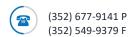


ACKNOWLEDGEMENT OF THE FINANCIAL POLICY FORM

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 initail 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 Mraijuana 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.



Please turn to page 2





	al is required to work with an attorney, or is required to rate, billed by the quarter hour, will be charged, based on lule.
	of threats, aggressive actions, or violent behavior towards esses will lead to immediate dismissal from the practice.
time with patients discussing their halternative medicine practices or mosure you are aware before scheduling medications in some cases but based levels. She does a thorough evaluate solely per patient request. We value respectful clinical relationship. Dr. Gujral is a specialist and cannot clients to have a primary care physical require a clear referral from your pappointment.	ractices traditional Endocrinology. While she spends a lot of health concerns, she is not able to Co-manage care with anage care outside of current guidelines. We want to be hig. She may consider Armour/desiccated thyroid is dosage on TSH levels. She will not check reverse T3 on of endocrine issues but is done at her discretion and not be evidence-based management and want to have a mutually function as a primary care physician. We advise all of our cian and can make recommendations at the visit. We hysician as well as pertinent labs prior to scheduling an licies from time to time. You may review the latest policies
o oquos	
Patient or authorized representative signature:	Date:
Patient or authorized representative name:	

