Elizabeth Salada, MD A Medical Corporation 15611 Pomerado Rd, Suite 520 Poway, CA 92064

Phone: 858-312-5492 Fax: 858-312-5632

PATIENT INFORMATION

Effective July 1, 2011

Through the highest standard of compassion, respect, knowledge, and teamwork, our team strives to promote the greatest quality of care to our patients.

SCHEDULING

Most of our initial visits for new patients are designed to allow you to establish care with us, assemble paperwork, order labs, refill prescriptions, and attend to urgent medical matters. Please arrive at least 15 minutes before your appointment to fill out paperwork. In order to meet your needs quickly, we may request that you see our family nurse practitioner (FNP) for this initial visit. After that you may be set up for a physical or follow-up appointment with your doctor. We do this in order to accommodate you quickly.

HMO patients must have Dr. Salada listed on the health insurance card in order to be seen by this office. If you arrive at the office and Dr. Salada is not listed as the Provider on the insurance card, you will be personally responsible for paying for the office visit at the time of the office visit and subsequently responsible for obtaining reimbursement from your health insurance company. Otherwise, you will not be seen and will be charged a cancellation fee of \$25 for a scheduled 15-minute appointment or \$50 for a scheduled 30-minute appointment.

PHYSICAL EXAM/WELLNESS EXAM

It is your responsibility to know what is covered during a physical exam/annual wellness exam. Your insurance will be billed for your physical exam, which typically does not require co-pay. If, however, your doctor addresses ANY other issues during your visit you will be required to pay co-pay and an additional charge(s) will be billed to your insurance. **Medical treatment for specific health conditions, on-going care, lab or other tests necessary to manage or treat a medical issue or health condition are considered diagnostic care or treatment, not preventive care.**

REFERRALS

If you have HMO insurance and require a referral to a specialist, you will need to see one of our medical providers for proper documentation. From that point, please allow several days for the referral to be processed. Most referrals are only good for 90 days. If you need a follow-up visit with the specialist, another referral may be required, and it is up to you or your specialist to let us know.

PRIOR AUTHORIZATIONS FOR MEDICATIONS

All prior authorization requests may take anywhere from 1 to 2 weeks from the time the request is received in our office.

PHARMACY

For refill requests, please contact your pharmacy at least one week before you run out of medication and have them fax a refill request to our office. Once we receive the refill request from the pharmacy, your provider will sign and return the prescription refill to your pharmacy. You should allow 48 hours to have the medication in hand. If you need a "mail-in" prescription, please allow two weeks for your medication to arrive once you have mailed the prescriptions. It is best to schedule an appointment to allow a provider time to write these out. Patients needing certain drugs, such as narcotics, corticosteroids, and antibiotics may also require an appointment prior to their prescriptions being authorized.

PRIOR AUTHORIZATIONS FOR DIAGNOSTIC TESTS

All prior authorization requests for diagnostic tests may take as long as 1 to 3 weeks, depending on your insurance company's policies. If the diagnostic testing is urgently needed or considered emergent, we may have you be admitted to hospital.

PHONE CALLS

For maximum efficiency, your phone call will be triaged by our nursing staff. They will in turn run issues by the providers and then return your call. If you are calling about an issue that you wish to discuss with your provider personally, please schedule an appointment. This allows us to have time set aside specifically for you. Non-urgent calls will be returned within 24 hours. Please call again if you do not receive a return call within that time frame.

LAB RESULTS

When you are given a lab slip during your office visit, your provider will specify how you will receive your results. Be sure you go to the laboratory that is required by your health insurance organization; otherwise you will personally be responsible for this laboratory expense. Once we receive your lab results, one of the medical assistants will call you to either give you the results or schedule an appointment with you to discuss the results with one of the providers. If the medical assistant is not able to answer all of your questions, if you would like more details on your results, or if you would like to discuss your results personally with the provider, you will need to schedule an appointment. If you do not receive your results, please contact the office; do not assume they are normal. Please allow at least one week for your provider to receive your lab results from the attending laboratory. On occasion, the lab will fail to send us the results, in which case your provider will not have been able to review them.

WALK IN'S

We do not take walk in patients unless there is a dire emergency, in which case, we recommend you go directly to the ER. We will do our best to triage your needs by phone. The one exception to this is urinary tract infections, for which we do encourage patients to come in immediately for treatment.

HOSPITAL CARE

Dr. Elizabeth Salada will be actively involved in your admission. However, she will not be your admitting or attending physician. If you are admitted, a hospital physician will be attending to you during your stay. Dr. Salada will assist you and your family in providing information to the emergency room and admitting physician, and in formulating a plan. It is their intention to be involved linking patient care, family involvement, and physician involvement. They will work to provide continuity of care between your outpatient and inpatient care. The hospital doctor and your doctor will work together to assure optimal care for you. Please make sure to schedule a follow-up appointment with a provider here within one week of your discharge from the hospital.

ARRIVING LATE FOR AN APPOINTMENT

If you are going to be late for an appointment, please call the office. Arriving more than 10 minutes late for an appointment will require that you reschedule the appointment. Additionally, you will be charged a fee of \$25 or \$50, depending on the length of the scheduled appointment, (see No Show and Cancellation Fee below) for the appointment as that time had been set aside for your personal visit.

NO-SHOW AND CANCELLATION FEE

It is imperative that you give us 24-hour notice if you need to cancel or reschedule your appointment. There is a \$25 fee for patients who have scheduled a 15-minute appointment, and a \$50 fee for patients who have scheduled a 30-minute appointment, who do not show up for their appointment and/or have not called to cancel or reschedule the appointment within the 24-hour timeframe. You will receive a bill in the mail for the office visit if you no-show or do not cancel your appointment the day before you are scheduled.

MEDICAL RECORDS

A copy of your complete medical records can be obtained for a fee of \$25. Payment can be made via a credit card over the phone.

OFFICE HOURS:

- Monday through Friday 8:00 am to 12:00 pm and 1:00 pm to 5:00 pm. On Wednesday mornings our office is closed from 8:00 am 9:00 am and open at 9:00 am to 12:00 pm and 1:00 pm 5:00 pm.
- Appointment times are between 8:30 am to 4:00 pm.
- Please note that Phone hours differ from office hours. Phone hours on Mondays are 9:00 am to 12:00 and 1:30 pm 4:00 pm. Tuesday's through Fridays 8:30 am to 4:00 pm and closed from 12:00 pm 1:30 pm.

Please let us know how else we can be of service to you. We will do our very best to provide you with excellent patient care.