A MESSAGE FROM YOUR DOCTOR

We provide quality and affordable healthcare

claim filed on your behalf. placed on Disability and a Medical Disability whereby you are unable to work, you may be or me that your medical condition is severe and honest. If it is determined by our Providers that the information provided by you is accurate your medical complaint and findings. I expect will earnestly assess your condition based upon I take your medical complaints very seriously and In my role as your Doctor and Patient Advocate,

apy, Referrals to Imaging Centers and Specialists. which may include: Physical and Behavioral Therto actively participate in the treatment process During your time off work, you will be required

the shortest period of time. recovery so that you are able to return to work in My goal is to provide the medical care for speedy

gives him a secure place in a portion of reality, ing emphasis on work; for his work at least taches the individual so firmly to reality as layin the human community".....Sigmund Freud "No other technique for the conduct of life at-

Sincerely

Dr Joseph E. Pierson.

OUR STAFF PROVIDES

- **History and Physical Medical** Exams
- Follow up medical exams
- Forms Completion of Physician online
- Completion of Mail-In forms
- Completion of additional forms (Extra Fees apply)
- tients qualify): Off Work Certificates (Only if pa-
- For submission to Employers
- Release from Work: **Certificates for Employers**

6333 Wilshire Blvd, Suite 411 Los Angeles, CA 90048

Phone: 323-944-0949 Fax: 323-782-0388

website:

www.alliedhealthsolutions.com

ALLIED HEALTH SOLUTIONS MEDICAL GROUP

We strive to deliver quality healthcare

PATIENT GUIDELINES





Questions about your Unemployment Insurance We are a Primary Care Medical Office

Please call: I-866-333-4606

PROCESSING TIMES

at www.edd.ca.gov claim, we recommend you register online faster processing 9 your Disability

DESCRIPTION OF SERVICE

PROCESSING TIME

prior to visiting with the doctor. for online registration. This should be done AHS provides a computer in our lobby area

1: INITIAL CLAIM (ONLINE)

RECEIVE AN AWARD LETTER 7-10 BUSINESS DAYS TO

2: EXTENSION CLAIM (ONLINE) 72 HOURS (3 BUSINESS

- Any questions regarding disability benefits ity office.
- care, Medi-Cal, PPO, Covered California and Private Plans.

MAIL-IN APPLICATION

time of your office visit. quest a copy of the online submission at the submitted online by our office. You can re-2501. Claims for all subsequent visits will be visit. Complete pages 1-4 of Form DE A Mail-In application is required on your first

3: INITIAL CLAIM (MAIL IN)

4-6 WEEKS AFTER MAILED

TO CLAIM PROCESSING OF-

FIVE (5) DAYS FOR FORMS

THEY ARE RECEIVED IN OUR TO BE COMPLETED, AFTER ONLINE PORTAL

DAYS) TO BE UPDATED ON

4: EMPLOYER/INSURANCE **FORMS**

5: PHYSICIAN/PRACTITIONER

PROCESSED IN THE OFFICE TIENT'S BEHALF AND SUBMITTED ON PA-

MEDICAL RECORDS REQUEST

receive disability benefits. Additional fees tation is required to determine eligibility to Employer to find out if additional documen-New Patients are required to contact their **NEW PATIENTS**

will be applied.

tient cords request. There is a charge and our office must receive an "Authorization to Re-In some cases, there may be a medical release Medical records" signed by the pa-

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ANSWERS TO FREQUENTLY ASKED QUESTIONS

- Patients are responsible for scheduling follow up appointments in a timely manner
- "Release to Work" Certificates are issued only after an appointment is scheduled with the Doctor
- We accept the following insurance: Medimust be addressed with the State Disabil-

