

BREAKTHROUGH MEDICINE

702 S Main St Cottonwood Arizona 86326

Phone: 928-649-0269

www.breakthrough-medicine.com

Fax: (866) 644-6363

PATIENT INFORMATION & INFORMED CONSENT 2022

I, _____ (please print), am seeking medical health care services from Dr. Shaida Sina.

I understand that if I want Dr. Sina to work with me in a primary care capacity, she will require the following: annual labs and physical exam. You must be aware that Dr. Sina is not a hospitalist or have hospital privileges, and she is unable to provide emergency care. If you require emergency care, you should call 911 or go to the nearest emergency room or urgent care in your area. **If you choose to utilize Dr. Sina's services as a medical consultant, you will be required to have another provider do your physical exam annually per recommendation and progress notes forwarded for her to review.**

_____ Initials

Our office communicates via phone, fax, and email. If this is not acceptable, please let the front office know of your preferred means of communication. If you have a change in information for contact, it is your responsibility to inform the office. I understand that emailing or texting health issues is not an efficient way to contact and resolve issues. I also understand that **Dr. Sina cannot diagnose or treat on the basis of an email or text.** To receive health care treatment or report an adverse side effect, I understand and agree to call the office and if recommended by staff, schedule a time to speak to the doctor or have an office visit.

_____ Initials

Breakthrough Medicine utilizes both conventional and alternative medical practices. I understand that in certain cases natural treatment will not be enough for my condition. If I refuse traditional medical recommendation and choose purely alternative therapy and my condition does not improve or gets worse, I will not hold Dr. Sina or Breakthrough Medicine liable. I understand with any treatment (alternative or conventional) the potential side effects such as but not limited to: Bruising, Allergic Reaction, Fainting, Infection, Burns, Cardiac Symptoms Scars, worst case scenario up to seizures, coma and/or death. I understand the risks vs benefits and will not hold Dr. Sina or Breakthrough medicine liable. Dr. Sina does not carry medical malpractice.

_____ Initials

Breakthrough Medicine has a small in-office pharmacy for your convenience. You are in no way obligated to purchase the products recommended by staff or physicians at Breakthrough Medicine. You are free to purchase these products from any source that you may choose. I also understand there is a **no return policy or refund** once a product leaves the office.

_____ Initials

The office cannot track patient orders such as labs, radiology, etc. If given a recommendation for testing (blood work, radiology etc.) **it is your responsibility to remember to have your lab done.** If you do not hear back from our office, this does not mean your result is normal. Call the office to see if the result has arrived, or contact the lab directly, please call the office or go on the internet Calendar if you need to schedule an appointment.

_____ Initials

I understand that most health care insurance does not cover complementary and alternative medicine; therefore I agree to pay at the time of service and/or when products are purchased. I understand that if I want Dr. Sina to fill out her section of the insurance claim form, I must ask for it at time of visit or risk adding additional time charges for Dr. Sina to go back into my medical chart to write up diagnosis codes. I also understand and do not hold Dr. Sina or Breakthrough Medicine liable if insurance does not reimburse for the visit or cover labs.

_____ Initials

I understand that Breakthrough Medicine accepts cash, Visa & MasterCard, and Checks. If I choose to use a check and the funds do not go through, I agree to pay with a different form of tender and pay the return check fee of \$75.00 to compensate for lost office income, penalties, and extra stress within one week of being informed.

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Dr. Sina charges for all the time spent on patient care. This includes time to review your chart and labs, writing prescriptions, researching special treatments or supplements, phone calls, text messages etc. Therefore, the time you'll be charged may be more than the time spent face-to-face with her. Dr. Sina has an ethical and legal responsibility to discuss the issues you bring up during your appointment. If you've only budgeted for a certain number of minutes, it's your responsibility to bring the appointment to an end.

_____ Initials

When you make an appointment, this time is reserved for you. We are now requiring new and established patients to hold their visit with a credit card. The card is kept on a secured HIPAA site and will only be charged if you do not give us 24 hours' notice. If you are unable to keep your appointment you need to give us at least 24 hours' notice or a \$75.00 cancellation fee will be charged for regular appointments. For Comprehensive New Patient cancellation fee will be charged \$150 due to the length of the visit reserved.

_____ Initials

Emergency Prescription Medication Refill Request:

Please call the office to let us know you need an *Emergency Prescription Medication Refill*. Corresponding by email does not ensure we got your message. If the office is closed, leave a message, we will contact you on our next business day. If we are open, but do not pick up the phone, we may be with a patient, please leave a message.

It will be required that you fill out an ***Emergency Prescription Re-authorization Request Form*** which can be emailed to you, on our website, or you can come to the office to fill out the paperwork. When you submit the form to the office, and pay your fee for processing, you will be put on Dr. Sina's schedule. This does not necessarily mean you will get your prescription that day. If it is a medical emergency and you need your medication immediately go to Urgent Care or the Emergency Room.

There is a \$75 charge for prescription refill requests that occurs outside of an appointment. The increase is because patients are encouraged to schedule an appointment instead of continually running out of medication. To process an emergency prescription requires Dr. Sina time to review your chart and write orders, call or fax a prescription. If you have run out of medication which is a ***controlled substance***, you may only get a limited prescription for one week, which is considered standard of care, you will still be required to submit the paperwork and pay the prescription fee, this is because Dr. Sina must review your chart, write orders and review your history through the **Arizona Controlled Substance Patient Monitoring Program**.

Please allow 7 -10 days for compounded prescription refills. This longer time is because compounding pharmacies are generally not open on weekends or holidays and will need to mail your prescription.

My signature below indicates that I have read and understood this letter.

Patient's Name (print): _____

Patient's Signature: _____

Date: _____