

We appreciate the opportunity to help meet your healthcare needs. You are the reason for us being here. Our goal is to provide the highest quality medical care in a friendly and supportive atmosphere.

The staff in this practice takes pride in working together to form a team of caring professionals. In order to make sure we take care of patients to our best ability, we have administered the policies below.

Please visit our website to recall these policies along with other information

Office hours are scheduled: (more detailed information under scheduling appointments)

**Clinic Hours are Monday –Thursday 7:30 am to 5:00 pm
Friday 8:00am until 12:00pm**

Office hours may vary during holidays: notification will be posted prior to that holiday.

AFTER HOURS CALLS will be handled through our answering service by dialing the regular office number. This number should be used to reach the physician for immediate EMERGENCY medical situations. All other calls should be handled during regular business hours.

TELEPHONE CALLS: All patients are encouraged to call with any questions they may have. Our office staff has been trained to answer many of your questions. When necessary, Dr. Devaraju will either speak with you directly or get back to you via the nurse or office staff as soon as possible. When the doctor is in with patients she is unable to take phone calls, so you will need to leave a message. When leaving a message, please speak slowly and clearly and be sure to spell your first and last name and leave your date of birth so we may locate your chart.

PRESCRIPTION RENEWALS: All prescriptions and authorizations for renewals should be requested during normal office hours only. We will try to get to all prescriptions requests completed within the 24 hours. However any request after 3:00pm may be answered on the next business day. Please give us until the end of business day (after 5pm) to call in to your pharmacy. We try to answer calls between patients. However these calls may be addressed after clinic hours. In addition, please contact your pharmacy before calling us in order check if it has already been called in.

LAB RESULTS: These will be given via our patient portal. You will be given instructions for how to obtain

PREVENTATIVE PACKAGE: As you are aware, the limitation of your medical insurance often does not allow us as your caregivers, to concentrate on your preventative care. Therefore, we will be offering to our patients the opportunity to get a full physical the mainstay of preventative care for the price of \$375.00 This will include, EKG, a urinalysis and a full blood analysis.

We will require that a waiver be signed to assure that it is understood that you are aware that your insurance does not cover this type of service. If your insurance has informed you know that preventative services are not covered and you are still interested in this package, please give our office a call to schedule an appointment.

REFERRALS: Each insurance company has its own requirements for the referral process. The best way we have found to make sure we are compliant to each one is by letting you the patient make the necessary arrangements for making the appointment to the type of specialist whom our providers requested you see. We will give you an instruction sheet at the time of your visit. Once your appointment has been made to the referral specialist (be sure to check when making an appointment with them to see if they are still participating on your insurance) you will call our referral department with the date and time of your appointment, the physician you are scheduled with, and the fax number where they require the referral to be sent. This process may take 3-5 business days on the insurance company. Please be sure that when scheduling an appointment you allow enough time for the referral.

We use the services of Noble request to process your request for medical records. Note there will be a fee for this service of which you will be notified prior to mailing.

I have read understand all the above mentioned office policies of Crabapple Family Medicine PC and Madhavi Devaraju MD

Patient Name: (please print) _____ date of birth: ____/____/____

_____ parent signature of patient if patient is a minor.