



MEMO OF UNDERSTANDING

Thank you for choosing Lifetime Family Care, PLLC for your medical care. We appreciate the trust and confidence you have placed in us.

Our goal is to provide YOU with the highest quality care in preventing acute and chronic diseases through accessible, family centered, coordinated, compassionate, continuous and culturally effective care.

In order for this goal to be achievable, it is important that both physician and the patient and/or the patient's caregiver each commit to satisfying certain responsibilities, as follows:

PHYSICIAN RESPONSIBILITIES

I will listen effectively, provide YOU with explanations as to health care matters, and otherwise foster a culture of open, full and frank communication between us.

I will provide YOU with information regarding the different treatment plan for YOUR acute or chronic condition to enable YOU to select the plan appropriate for YOU.

I will provide convenient options for non-urgent communications between YOU and my practice team for scheduling office visits and follow up visits, and for obtaining test results and referrals.

I will provide YOU telephone availabilities for urgent communications, 24 hours per day, and 7 days per week.

As technology develops, every effort will be made to provide convenient options (e-consultations, secure email) for non urgent communications between YOU and me and/or my team, including post-hospital support, follow up visits and consultations.

I will coordinate a multidisciplinary approach to YOUR health care by referring YOU to other clinicians and health care institutions when proper.

I will coordinate and integrate care provided by other health care professionals, other clinicians and health care institution effectively so as to avoid duplication, delay and error.

I will provide flexible and expanded office hours, schedule YOUR appointments within a reasonable time, and see YOU as closely as reasonable possible to YOUR scheduled appointment time.

I will provide YOU with information and recommendations regarding preventative care, maintaining wellness, self-management direction and counseling.

The health care team in my practice will send YOU reminders of the need for follow up care, preventative care and compliance with treatment plans. My practice team will be trained in the responsibilities described above.

YOUR RESPONSIBILITIES

Communicate openly, fully, frankly and proactively with physician and physician's staff.

Be an active participant in the development with physician of a treatment plan for patient's acute or chronic condition, and follow agreed-upon treatment plan.

Provide physician with feedback regarding patient treatment plan.

Appear on time for appointments, procedures and other medical test at physician's office, and timely submit materials, samples and information as requested by physician.

Schedule and attend follow up appointments at intervals suggested by physician.

Follow physician's and other health care professional's recommendations with respect to maintenance or improvement of patient's health and wellness.

Participate in developing and maintaining a comprehensive patient health record by authorizing delivery and circulation of patient clinical information to and from clinicians and health care institution.

GENERAL OFFICE POLICY

In order that we can be more efficient in meeting your needs, we ask that you review the following office policy.

Medication Refills: Please request medication refills during your office visit. We discourage medication refills over the phone, fax, and email or from pharmacies. Please call to schedule an appointment as soon as you see that there is "NO REFILL" left on your prescription bottle. It is your responsibility to keep track of your medications as well as your appointment dates. We don't provide narcotic medications except in only very special circumstances.

Appointments: We ask that you show up for your appointments on time or call within 24 hrs to cancel or reschedule it. If you are 15 minutes late, we may need to reschedule your appointment. This is done as a courtesy for those patients who are on time and so that we can see other patients who may have been turned away because of lack of appointment availability. **Same day appointments** are available everyday for urgent care medical problems, but are limited and thus it is offered on a "first come first serve" basis. Please call early in the morning if you feel you need to be seen on the same day.

Test Results: If a patient would like copies of any labs, x-rays or simple test results (u/s, mammograms, etc.) they can get a copy at their next office visit –or- you can send a self-addressed stamped envelope with a written request for a specific report (specify where and when the test/procedure was done) or we can mail you a copy with a charge of \$1.00 to your account for postage and handling.

Financial Responsibility: Co-pays and deductibles are expected to be paid **at the time of service**. As you check out we will remind you of your balance. If your insurance does not pay for office visits, you will be expected to pay for the office visit in full on the date of service. We accept cash, checks, and Visa and MasterCard.

Referrals and Pre-certifications: Referrals and pre-certifications may take 7-10 business days, depending upon the type of referral. Some referrals go into a review..... We have no control over this.

Referrals and pre-certifications are reviewed at the discretion of the insurance company.

Copying Records and Transfers: The patient must sign a release form specifying the name and address where the records will be sent. Records cannot be released without consent. There is a fee for the copying and transferring of medical records. The fee includes the handling and postage.



OUR MEMO OF UNDERSTANDING

Agreement and Acknowledgement of Receipt

Please take the time to carefully read and understand each of our respective responsibilities. To show that you accept and agree with them, kindly sign your name in the appropriate place below.

Patient/Parent/Legal Guardian

Date

Printed Name of Patient

Date of Birth

Physician

Date