



Jatinchandra Patel, DO

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831 TENNENT ROAD
MANALAPAN NJ 07726
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JACKSON NJ 08627
2 HOSPITAL PLAZA, SUITE 450
OLD BRIDGE NJ 08857

OFFICE POLICIES & PROCEDURES

Thank you for choosing Garden State Heart Care. We strive to provide you with the best cardiovascular care and request your cooperation as outlined below.

OFFICE HOURS

Our office is available Monday-Friday 8:30am to 5:30pm.

For after-hour emergencies, one of our physicians is available 24hrs/7 days a week via calling our office.

For prescription refills or test results, please call during normal business hours.

We may request that an appointment be made to review testing after completed.

APPOINTMENTS

While we strive to schedule appointments appropriately, emergencies do occur.

Please be understanding should a delay or rescheduling become necessary.

Garden State Heart Care does not render care for patients we have not yet seen (i.e. we will not call in prescriptions or offer medical advice for patients prior to their initial visit).

APPOINTMENT CANCELLATIONS

Please cancel with 24 hours advanced notice, so other patients can be scheduled.

NO-SHOW POLICY

Failure to cancel with 24 hours advanced notice will be labelled a “no-show” in your chart.

An administrative fee of \$35.00 MAY be billed to your account for this missed appointment.

Three (3) “no-shows” within one (1) calendar year MAY result in a temporary suspension of services or dismissal from the practice. Certainly we understand that last minute emergencies may arise in your schedule and simply request you notify us as soon as you are aware there is a conflict.

A no-show for a Nuclear Stress Test may result in charges for the current cost of the radio-isotope [chemical that is injected for the test] with approximate cost of \$200 [variable].

No-Show charges are the patient’s responsibility and cannot be billed to your insurance company.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

Refills can be made at the time of your office appointment, so please review your medications prior to your appointment. Please allow two business days for refill requests not made during your office appointment.

We do not routinely refill medications during the weekend.

Please note that we do not routinely fill narcotic medications or controlled substances.

FORMS/LETTERS

Please allow 7 business days for completion of requested forms/letters [ie medical clearance, disability].

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical record one time at no charge. Additional copies may be requested at a cost of \$0.75 per page. HIPAA guidelines allow medical offices 30 days to complete requests for records. However, records are often available sooner.

INSURANCE/Co-PAY POLICY

It is the patient's responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment.

Patients are responsible for co-pays at the time of service. If you cannot pay your co-pay at the time of the visit, you may be asked to re-schedule; we do not send bills for co-pays.

The patient is also responsible for any residual balance for services rendered that are not covered by insurance [if applicable/allowed in your insurance contract].

PAYMENTS

Garden State Heart Care accepts cash, personal checks, MasterCard, Discover, Visa and American Express. Checks can be made out to *Garden State Heart Care*. [Checks returned with non-sufficient funds will result in a \$50 administrative charge].

We will attempt to collect all outstanding balances including with convenient payment arrangements. Failure of these attempts will result in third party collection for the balance and any associated administrative costs to collect the balance.

GUIDELINES FOR PROFESSIONAL BEHAVIOR

Just as our patients expect professional behavior from our physicians and our staff, that same level of respect is expected of our patients. Although rare, there are instances in which the physician-patient relationship may be terminated by Garden State Heart Care, as listed below:

- Treatment nonadherence—The patient does not or will not follow the treatment plan after understanding the outlined plan of care.
- Follow-up nonadherence—The patient repeatedly cancels follow-up visits or is a no-show.
- Verbal abuse—The patient or a family member is rude/disrespectful and uses improper language with office personnel, exhibits violent behavior, makes threats of physical harm, or uses anger to jeopardize the safety and well-being of office personnel with threats of violent actions.
- Nonpayment—The patient owes a backlog of bills and has declined to work with the office to establish a payment plan.
- False Information – The patient knowingly provides false information regarding insurance, past history, medications or other details regarding your medical history.
- Impairment – The patient presents in the office under the influence of alcohol or illicit drugs.

We will make attempts to resolve any issues via face-to-face office encounters to the satisfaction of both parties. However, in the rare instance that the physician-patient relationship is terminated, we will provide you with 30 days written notice with the reason for termination; a copy of your medical record will be provided free; any prescriptions will be renewed during this 30 day period; emergency medical care will be provided during this 30-day period or beyond until stable.



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RECEIPT ACKNOWLEDGMENT FORM

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Garden State Heart Care OFFICE POLICIES & PROCEDURES Form.

Signed Name

____/____/_____
Date of Birth

Printed Name

____/____/_____
Today's Date