

ALLERGY & RHEUMATOLOGY MEDICAL CLINIC, INC.

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ADRIAN M. JAFFER, M.D., F.A.C.P.

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Dear Patient:

Please read these policies in their entirety. Failure to read this does **not** exclude or exempt you from these policies.

INSURANCE POLICIES

- ALL new patients will be responsible for determining their insurance eligibility status, as well as obtaining any needed authorizations from their insurance company for the first visit.
- **If you are not sure if you require authorization or if we are in your network, please call the number on the back of your insurance card.**
- If you do come into the office without the necessary authorizations, you will be SOLELY responsible for any charges incurred from either our office or any outside laboratory.

NO SHOW/LATE ARRIVAL POLICIES

- Be sure to allow plenty of time to get to the office. Traffic and parking are **VERY** difficult on this campus due to construction. **If you are late you may be asked to reschedule and are subject to a late/no show fee.** We will do our best to see if we can still see you the same day, but there is NO guarantee that there will be an appointment available.
- In the event that a scheduled appointment must be cancelled or rescheduled, please call us as soon as possible. Leave a message on the voicemail system if you cannot get through to an appointment scheduler.
- **New patients** are subject to a **\$50.00** late/no show fee if there isn't at least 48 hours notice given. Until the fee is paid in full, new patients that are late/no show may or may not be allowed to reschedule.
- **Return** appointments are subject to a **\$25.00** late/no show fee if there isn't at least 24 hours notice given.
- It is the **patient's** responsibility to show up for an appointment. The office will try to provide a reminder call prior to the appointment. We do this as a courtesy and are not liable for missed appointments if a reminder is not received.

If you have any questions regarding these policies, please do not hesitate to contact our office. We will be more than happy to assist you in any way we can. However, we will only be able to answer questions regarding our policies and **not** those of your insurance company.

These policies are in place to help ensure that our doctors see everyone on time. Please sign and date the area below indicating that you have read and understand the above. Refusal to sign this paper may result in the cancellation of further appointments. Please come in with your insurance card(s) and photo identification

Thank you for your understanding.

Patient Name (Print)

Signature of Patient or Legal Representative

Date