

**Forouz Jowkar PA-C, Ph.D**

**1925 Aspen Drive Ste. 100B, Santa Fe NM 87505 (505) 424 9172 forouzjowkar@gmail.com**

**STATEMENT OF OFFICE POLICY AND PROCEDURES**

**Provider-Patient Relationship**

I do not treat patients for primary care, but will refer you to a provider of your choice.

As a patient, you are required to show proof of identity (e.g. Driver's License, Passport, etc.) and consent to having your picture taken for office records.

As a healthcare provider, I am dedicated to giving you the finest care that I believe can bring you the best treatment results. In return, I ask patients to show a strong sense of responsibility for their own health and wellbeing.

As a patient, you agree to: 1) ask questions when you don't understand any part of your medical care; 2) cooperate with the agreed upon treatment plan, or explain why cooperation is not possible; 3) keep scheduled appointments, or call to cancel on time (see cancellation policy); 4) update personal and medical information with each visit, such as change of address and other contact information, name, pregnancy, new medications and supplements and medical conditions, whenever there is a change.

**How May We Communicate with Each Other**

We may contact you regarding appointments, test results and other matters related to your healthcare at any of the addresses, fax and/or phone numbers that you have provided on the Patient Registration Form. My intention is to respond to all patient inquiries. If you have left a phone message, sent a fax, or mailed an inquiry and have not received a response in a reasonable amount of time, you agree to call my office to make sure that we know you need to reach me.

You may communicate with my office about medical issues by phone, fax, or mail only. We do not use email for medical information or consults.

As a patient, you agree to actively participate and communicate with this office to obtain your test results 10 working days after you have completed a lab or other diagnostic test. We encourage this to insure that we have indeed received your test results. Test results will be discussed with you in person only, unless results require an emergency phone visit. The charge for a phone visit is the same as for an office visit (see Payment Policies).

If we receive abnormal test results ordered by another provider, that provider would counsel you directly about those results. However, you may request additional counseling from me by scheduling an office visit.

**Regarding Laboratory Testing**

Although we have opted out of insurance, if you have a PPO plan your general Labs (or blood-work) should continue to be covered by your insurance carrier. However, it is always a good idea to check with your insurance to ensure there no surprises. This also holds true for regular Medicare and Medicaid Patients. Medicare Advantage plans and HMOs may not cover your labs. For these patients, and for those with high deductibles or for those patients who do not have

insurance, we offer testing at discounted rates through Lab Corp and Quest. Our main focus and priority is serving our patients to the best of our ability and to do so at reasonable prices. We are continually striving to meet patient needs and will continue to work with labs to get the best pricing available. As an example of what we have been able to negotiate, a Whole Blood Histamine Test through Lab Corp or Quest (through Insurance) runs approximately \$300.00+. We can offer that same test through our office for \$45.00.

### **Policies for Patients Less Than 18 Years of Age;**

Any patient under 18 years of age must be accompanied by a parent or legal guardian during each visit. Proof of identity should be provided at the time of the first visit (School ID, Birth Certificate, etc.). If the patient is a minor or legally incapacitated, the parent or legal guardian agrees that he/she has the legal authority to authorize Forouz Jowkar, PA-C to treat the patient.

### **Medication Renewal**

As a patient, you are responsible to inform me at every visit of any change in medications or supplements that you decided to implement without my consult. Your medication renewal is subject to my periodic review of your health status to assess need and to monitor therapy. As a patient, you must maintain your status as an “Active” patient (in order to be eligible for any prescriptions(s) renewal) by visiting my office at least once a year. You agree to promptly make a follow-up office visit when you are notified of this requirement prior to annual renewal of your prescription(s).

### **Consideration for Hormone Therapy**

Any patient seeking bioidentical hormone therapy will discuss the pros and cons with me and sign a separate agreement with regard to the risks of such treatment.

### **Office Etiquette**

This is a strictly fragrance free office. Many of my patients are chemically sensitive and cannot tolerate artificial scents such as perfumes, deodorants, fabric softeners, shampoos, cigarette odor, essential oils, lotions, etc. Thank you for your cooperation in maintaining our fragrance free environment to protect them.