

ENDOCRINE ASSOCIATES OF FLORIDA, P.A.

**CONTRACT FOR CARE
BETWEEN ENDOCRINE ASSOCIATES (E.A.F) AND OUR PATIENTS**

The physicians and staff of E.A.F. are pleased that you have chosen us to provide necessary medical care in the specialty of Endocrinology. To help clarify our professional relationship, we want to review important issues and expectations:

- 1) The physicians and staff will do our best to address your concerns and expect cooperation from you, as our patient, to comply with all policies and procedures of this office.
- 2) We *do not* call or discuss on the phone any results for labs/tests, whether or not the results are normal or abnormal. It's the patient's responsibility to keep a follow up appointment to discuss any results. This policy has been the result of concerns on privacy, and to ascertain that there is a face to face physician-patient discussion of any results and follow up plans.
- 3) An appointment to see us is a mutual agreement to return for necessary care. In the event that you miss an appointment without giving us at least **24 hours notice**, you will be charged a **No Show Fee**.
- 4) In the unlikely event you **CANCEL** or **RESCHEDULE 3 CONSECUTIVE APPOINTMENTS**, you will give us no choice but to **TERMINATE** our professional relationship.
- 5) It is the patient's responsibility to inform that practice is they have relocated and/or are transferring their care to another physician.
- 6) As consultants in endocrinology, diabetes, and metabolism, our role is to provide guidance to you and your primary care physician (PCP). We *do not* serve in the capacity of a primary care physician or internist. Should you require the name of a PCP, please speak with our staff before leaving the office.
- 7) Your insurance contract is between you and your insurance company. It is YOUR responsibility to understand the terms and benefits of your contract. If you are unsure of these benefits, you should contact your insurance prior to your visit. **IF YOU REQUIRE A REFERRAL OR AUTHORIZATION TO SEE US, IT IS YOUR RESPONSIBILITY TO CONTACT YOUR PCP TO OBTAIN IT AND HAVE IT HERE FOR YOUR VISIT. IF YOU ARRIVE WITHOUT A REFERRAL OR AUTHORIZATION, YOUR APPOINTMENT WILL BE RESCHEDULED.**
- 8) Many of our patients have chronic conditions that require life-long supervision. The physicians will do their best to help you, but we need your cooperation in managing your condition. Once stable, the physician may refer you back to your PCP without the need for follow-up with us. Should circumstances change to require a revisit, we will be happy to see you again upon referral from your PCP.
- 9) We strongly believe that **THE PATIENT** has the ultimate responsibility for their healthcare. As such, the physicians will make recommendations to you and we expect that you will follow through with this advice unless we are informed otherwise. In the unlikely event that a patient does not comply with medical advice from our physicians, then we may have no choice than to terminate our professional relationship.
- 10) Our practice is limited to **IN-OFFICE** patient care. We **DO NOT** admit nor consult on patients who are admitted to the hospital.

Patient Signature

Date