescription refills, appointments, financial questions and general medical questions that are normally addressed during an office visit, are not addressed after hours* and the physician on call will determine what constitutes an emergency. Please be courteous of the doctor’s time and family life and call during normal business hours for routine issues. Patients should always contact their primary care physician for issues that are not of an endocrine nature. Please note that abuse of the after hours telephone coverage for non-emergencies can result in discharge from the practice.

### APPOINTMENTS

We see all patients on an appointment basis and ask that you call and schedule an appointment in advance. We ask that if you must cancel your appointment that you give us 24 hours notice or you may be charged a “No Show” fee. Not showing up for an appointment without canceling is considered non-compliance with medical care. If you are 30 minutes late for an appointment we reserve the right to reschedule the appointment for another time and/or day.

We know our patients are busy and have better things to do than wait in a doctor’s office. We will do everything we can to keep appointments on time; however, *medicine is not fast food*. No one likes to see a doctor who “has one foot out of the door” while they are trying to ask questions and understand their medical condition. In order to fulfill our mission statement the doctor will spend as much time as necessary with each patient to address their medical conditions and needs. If there is a delay that is too much for your schedule, we will gladly reschedule you. We appreciate your patience and understanding.

### PRESCRIPTIONS

*Please remember that all prescriptions and authorizations for refills should be requested during normal office hours.* To insure that you do not run out of your needed medication please remember the following:

- Ask for refills during your visit with the doctor
- If you run low between visits call the office a week ahead to request refills
- Allow 48 hours for the doctor to approve the refill (remember he needs time to review your medical records)
- Prescription requests will not be accepted at night or on weekends except for medical emergencies. Keep in mind that the physician on call will determine what constitutes an emergency and you may be instructed to go to the emergency room if it is medically indicated.
- Controlled substances and narcotics are never approved at night or on the weekends.

## FINANCIAL & INSURANCE POLICIES

Please bring your insurance card and plan information with you at each visit. We will be happy to submit insurance claims for all services. All co-payments and deductibles are due at the time services are rendered and it will be your responsibility to pay any remaining balances after insurance benefits have been credited.

We participate with most insurance carriers including Aetna, Blue Cross Blue Shield HMO and PPO, Cigna HMO and PPO, Medicare, Tricare and United Healthcare. If you don't see your insurance listed please call your carrier to verify your benefits and see if we have been added to their list of participating providers.

It is the patient's responsibility to be aware if their insurance carrier requires a referral from the primary care physician and the patient's responsibility to obtain and monitor those referrals. If a referral is required and you do not have one, we will be forced to reschedule your appointment. Please understand that rules regarding referrals are mandated by the insurance carrier and not our office.

The goal of Eastside Endocrine, PC is to provide quality medical care to all of our patients. We do not discriminate against patients that do not have medical insurance; however, we do feel that it is important for uninsured patients to be aware of the following:

- We do require payment on the day of your visit. We do not bill.
- An endocrine evaluation is specialized and generally requires additional diagnostic testing with either laboratory blood tests that can run several hundred dollars or x-rays scans that can run into thousands of dollars. The fees for these tests are above and beyond the physician's fees. We do not have control over the cost of diagnostic testing and are billed by the service providers (laboratories and hospitals). Please understand that any tests ordered by the physician are required for him to evaluate and treat your problem. If you will not be able to comply with the testing, he will not be able to provide you with the level of care that an endocrinologist is expected to provide.
- In addition to diagnostic testing prescription medication may be required and again we do not control the costs.
- The above information has been provided to avoid causing undue stress to any patient due to a financial burden that was not anticipated. We will provide the same quality care to all patients and believe that the financial and time burden is unfair to both the patient and the practice if the patient presents for the initial visit and then abandons care because they cannot proceed with diagnostic testing or prescription medication.

## NON-COMPLIANCE POLICY

This is a general statement of policy for Eastside Endocrine, PC, regarding the patients' noncompliance with prescribed and recommended medical care. It is important for any medical practice to have a noncompliance policy. It is even more important that patients adhere to prescribed and recommended medical care if there is to be a constructive relationship between the patient and the medical practice, and we are to reach the goals that we set and the outcomes we desire in terms of health and outcome with the patient. Our standard policy has always been as follows: Regarding new patients, anytime a new patient books or has an appointment booked for them twice and no-shows twice, they will never under any circumstances be offered any further new patient appointments. If a patient books new patient appointment and then cancels one or more times, it will be at the discretion of me, the physician and the office staff as to whether to book any further appointments especially if a pattern appears to emerge. The policy regarding established patients is as follows. Noncompliance can be defined in terms of lack of follow-up appointments, lack of compliance with medications, lack of compliance with labs, lack of compliance with keeping blood sugar logs or requested records or bringing materials that have been requested to visits, or any other conduct at the judgment of me the physician or the staff or the practice manager that is deemed medical noncompliance.

It will be at the judgment solely of me or the staff, as to what constitutes medical noncompliance. Generally, more than 2 to 3 episodes in fact, will be required. However, single episodes that are judged to be especially grievous in nature will certainly constitute sufficient evidence to establish significant noncompliance. Again, this is an area in which the judgment of me, the practice manager, and the staff must be used. A purely numerical system would be unfair both to the patient and to the practice. Once such a pattern has been established, it would then result in finding of noncompliance that has resulted in sundering of the doctor-patient relationship. Anytime the doctor-patient relationship has been sundered to a point that there is no way that that relationship can result in further productivity, there is no reason to continue that relationship. There are a series of letters, see attachments, that have been developed to allow the patient ample opportunity to address and redress any misunderstandings or miscommunications that have been misconstrued as non-compliance. It is our mission to provide, not deny, high quality medical care!

**PERSONAL INFORMATION**

First Name		Middle Name	Last Name	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
Street Address				
City		State	Zip	County
Mailing Address				
City		State	Zip	County
Home Phone		Work Phone		
Cell Phone		E-Mail Address		
Birth Date		Sex	Primary Language:	
Social Security Number <i>(required for insurance purposes)</i>				
Race <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Chinese <input type="checkbox"/> East Indian <input type="checkbox"/> Filipino <input type="checkbox"/> Hispanic <input type="checkbox"/> Japanese <input type="checkbox"/> Native American <input type="checkbox"/> Other				

**HIPAA COMPLIANCE**

What phone numbers may we call to discuss your medical care?	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
Where may we leave a message on your answering machine or voice mail?	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work

**SPOUSE INFORMATION**

Name		Date of Birth	
Cell Phone		Work Phone	
Employer			
Address		City	Zip
<b>May we discuss your medical care with your spouse?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PATIENT'S EMPLOYMENT INFORMATION**

Employer		Occupation	
Street Address			Phone#
City		State	Zip

**PRIMARY CARE PHYSICIAN**

Primary Care Physician			
Phone #		Fax #	
Address		City	Zip

**IF YOU WERE REFERRED TO EASTSIDE ENDOCRINE, PC, WHO REFERRED YOU**

<input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Hospital/ER <input type="checkbox"/> Nurse/Hospital/Physician Staff <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other			
Name:			
Phone # (if a doctor)			

**Who can discuss your medical care with other than your spouse?**

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

**Emergency Contact- Person not living with patient (relative or friend)**

Name	Relationship	Phone
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**HEALTH INSURANCE INFORMATION**

Primary Insurance Company	
ID#	
Policy Group #	Group Name
Subscriber's Name	
Subscriber's Birth date	Relationship to Patient
Subscriber's Social Security # <i>(required for insurance purposes)</i>	

Secondary Insurance Company	
ID#	
Policy Group #	Group Name
Subscriber's Name	
Subscriber's Birth date	Relationship to Patient
Subscriber's Social Security # <i>(required for insurance purposes)</i>	
If Medicare is secondary please specify the reason why:	

**PHARMACY INFORMATION**

Local Pharmacy	Phone #	
Address	Fax#	
Mail Order Pharmacy	Phone#	Fax#

## EASTSIDE ENDOCRINE, P.C. FINANCIAL POLICY

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy.

- Co-payments for office services are required at the time your register. We accept cash, checks and Mastercard or Visa.
- As a courtesy, we will process and file your insurance claims for services at no cost to you.
- For services that are covered by insurance, the practice requires payment of approximately 20% for the total estimated charges or the co-payment specified by your insurance carrier. All deductibles must be paid in full.
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been worked out in advance.
- Returned checks are subject to a handling fee. In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved in that process.
- Accounts 90 days past due will be turned over to an outside collection agency.
- Missed appointments or failure to cancel/reschedule within 24 hours will accrue a fee that is not covered by insurance.

You must realize:

1. Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits.
2. It is the patient's responsibility to know if their insurance has a "participating provider list" and to verify if doctors they see are on that list and understand how that affects their benefits.
3. It is the patient's responsibility to obtain required referrals and/or prior authorizations from their primary care physician (PCP) and to track the effective dates and number of visits authorized.
4. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or which they may consider medically unnecessary, and, in some instances, you will be responsible for these amounts. We will make every effort to ascertain your coverage of our services before treatment and will make you aware of our findings. However, this does not guarantee payment from your insurance carrier.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

### PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING

Signature: \_\_\_\_\_  
(Patient and/or Responsible Party)

Date: \_\_\_\_\_

**The Physicians and Staff of Eastside Endocrine, P.C. Want You to Know How We Will Protect Your Private Health Information.**

When you visit our office it is very important that you feel safe in telling your doctor personal information that may be required to fully diagnose or treat a problem. As medical professionals, please be assured that our practice has always had strict policies and procedures to protect the confidentiality of the information that you have entrusted to us. However, on April 14, 2003, new regulations became effective under a federal law called the Health Insurance Portability and Accountability Act ("HIPAA"). HIPAA regulations cover physicians and all other health care providers, health insurance companies and their claims processing staffs. In general, HIPAA was enacted to establish national standards to:

- Give patients more control over their health information;
- Set boundaries for the use and release of health records;
- Establish safeguards that physicians, health plans and other healthcare providers must have in place to protect the privacy of health information;
- Hold violators accountable, with civil & criminal penalties; and
- Try to balance need for individual privacy with requirement for public responsibility that requires disclosures to protect the public health.

The HIPAA rules require that our practice provide all of our patients that we see after August 1, 2003 with the attached Notice of Privacy Practices. The Notice describes how the medical information we receive from you may be used or disclosed by our practice and your rights related to your access to this information.

You are entitled to a personal copy of the Notice at any time to review and keep for your records. If you have any questions about our Privacy Practices, please feel free to contact our Privacy Officer.

**PATIENT CONSENTS AND ACKNOWLEDGEMENTS**

I hereby consent to treatment by Eastside Endocrine, P.C with the understanding that I will furnish accurate information regarding my health history and will cooperate when referred to other physicians or medical institutions for examination or testing. My noncompliance with these conditions may result in the refusal of further care from Eastside Endocrine, P.C.

I understand that chronically missing scheduled appointments is considered noncompliance of medical treatment and may result in the refusal of further care from Eastside Endocrine & Internal Medicine, P.C.

I hereby authorize Eastside Endocrine, P.C to release any information acquired in the course of my examination to other medical providers as needed to provide quality medical care including information of a psychiatric nature, substance abuse or HIV status.

I hereby authorize Eastside Endocrine, PC to obtain medical records from any other physician or medical facility necessary in the course of my treatment.

I also authorize the release of any information necessary to process my medical claims including information of a psychiatric nature, substance abuse or HIV status.

I hereby authorize payment of medical benefits normally due to me to be paid directly to Eastside Endocrine, P.C for services rendered for which I have not paid.

If my current policy prohibits direct payment to Eastside Endocrine, P.C, I hereby also instruct and direct you to make out the check to me and mail it to Eastside Endocrine, P.C at the above address for the professional or medical expense benefits allowable, and otherwise payable to me under my current insurance policy as payment toward the total charges for the professional services rendered. THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY. The payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current manner, any balance of said professional fees over and above this insurance payment.

I authorize Eastside Endocrine, P.C to initiate a complaint to the Insurance Commission for any reason on my behalf.

I have provided correct information and supplied all cards necessary to file insurance claims on my behalf. I understand that I am financially responsible to Eastside Endocrine, P.C for charges not covered by this assignment. If the insurance companies fail to make prompt payment I understand that I am obligated to pay for all services rendered and hereby give my personal guarantee of payment to Eastside Endocrine, P.C.

I acknowledge that I have received a copy of Eastside Endocrine, P.C.'s Notice of Privacy Practices and have been given an opportunity to ask questions.

A photocopy or scanned copy of this Agreement shall be considered as effective and valid as the original.

Signature of Patient or Personal Representative \_\_\_\_\_ Date: \_\_\_\_\_

If Personal Representative, give relationship to patient: \_\_\_\_\_



# HIPAA COMPLIANCE

PATIENT'S NAME: \_\_\_\_\_ Date: \_\_\_\_\_

<b>WHERE CAN WE CALL PATIENT</b>
<input type="checkbox"/> Home #
<input type="checkbox"/> Work #
<input type="checkbox"/> Cell #
<input type="checkbox"/> Other#
<b>MAY WE LEAVE MEDICAL INFORMATION ON VOICEMAIL?</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Home #
<input type="checkbox"/> Work #
<input type="checkbox"/> Cell #
<input type="checkbox"/> Other #
<b>WHO MAY WE DISCUSS PATIENT'S MEDICAL CARE WITH?</b>
<i>List name &amp; phone number</i>
<input type="checkbox"/> Spouse
<input type="checkbox"/> Mother
<input type="checkbox"/> Father
<input type="checkbox"/> Other
<input type="checkbox"/> Other

Signature: \_\_\_\_\_

Date: \_\_\_\_\_