

ACKNOWLEDGEMENT OF THE FINANCIAL POLICY FORM

I have read, understand, and agree to the Endocrine & Metabolic Health's Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by to Endocrine & Metabolic Health Services, LLC simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate Endocrine & Metabolic Health Services, LLC to extend credit to me for services provided.

Please read the following carefully and initial

Late Arrival Policy:

Dr. Gujral wants to ensure every patient gets their full scheduled visit time. Each appointment is set for a specific length. If I arrive late, my visit might be shortened to keep other patients on schedule. This could mean my assessment isn't complete, and I may need to come back for another visit.

 Canceled/missed appointments policy: I am aware that the clinic reserves the right to charge \$25 if appointments are cancelled or if I don't show up for the appointments, without advance notice of 2 business days

 Telephone and Email Policy: I understand that if I have questions or issues between appointments, I might be asked to schedule a visit. The best way to discuss my care is during a scheduled office visit, where an exam can be done if needed. I know email isn't private, so I'll use the patient portal for non-urgent questions. For more complex matters, I'll schedule an office visit.

 Lab results, refills and paperwork policy: I understand that I need to schedule a follow-up or telehealth appointment to review lab results. Refills are only provided during appointments, and it's my responsibility to request them to avoid medication delays. I will bring my prescription bottles with labels to the appointment. Canceling or rescheduling may result in delays in receiving medications.

 Prior health records/controlled substance and Marijuana Policy: I understand that Dr. Gujral may review my previous health records through the electronic health system or ask me to complete a release form if they are unavailable. I am aware that Dr. Gujral does not prescribe opioids, benzodiazepines, or medical marijuana. She will not take over prescriptions from other providers and may decline to continue an endocrinology prescription if she disagrees with it, informing me accordingly. I also understand that by law, Dr. Gujral must review my prescription history through the prescription monitoring program.

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___ **Attorney:** In the event Dr. Gujral is required to work with an attorney, or is required to appear in court, the current hourly rate, billed by the quarter hour, will be charged, based on the most recent Attorney Fee Schedule.

___ **Violence and threats:** Any form of threats, aggressive actions, or violent behavior towards staff, patients, or neighboring businesses will lead to immediate dismissal from the practice.

___ **Practice Disclosure:** Dr. Gujral practices traditional Endocrinology. While she spends a lot of time with patients discussing their health concerns, she is not able to Co-manage care with alternative medicine practices or manage care outside of current guidelines. We want to be sure you are aware before scheduling. She may consider Armour/desiccated thyroid medications in some cases but bases dosage on TSH levels. She will not check reverse T3 levels. She does a thorough evaluation of endocrine issues but is done at her discretion and not solely per patient request. We value evidence-based management and want to have a mutually respectful clinical relationship.

Dr. Gujral is a specialist and cannot function as a primary care physician. We advise all of our clients to have a primary care physician and can make recommendations at the visit. We require a clear referral from your physician as well as pertinent labs prior to scheduling an appointment.

___ **Updates:** We will update these policies from time to time. You may review the latest policies on request.

**Patient or authorized
representative signature:**

Date:

**Patient or authorized
representative name:**

