

Hei Jin Chung, M.D., P.C.
601 Coventry Dr, Phillipsburg NJ 08865
(908) 859-5676

Welcome Letter

Dear Patients:

Our Physicians and Staff at HEI JIN CHUNG, M.D., P.C. would like to take this opportunity to welcome you to our facility. As your provider of health care, we look forward to serving you. We hope that together, we can build the kind of relationship that will ensure that you received quality of care and good service.

In order to maximize your benefits, it is very important that you familiarized yourself with the systems, policies, and benefits outlined in this letter or ask our courteous staff if you have any further questions. Failure to follow the system and unfamiliarity with your benefits coverage may result in delays in receiving necessary health care and unnecessary costs to you.

The following is important information you should know:

HOURS OF OPERATION

Office hours are:

Monday – Thursday: 09:00 AM to 05:00 PM

Friday: 08:30 AM to 12:30 PM

Two Saturdays a month: 08:00 AM to 12:00 PM

Urgent care/ after hours: call office number

SCHEDULING APPOINTMENTS

Our appointment desk may be reached at 908-859-5676 during office hours.

Be sure to identify yourself.

If you need cancel an appointment, please call the office AS SOON AS POSSIBLE.

There will be a charge of \$75.00 for NO SHOW for scheduled surgery or FAILURE TO CANCEL a scheduled surgery 24 hrs prior to the scheduled time.

YOU HAVE CERTAIN RIGHTS

1. You have the right to be treated with respect, consideration and dignity.
2. You have the right to high-quality medical care delivered in a safe, timely, efficient and cost-effective manner and the right to be assured that the expected results can be reasonably anticipated.
3. You have right to privacy to the extent possible.
4. You have the right to have your disclosures and records treated confidentially and, expect when required by law, those disclosures and records will not be released without your approval.
5. You have the right to be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatments and prognosis.
6. You have the right to copies of your medical records at a nominal cost and, if you request it, those records will be transferred to another practitioner in a timely manner.

7. You have the right to be informed of all reasonable options or alternatives for care and/or treatment and of the potential advantaged and disadvantages of each including the advantages and disadvantages and alternatives to having the procedure performed in an office or other outpatient facility.
8. You have the right to participate in decisions regarding all aspects of care.
9. No procedure or treatment will be undertaken without your informed consent after the alternatives mentioned in #7, above have been discussed with you.
10. You have the right to refuse any diagnostic procedure or treatment and to be advised of the likely medical consequences of such refusal.
11. You have the right to know all of your rights outlined above.
12. You have the right to know the conduct expected in the facility and the consequences of failure to comply with these expectations.
13. You have the right to know the services available at the facility.
14. You have the right to know the provisions for after-hours and emergency care.
15. You have the right to know if any of the planned procedures or treatments is part of a research study and the right to refuse to participate in that study.
16. You have the right to know whether or not your providers are insured.
17. You have the right to know how to go about expressing suggestions to the facility and the policies regarding grievance procedures and external appeals in the event that you are dissatisfied with your treatment.
18. You have the right to know the name of your provider.
19. You have the right to know what fees are expected and what the payment policies are.
20. You have the right to know what your provider's credentials are.
21. You have right to change providers.

YOU ALSO HAVE CERTAIN RESPONSIBILITIES

1. You have the responsibility to accurately and completely provide all clinical personnel with the health information they need including any medications you are taking.
2. You have the responsibility to follow the directions of the nurse or physician with regard to diet, activity and/or medication.
3. You have the responsibility to abstain from using any drugs that have not been prescribed for you and that you have not revealed to your nurse or physician.
4. You have the responsibility to abstain from the use of alcohol as directed by your nurse or physician.
5. You have the responsibility to inform the nurse or physician if you do not understand any directions or you do not understand the course of treatment planned for you.
6. You have the responsibility to timely pay all medical bills which are not in dispute and to forward to us any monies you receive from any insurance company for our services.
7. You have the responsibility to arrange transportation on the day of your procedure and an adult to stay with you on the first day if the procedure is done under sedation.

COMPLAINT RESOLUTION

We at HEI JIN CHUNG, M.D., P.C. strive to provide you with excellent quality of care. We highly believe in changes to improve, and welcome any opportunity to listen to your suggestions and complaints. Please contact the Administrator or the Medical Director to get further information on our complaint resolution policy.

BILLING & PAYMENT

Please see our receptionist of a list of insurances we accept. Your payment is due at the time services are rendered. Your co-payment is also due at time of service rendered.

Discuss with the facility manager if you need make payment plan.

VISA and Master cards are accepted at our facility.

INVOLVE IN YOUR HEALTHCARE

Everyone has a role in making healthcare safe. Our physicians, Nurses and Technicians are working to make your health care safety a priority. You as a patient can play a vital role in making your care safe by becoming an active, involved and informed member of our healthcare team. So **SPEAK UP**

S - Speak up if you have any questions or concerns and if you don't understand ask again.

P - Pay attention to the cared you are receiving. Make sure you are getting the right treatment and medication.

E - Educate yourself about your diagnosis and your treatment plan.

A - Ask a trusted family member to be your advocate.

K - Know what medications you take and why you take them.

U - Use a healthcare facility that provides quality care.

P - Participate in all decisions about your treatment.

PAIN

Pain is considered to be the fifth vital sign. We as your health care provider would like to assist you with any pain you might possibly have. Prompt, appropriate treatment of pain facilitates a successful physical exam and enhances your ability to undergo any tests that might be necessary to make an accurate diagnosis. Please see the pain scale below to determine the quality and intensity of your pain and let us know.



PHYSICIAN INFORMATION

Your surgeon is Board Certified in Surgery and Phlebology (vein specialist).

Your anesthesiologist is Board Certified in Anesthesiology.

Certification of physicians is done by medical specialty boards, recognized by the American Medical Association (AMA) and the American Board of Medical Specialties (ABMS), as a way to tell consumers

that the doctors with this credential have successfully completed approved training and passed an evaluation process assessing their ability to provide quality patient care in their specialty. Board certification is time-limited, and to maintain their certification, doctors are periodically reevaluated. They must present evidence of licensure and scope of their practice and pass an examination every 7 to 10 years, depending on the specialty.

Board certification is a good indication that your doctor has made a commitment to continuing education and is keeping up with the latest findings in his or her field.

FACILITY OWNERSHIP DICLOSURE

HEI JIN CHUNG, M.D., P.C is owned and operated by Hei Jin Chung, M.D.

Please keep this letter for future reference. Should you have any questions, feel free to call us at: (908) 859-5676. We look forward to serving you.

Sincerely,

Hei Jin Chung, M.D.
Medical Director.

Date: _____

I, the undersigned acknowledge that I have received the following disclosures from the practice.

- Facility Information
- Patient Bill of Rights
- Complaint Resolution Policy
- Billing Information
- Facility Ownership Disclosure
- Information on Pain Assessment
- Physician(s) Qualification

Name : _____

Signature: _____