

Jupiter Family Healthcare

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OFFICE POLICIES & PATIENT RESPONSIBILITIES

(Please print name clearly)

Please read carefully:

REFERRAL POLICIES (MUST SIGN): All NON life threatening referrals are processed in 7-10 business days. Referrals are processed after direct evaluation by a practitioner at Jupiter Family Healthcare or by written request from a specialist. This is due to the requirement of very specific procedure and diagnosis codes that are to process referrals. HUMANA HMO requires referrals for all specialists and out patient testing (ex. mammograms, x-rays, ultrasounds). Please be aware that a prescription is NOT a referral and these referrals must come directly from this office. NO retro referrals will be issued. Please be advised it is the patients' responsibility to request a referral for all follow up appointments with a specialist. Again this will take **7-10 business days**.

Date

Signature

APPOINTMENT POLICIES (MUST SIGN): I understand that a well visit or annual physical should be scheduled yearly to maintain establishment within the office. Any medical complaints to be addressed are to be scheduled for a separate appointment. I understand that it is **my responsibility** to know my insurance policy up front, if it does not cover a "well" visit an annual physical can still be scheduled, however it is my responsibility to notify the staff and practitioner that "well visits" are not a covered benefit, as billing and documentation can not be changed later. **All patients on chronic medications require an appointment every 6 months minimum.**
All diabetics should be seen every 3 months.

Date

Signature

LABORATORY PROTOCOL (MUST SIGN): Jupiter Family Healthcare offer blood draws as a courtesy to their patients. Most insurances except Medicaid, will allow them to draw blood. I understand that they **DO NOT** draw blood specifically for other physicians. I also understand that most lab results will be mailed to me if my labs are normal or acceptable. This can take up to **2 BUSINESS WEEKS**. I **WILL NOT** call Jupiter Family Healthcare prior to the 2 business weeks unless my results are related to managing my thyroid, couamdin dosing, or if needed by another specialist. If I have questions regarding your results I understand that I must schedule an appointment with the office. I understand that this is the best way for me to get a full explanation of my lab results in a setting with a practitioner.

Date

Signature

PRESCRIPTION POLICY (MUST SIGN): I understand that all prescription refills should be addressed at my appointment times. Repeated refill requests without an appointment could result in denial or a charge equal to my co-pay. I also understand that no controlled prescriptions are refilled without an appointment (pain medications, xanax, ativan, etc). I will bring **ALL prescription bottles**, all vitamins and herbal supplements with me at **EVERY visit**. I understand that this allows proper management of my medications. It is my responsibility as the patient to ensure that I receive all refills at the time of my appointment. If I require a refill after my appointment I may be required to schedule a follow up appointment, as Jupiter Family Health Care is no longer refilling medications by phone or fax in effort to reduce potential errors.

Date

Signature

TEACHING FACILITY (PLEASE NOTE): I have been informed and understand that this facility may, from time to time, participate in the teaching of other medical professionals. I hereby understand that my medical care may be rendered jointly by a resident and attending physician, and/or a resident/student under the supervision of the attending physician. I understand the resident/student communicate my diagnosis and treatment with his or her supervising attending physician, as well as, with other health care practitioners involved in my care. I understand that I have the right to deny the admittance of qualified observers, including medical students, during my consultation and/or examination during any office visit that I feel appropriate.