

I Care Internal Medicine

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Please read and initial next to each policy:

1. ___ All narcotic medications will be prescribed by **appointment only** and at your providers discretion. Controlled medications being refilled require an appointment every 1-3 months and will be refilled at the discretion of Dr. Jamil or Dr. Ammunje.

2. ___ Medication refills- At your scheduled office visit, the provider will discuss appropriate monitoring intervals for your medications. Some medications are best monitored with laboratory testing in addition to an office visit. These include cholesterol lowering medication, blood pressure, diabetes medication, and thyroid supplements. **Office visits are required every 1-4 months to monitor these conditions. Your doctor will advise you when to follow up.** Please allow up to three business days for refill requests not made during your office appointment. We do not refill medications outside of our business hours.

3. ___ No Shows or Cancellations - Please give us at least 24 hours' notice if you will not be able to make your scheduled appointment time. Excessive abuse of the policy will be subject to a **\$25 fee** for each no show and your insurance will be notified.

4. ___ Payment - All CO-PAYS, DEDUCTIBLES and BALANCES OWED are due at the time of your appointment. Balances that remain unpaid after 90 days of the initial statement will be subject to being transferred to a collection agency and a 33% fee will be added to the amount owed. However, we do accept monthly payment plans and suggest initiating this so that your account is not sent to collections

5. ___ Forms for Attorneys, Disability, FMLA, etc. will be filled by **appointment only**. You must bring these forms with you at the time of visit. We do not currently charge for this service, however, we do require that you are prepared and have all information available for the physician. Please allow up to 7 business days for completion of these forms

7. ___ Inappropriate language, threats and/or behavior will not be tolerated, and, will be grounds for dismissal from practice.

8. ___ New Medications- We do not prescribe new medications without first evaluating a patient in office. This includes pain medications, antibiotics or other medications that have not already been prescribed by the physician.

9. ___ Please inform us of any changes to your health history, pregnancy, new medications including antibiotics or any new surgeries at each visit.

Thank you for your cooperation and understanding of our policies.

Signature: _____ DOB: _____ Date: _____