



WEST PLANO MEDICAL ASSOCIATES

SAFOORA "SOPHIE" HARANDI, M.D.-

PRACTICE INFORMATION AND AUTHORIZATION OF POLICIES

Dear Valued New and Established Patients,

We warmly welcome you to Dr Harandi's medical practice! Each and every day, we strive to do our very best to help you and to please you. To help us accomplish these goals, won't you please take a few minutes to read/sign this simple form? It will help you to familiarize yourself with our office practices, and make for better understanding between us. Thank you so very much.

OFFICE HOURS

Monday through Friday: 9:00AM to 4:30 PM (24-hour answering service)

SCHEDULING

Appointments are scheduled to allow the Doctor to devote all of her attention to individual patients during scheduled visits. As a courtesy to her, the office staff, and other patients, we ask that you schedule your appointment when you are certain that you will be able to keep it-and arrive on time.

FAILURE TO KEEP YOUR APPOINTMENT OR ARRIVING LATE

Many behind-the-scenes preparations are made before patients arrive, so any time a patient fails to keep an appointment, or is late for it, that time-slot (and, possibly, expensive medication and supplies that are readied for your use) is wasted. We realize that sometimes due to unexpected or extenuating circumstances, an appointment just cannot be kept. Nonetheless, a 24-hour notice is required if you cannot keep yours. **If you do not notify us at least 24 hours in advance, a \$25.00 fee will be charged for the appointment time that was reserved for you.** (Patients who arrive 15 minutes late for their appointment will be asked to reschedule.)

KEEPING YOUR INFORMATION CURRENT

Please notify the office when there are any changes to your home address, phone number, or insurance plan.

SPECIAL CONTACTS WITH YOUR INSURANCE COMPANY

There is a **\$10.00** fee when it is necessary to contact your insurance company to request special authorizations (for medications, procedures, or supplies) that are outside your plan.

COLLECTION FEES

Should an account be sent to a collection agency for non-payment, **an additional 30%** will be added to the principle balance.

PRESCRIPTION REFILLS

WHENEVER YOU NEED A PRESCRIPTION REFILLED, PLEASE DO NOT CALL THE OFFICE, UNLESS IT IS A CLASS 4 CONTROLLED MEDICATION. Instead call the pharmacy and give your pharmacist our fax number to request the medication(s) you need. Please allow 48 hours for prescriptions to be processed and filled-and remember that there are times when an office visit is required to obtain your prescription. **IF YOU REQUIRE A CLASS 4 CONTROLLED MEDICATION, THERE IS A \$10.00 FEE TO PICK UP WITHOUT AN OFFICE VISIT.**

PERMISSION TO LEAVE MESSAGES ON YOUR VOICEMAIL

I give my permission for West Plano Medical Associates and its representatives to leave voice messages on my home phone, on my work phone, and on my cell phone. (Please check one: Yes No)

Thank you for your cooperation and for your visit. We look forward to a pleasant, healthful, and long-term relationship with you.

Signature

____/____/____
Date

Please Print Your Name Here