

WESTSIDE INTERNAL MEDICINE, LLC.
Pranay R. Patel, MD

Dear Patient:

Welcome to Westside Internal Medicine, LLC. We would like to take this opportunity to welcome you to our practice. This letter contains answers to some of the most commonly asked questions by patients entering our practice. You can also find answers to your questions on our website: www.westsideinternal.com. We hope you will find this information useful.

Our office hours are Monday, Tuesday and Thursday from 7:30AM – 4:00PM, Wednesday 7:30AM – 5:00PM, and Friday 7:30AM – 11:30AM. Our office phone number is 864-576-5764. Our hospital admissions are carried out by the Hospitalists at Spartanburg Regional Medical Center.

At Westside Internal Medicine we practice preventative medicine as well as caring for your chronic and acute medical needs. Our practice philosophy is to try for early detection, early intervention, and prevention. Regularly scheduled office visits allow us to better assist you in identifying and managing any chronic health problems you may have. We believe this is in your short and long-term best interest. Please bring all **Medicine Bottles** and a list of **Problems** to all your appointments.

Being proactive about **our health** care can often help us prevent and/or prolong the onset of future health problems as we age. We firmly believe, and our experience has shown it to be true, that those patients who are consistent in keeping their appointments have fewer episodes of acute illness, difficulty, and generally continue to enjoy better health overall.

We do understand that in today's busy world occasionally situations come up that are beyond your control. In those instances, we do request you extend us the courtesy of a 24- business hour notice on **Regular Appointments**, as these have a **\$25** no show fee. A **Wellness exam** requires a 48-business hour notice to avoid a \$50 no-show fee. Scheduled Procedures such as: **ABI, Stress Test, Metabolic Test and PFT's**, have to be cancelled prior to 48 hrs. These procedures take more time or a \$50 no-show fee will be applied. If a **Holter Monitor** is put on, it has to be returned to the office after 24 hrs. or this will result in a **\$50 charge for each day it is not returned.** If the **Continuous Glucose Monitor** is put on, it has to be returned the 4th day or it will result in a **\$50** charge for each additional day it is not returned. This courtesy allows us to continue to operate efficiently and have the equipment on hand for other patients in need. In order for the practice to waive a no show fee, proof has to be presented as to why the patient missed the appointment. It is our policy that if you miss 3 consecutive appointments and continue to be non-compliant you will be discharged from the practice.

For the benefit of our patients we are contracted with several insurance carriers as a provider. You will want to check your benefits booklet or with the benefits department of your employer to verify if our physicians are listed as providers within your network. As part of our contract with the insurance companies we are legally required by the terms of the contract to collect any co-pays or deductibles from you at the time of service. We ask that you be prepared to pay your

co-pay and any balance at the time of service. Failure on our part to collect these monies can result in cancellation of our provider contract. Patients who do not have insurance coverage will be expected to pay at the time of service. Any remaining balance will need to be paid at checkout. For your convenience we accept Cash, MasterCard, Visa and Discover.

If you have tests ordered or blood work drawn at our office we will contact you for a follow up appointment with us after your test results are received. If you have any concerns after you've had the tests done and we have not contacted you, please call us.

Our front office staff will also review your demographic and insurance information with you at each visit to ensure that we maintain your correct information on file. This allows us to communicate with you in a timely fashion.

Should refills be requested after a visit they will only be authorized if the provider determines there is an extenuating circumstance warranting a refill outside of the time frame of a scheduled office visit. In those situations the refill will only be called in during normal office hours and will require a 48 hour turn around time. When you call please have the following information ready: Patient name and date of birth; prescription name and dosage; pharmacy name and telephone number. **Please check at the pharmacy after 48 hours – Do Not Call the Office!** We will only call back if there is a problem with refilling your request.

Please allow 5-7 business days for the completion of any forms, prior authorizations, or letters. Please be aware that any form brought by to be completed may need a visit. There is a standard fee for any form completion including FMLA. This amount is per form and based on the number of pages per form. All payments are due at the time the forms are submitted to our office.

Your medical records are strictly confidential. The Health Information Portability and Accountability Act (HIIPA) restrict us from releasing any information without your written permission.

There may be times when you may request that we provide copies of our records on you to other entities. We do incur an expense to provide you with this service and that cost will be passed on to you. The retrieval fee is \$15.00 which **does not** include a \$0.65/page copy fee. If the cost for the copies is not reimbursed by the receiving entity that you have authorized to obtain these records, you will be responsible for payment.

If you have any questions or need further clarification of our practice philosophy or our policies, please do not hesitate to contact our office for assistance.

In a sincere effort to maintain patient satisfaction while honoring the need to maximize effectiveness and efficiency of our work processes, we have implemented procedures which we hope will let us provide you with the best quality medical care we can.

Thank you for allowing us to assist you with your health care needs.

Sincerely,

Westside Internal Medicine, LLC.