

# Trinity Family Physicians



*Let Our Family Care for Yours*

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## General Office Policies / Patient Information Guide

**Good Health Care** - Is not like drive-through fast-food service; we will spend quality time with you as we do with all of our patients. Please allow on average about 1 -1.5 hours for your visits. Unfortunately, unexpected urgent matters arise during visits. We always try our best to provide excellent and efficient care.

**Be Courteous** – Please remember during your visits that other patients are waiting for you to finish with the doctor as well.

**Follow Up Appointments** - Please schedule your follow-up appointments before leaving the office. Even if it's a year out from now! We want you back for check-ups and tune-ups.

**All Test Results** - Do not assume that “no news is good news.” All labs, imaging and additional testing will be discussed at your appointment. So please make sure your follow-up appointment is made prior to leaving.

**Procedure Coverage** - It is your responsibility to know what your plan covers for all visits at our office including: office procedures such as EKGs, pap smears, labs/urine test etc. Please check with your insurance prior to completing labs and imaging. Please be advised that most insurances designate some financial responsibility to the patient. Our responsibility is taking care of your health. Your responsibility is knowing your insurance benefits and coverage.

**Controlled Medications** - Controlled medications will not be filled on your first visit. We will need to obtain prior records before considering treatment options like referrals or taking over some types of medications. This is done on a case by case basis. Laws mandate patients be seen in office for these types of refills for close monitoring.

**Patient Portal Set Up** - We highly encourage you to provide your email as another form of communication with our office. By doing so you will be able to access your patient portal to send us refill requests and view test results after they have been discussed with you in detail at your appointment with the provider.

**Refills** - We highly recommend refill requests done at your office visit. Should you need refills between visits please contact our office directly NOT the pharmacy, either through your patient portal (preferred and most efficient method) or by phone at least 7 days prior to running out.

**Electronic Communication Consent** – By providing your email to the practice you hereby give consent to receive messages regarding your healthcare, financial responsibilities and other issues.

I have read, understand and acknowledge all of the above.

Print Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient or Legal Guardian: \_\_\_\_\_

Print Name of Parent / Legal Guardian: \_\_\_\_\_