

# Southwest Diabetes & Endocrinology Clinic Guidelines

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Southwest Endocrinology is dedicated to providing you with excellent, quality medical care. We are committed to providing you comprehensive care, including ensuring you are educated about your endocrine diagnosis and management plan, as well as, making you aware of new medical therapies. SWE follows the Endocrine Society, American College of Clinical Endocrinologists and American Diabetes Association Guidelines. We look forward to working with you and getting to know you and your health care needs better.

Our office hours are 8:00am-5:00pm Monday through Friday and we are closed for lunch daily from 12:00-1:00pm. However, our phones are answered Monday through Friday from 8:30am-12 noon and again from 1:30pm-4:30pm.

**We have a 24 hour cancellation guideline.** When you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to seemingly "full" appointment book. If you need to cancel/reschedule your appointment please make sure to give our office a call 24 hours in advance of your appointment as we do charge a \$25 cancellation fee for any appointments not cancelled in advance.

If you arrive more than 15 minutes late to your visit you may be asked to reschedule. We are happy to try and work you in as time permits but ask for your patience. If you are late and have to be rescheduled a \$25 cancellation fee may be charged. If you arrive for your visit and decide you do not wish to wait to be seen by the provider your copay will be refunded but you may be charged a cancellation fee.

**No show Policy.** Please be advised that we have a "No Show" policy that states that a patient can be dismissed from the practice if he/she does not call to reschedule within an appropriate time frame or "No show three (3) appointments or repeatedly cancels appointments in advance and have a frequency of appointments being rescheduled because they have been late for scheduled appointments which is also considered to be a no show. **The No Show fee is 35 dollars.**

**We will treat the condition that your provider referred you for. If you have additional conditions that you want addressed, that will require a new referral and will be treated at your next visit. We ask that all patients establish care with a Primary Care Physician for general health questions and NON ENDOCRINE issues /concerns.**

We value your time, but due to individualized care we provide to every patient, sometimes we run behind the schedule. Please be assured that we will spend the time needed to provide you with the best care possible.

**Please bring all medications to your visit or an updated list of medications and your meter, if applicable. We will refill medications related to your endocrine diagnosis only.** You will be given adequate medications to last until your next follow up visit. If you do not keep your follow-up appointment you will only be given one refill for a 30 day supply of your medication and will be advised to schedule an appointment and keep that appointment before

any future refills will be given. If you need a refill between scheduled visits, please contact your pharmacy. If your insurance requires you be prescribed a 90 day supply, please make the nurse aware at the time of your visit. Please also be aware that we require a 72 hour notice for the clinic to respond to your refill requests; therefore, please try to avoid requesting a refill on the last day of your supply.

Please be aware that generally providers **do not go over test results or laboratory results over the phone as these are scheduled in conjunction with your follow up visit.** An office visit provides for a thorough review of your test results and allows adequate time for discussion of the results, answering questions and making further management plans. Laboratory tests are typically done a few days to one week prior to your visit. If laboratory testing is ordered between your visits you will receive a phone call if the test is of urgent concern. Otherwise, we will communicate with you through a secure patient portal. So we strongly recommend you sign up for patient portal/download Healow app on your smart phone.

If you need to speak with the nurse or have questions for the doctor please call the clinic. If no one is able to answer your call, please leave a complete message including your name, date of birth, return phone number and reason for your call. Voicemails are reviewed throughout the day and if your message is left prior to 3:00pm you will receive a return call that same day. If your message is left after 3:00pm then your call will be returned the next business day. After hours if you need assistance and it is a true emergency that cannot wait until normal business hours, you may call the clinic and follow the promptings to speak to the doctor. **Please be aware a fee will be charged for paging the physician after hours.** If the doctor is unavailable or if you have an emergency, you should go to your nearest acute care clinic or emergency room.

You may request your complete medical record at any time. Please be aware that you will need to sign a medical records release form to obtain your records. All medical records requests need at least one week to be processed. You are required to pay \$25 for the first 20 pages and then \$.50 for each additional page.

### **Referrals**

If your insurance company requires a referral from your primary care physician, it is your responsibility to get us this referral. We cannot schedule an appointment if you do not have an active referral on file in our office at the time of scheduling. If your referral has expired at the time of visit, you will be considered a self-pay patient and will be responsible for the entire bill. **Please be advised that it is the patient's responsibility to have their PCP's office renew referrals that are expired. Failure to do so may result in non-payment by your insurance company and you will be responsible for all outstanding charges.**

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_