

LSARA Practice Policies – Signature Sheet

- No Doctor Transfer Policy:** Once a patient is established with a Care Team at AARA (Doctor and their supporting APC's) we do not allow a transfer to another Care Team. This is for Continuity of Care; when your Doctor and APC's have the ability to become familiar with your case over time, they will be able to better treat you.
 - APC Care Team Model:** All AARA Doctors work in conjunction with NP's and PA's (APC's) and all patients will alternate between seeing the Doctor and the APC for each visit. The supervising Doctor will review and sign-off on all care recommendations made by the APC's.
- Appointment Length:** To ensure adequate initial examination time, our New Patients are scheduled for 45-minute appointments with both the Doctor and the APC. Second visit appointments are scheduled for between 15-30 minutes depending on the patient and the Providers preference. All follow up appointments are scheduled for 15 minutes as a default unless the patient or Provider requests a longer appointment. If you feel a follow up longer than 15 minutes is necessary, please request it when scheduling.
- Medical Records Policy:** Records are **required** for all New Patient appointments and we do not schedule new patients unless we have records on file. Please notify the office if you are hand carrying records to your appointment. Your Provider may order specific testing, the results of which will be required for your follow up appointments.
- No Show Policy:** We have a **zero-tolerance** policy for New Patient no shows due to the high demand of Rheumatologists in Arizona. New Patients who No Show will not be permitted to reschedule. Missing an appointment also means another patient cannot be seen at the appointment time. Please cancel at least 24 hours in advance to avoid \$75 new patient no show fee.
- Treated Diseases:** While we treat a range of diseases, not all diseases are most appropriately treated by Rheumatology. If after evaluation and assessment, your provider team finds that you have a diagnosis that is best not treated, or managed, by a Rheumatologist, such as fibromyalgia, degenerative disc disease, chronic fatigue syndrome, and others, then they may refer you back to your primary care doctor, or pain management.
- Civility Policy:** at AARA we expect our staff to be civil and respectful of all patients, and we also expect our patients to treat their Doctors and ALL staff with civility and respect. Failure to do so may result in discharge from the practice.
- Late Arrival:** To allow for a more impactful visit, we expect all patients to be on time for their appointments. We ask that all patients check-in 30 minutes before their New Patient appointments and 15 minutes before their established patient visits. If you have not arrived within 15 minutes of your check-in time you may be rescheduled.
- Insurance:** Our patients may require Prior Authorizations for injections, infusions, medications and some insurance plans require referrals. **It is patients' responsibility to inform AARA if and when they have changes or additions to their insurance coverage** so that we can update any existing Prior Authorizations and properly bill for services.
- Narcotics:** AARA providers do not prescribe Schedule I or II medications. Patients seeking these medications should seek the assistance of their Primary Care Provider or Pain Management.
- Disability Determinations:** AARA providers do not fill out disability forms of any kind, however our records may be requested as supporting Documentation for another Provider assistance with this paperwork.
- Text Messages:** We use text messages to communicate with our patients for appointment reminders, appointment rescheduling, billing, surveys and other topics as needed. By signing you are agreeing to receive text messages from AARA. If you would like to OPT OUT please circle and let the front desk staff know that you do not want text messages. You may revoke this approval at any time. **OPT OUT**

Please sign and date acknowledging that all of the above policies have been read and understood. Should you have questions about any of these policies, please see the front desk.

Patient Name Printed: _____ DOB: _____

Patient Signature: _____ Date: _____