

James A. Danielzadeh, M.D.F.A.C.O.G

Obstetrics, Gynecology & Infertility

18370 Burbank Blvd., Suite 209

Tarzana, CA 91356

Tel: 818- 881-5661

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General Policy

- **ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES:** I have been informed of this medical practice's Notice of Privacy Practices. **A copy of said notice will be available upon request.** Our practice reserves the right to modify the privacy practices outlined in the notice.
- **AUTHORIZATION TO RELEASE INFORMATION:** I agree that my physician and staff may give out written or verbal information concerning my medical records to any insurance carrier or agent that is authorized to have access to and to make copies of my medical records.
- **AUTHORIZATION TO PAY INSURANCE BENEFITS:** I hereby give authorization to bill my insurance carrier and if applicable, I authorize payment to be made directly to James A. Danielzadeh MD.
- **FORM COMPLETION INCLUDING EDD:** I understand that if I request a letter describing any medical condition and/or treatment, including disability paperwork, will have a charge of **\$50.00.**
- **RETURNED CHECK:** Returned checks are subject to **\$35.00** fee, and may be referred to an attorney.
- **AFTER HOUR CALLS:** Dr. Danielzadeh is on-call after hours and on weekends for medical and/or obstetrical urgent calls. For routine medical questions, please call during regular business hours (a \$50.00 charge will be added to your account for any non-urgent calls).
- **BILLING AND COLLECTION:** If you wish to contest a charge, you will have 30 days after your first billing statement is received. After this time period all charges are considered final and no further modifications are possible. Accounts not settled within 60 days will be forwarded to an attorney and will become the property of the attorney and will be subject to additional fees as allowed by law.

I have read, understand and agree to abide by the policy set forth.

Patient name _____

Date of Birth _____

Patient Signature/Responsible party

Date _____

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Appointments- Test Results- Medication

- It is our policy to confirm patients' appointments at least 24 hours prior to their scheduled appointment. We require at least 1 business days' notice for cancellations, so that we will have the opportunity to offer the time to other patients. Failure to notify our office of cancellation at least 1 business day prior to your scheduled appointment or not appearing for your appointment may result in a **\$75.00** charge to your account.
- Following your visit with the doctor you will be asked to schedule a follow- up appointment to review any laboratory, radiology and/or special test results ordered.
- I prefer not to give test results over the telephone or by fax. It is my experience that this tends to allow for misunderstanding and less quality of care. A scheduled follow up visit is preferable so that all questions can be answered fully. As such, certain test results/reports may be reported to you by phone if prior verbal or written request is received. My office will try to facilitate your needs as best we can.
- You can be assured that you will be contacted by the office staff should any test results require action prior to your scheduled follow up appointment.
- In order to obtain refills for medications prescribed through this office you are required to have continued ongoing care at least once a year, and possibly more frequently depending on the medication. Medication refills will not be approved after office hours or on weekends. If you have not been seen in the last year medication refills will not be approved. We do not call mail order pharmacies as they require a written prescription.

With whom may we share Medical Information with:

SPOUSE PARENT NO ONE OTHER _____

Do you authorize leaving medical information on voicemail? YES NO

I have read and understand the Appointment, Test Results and Medication Policy for Dr. James Danielzadeh, M.D.

Patient Signature

Date