

## IMPORTANT PATIENT INFORMATION

### APPOINTMENTS

- There is a 7-day cancellation policy for your first Initial appointment.
- There is a 72-hour cancellation policy for all follow-up appointments.
- As a courtesy, we call to confirm the appointment prior to your scheduled time; ultimately it is your responsibility to keep the scheduled appointment or reschedule.

### LAB TESTS

- After your initial and follow-up consultations, lab tests and/or diagnostic tests may be ordered.
- Testing recommendations and cost(s) per test will be reviewed.
- Lab tests are performed “fasting”, which means nothing except water 10 hours before your visit.
- Some lab tests take up to 6 weeks to be finalized. The reports will be mailed or emailed to you when they are finalized. If your follow-up appointment was not booked at the time of your initial visit, then you should contact the office to schedule a follow-up appointment.

### BILLING/INSURANCE

- Payment for the office visit, phone consultation or lab tests is expected at time of service. We accept credit cards. All credit card payments will be processed the same day of the visit or phone call.
- If test kits are sent to you, you will be charged the day the kit is mailed.
- WE do not participate with any insurance carrier. We do not submit medical claims on your behalf and we cannot assist you with claim resolution. All services are strictly on a self-pay basis; however we will provide you with a detailed billing summary that you may submit to your insurance carrier for possible reimbursement. Please note that there may be procedures and laboratory or conventional laboratory test ordered by us that are non-covered due to your individual policy/plan type. Should you have any questions regarding your medical coverage, please call the telephone number on the back of your insurance card.
- WE do not participate in the Medicare program. If you are a Medicare Part B beneficiary and wish to become a patient of the Center, you are required to accept the terms and conditions set forth in a Private Contract between you and AZ good health Center providers and consultants. This Private Contract provides that absolutely no Medicare payment will be made to you or to the Center or consultant for the services provided, even if such services are covered by Medicare. Under the Private Contract, you acknowledge that you accept full responsibility for the payment of charges for all services rendered by us; such payments are due in full at the time of service. The Center will not require you to sign the Private Contract if you are experiencing an emergency.
- We advise you to share all the management details to your health care providers when you receive any health care from them, so they are well advised about your treatments.

•Some of our dictations are done by dictation equipment called Dragon dictation program, It may create some mistakes. Some times. If you receive the dictation and it does not make sense, please do not follow and call office.

• If you have any adverse effect from any of the suggested treatment, please stop that and call office.

PRIMARY CARE PHYSICIAN

• Please note that Dr Shah, Dr Murphy, PA Murphy and Dr Peters, are not your primary care physicians. We require that you have a primary care physician at home.

Form will be signed when in office.

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Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

## **AZ GOOD HEALTH CENTER**

### **PATIENT PLEDGE**

Your health and healing depend on our commitment to doing the best we can and your commitment to:

- **Primary Care Physician---** You will need a PCP (Primary Care Physician) while working with Dr Rekha Shah. We cannot see you here without a PCP on record. We do not handle medical or mental health emergencies. Your PCP will only be contacted by our staff if a situation arises that requires the attention of your local provider.
- **Our Approach---** We strongly recommend that you fully commit to The medical approach we discuss in order to improve you health. All health care provider and Pharmacy that you are receiving care from, should be made aware of your all health management plans. It is your responsibility to do so. It is to reduce the, contradiction, confusion and frustration etc – ultimately delaying your progress.
- **A Partnership and a Process---** Some chronic illnesses can take weeks, months or even longer to improve. If you don't see immediate results, don't give up. Healing is based on a partnership and a process. It takes time, patience and persistence to find and treat the root causes of your illness. You will have to work hard, and so will we
- **Prescribed Changes ---**Your commitment to comply with prescribed dietary changes, supplements, and medications, as well as other treatment recommendations, is the key to healing. If you don't follow the plan with reasonable consistency, your progress will likely be stalled.
- **Patient / Physician Commitment---** Establishing and maintaining a good working relationship with your physician, is a key element in your success. Once treatment is initiated with us, it is important that you remain in that physician's care and stay in regular communication with your clinical team.
- **Ongoing Support---** Functional medicine is a different approach from the existing health care model. Chronic illness can contribute to challenges with focus, cognition, energy and mood digestion movement, resiliant. Some of the changes that we ask of you may feel overwhelming at times. We urge every patient to find support at home. Family or friends may provide support, but that is not always adequate. Please communicate with us ,we may recommend additional outside services. These services include a range of behavioral and mental health therapies nutritional evaluations, conventional consults and testing. Refusal to make appropriate use of recommended treatment will result in termination of our services.

**Free will---**I am here of my own free will, representing no official agency or other organization, voluntarily requesting services for me and/or my dependents. I understand that all requests for information by official agencies or other organizations must be done in writing.

.I understand that my provider may use one or more none traditional "complementary " or "alternative " products ,supplements or procedures in my treatment and managing my condition. These practices are non-prescription and thus are without scrutiny by organizations such as FDA (Federal drug administration) that is done for prescription items and the procedures. There is limited reaches on the products, effectiveness safety or potential interactions with other treatments. However in good faith, it is believed that the potential benefits of using these supplements is felt to outweigh the potential risks. If I am pregnant or plan on becoming pregnant, I will stop these supplements and communicate this to my clinician. I thus accept the responsibility of taking these supplements as recommended

Introduction---I understand that medicine is not an exact science, and therefore physicians cannot guarantee results. I acknowledge that no guarantee or assurance has been made by Dr Rekha Shah The team.

Choice--- I have been informed that there are different schools of medical theory and that medicine is an evolving science. I am aware that in this evolving science, doctors sometimes differ on their approaches to diagnosis or treatment of illness or problems. I have had the opportunity to consider different approaches or schools of medical thought and ask questions of my practitioner.

I am aware that Functional/integrative medicine is not accepted by some conventional physicians, and that an allopathic physician may reach a diagnosis and provide treatment based on a different theory.

I acknowledge that the therapies I receive will complement the care I receive from my primary care physician.

I have read and agree to the statements above.

Please Print Your Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

If you have Medicare insurance.

## Page 1

### **MEDICARE PRIVATE CONTRACT**

(In compliance with 42 U.S.C. §1395a; 42 C.F.R. § 405, subpart D)

This contract is entered into by and between -Az good health center and all their providers and medical consultants (hereinafter called "physician"), whose principal medical office is located at 2055 e southern ave, Suite B, Tempe AZ 85282 and \_\_\_\_\_ (hereinafter called "beneficiary"), who resides at \_\_\_\_\_, and shall become effective on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and shall expire only if informed by either parties involved in writing.

#### PHYSICIAN OBLIGATIONS

The physician acknowledges that [he or she] [is or is not] excluded from Medicare under sections 1128, 1156, 1892 or any other section of the Social Security Act.

The physician acknowledges that this contract shall not be entered into with the beneficiary, or the beneficiary's legal representative, during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. § 405.440

The physician acknowledges that [he or she] must retain this contract (with original signatures of both parties to this contract) for the duration of the opt-out period, and that it shall be made available to the Centers for Medicare & Medicaid Services (CMS) upon request

The physician shall provide a copy of this contract to the beneficiary, or to his or her legal representative, before items or services have been furnished to the beneficiary under the terms of this contract.

The physician acknowledges that [he or she] must enter into a contract for each opt-out period.

#### **BENEFICIARY OBLIGATIONS**

The beneficiary, or his or her legal representative, accepts full responsibility for payment of the physician's charge for all services furnished by the physician.

The beneficiary, or his or her legal representative, understands that no payment will be provided by Medicare for items or services furnished by the physician that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

The beneficiary, or his or her legal representative, understands that Medicare limits do not apply to what the physician may charge for items or services furnished by the physician

The beneficiary, or his or her legal representative, agrees not to submit a claim, nor ask the physician to submit a claim, to Medicare for Medicare items or services, even if such items or services are otherwise covered by Medicare.

The beneficiary acknowledges that this written private contract contains sufficiently large print to ensure that the beneficiary is able to read this contract.

The beneficiary, or his or her legal representative, has entered into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted out of Medicare and for whom payment would be made by Medicare for their covered services, and that the beneficiary has not been compelled to enter into private contracts that apply to other Medicare-covered services furnished by other physicians or practitioners who have not opted out.

The beneficiary, or his or her legal representative, understands that Medigap plans do not, and other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

The beneficiary, or his or her legal representative, understands that this agreement shall not be entered into with the physician during a time when the beneficiary requires emergency care services or urgent care services, except that the physician may furnish emergency or urgent care services to a Medicare beneficiary in accordance with 42 C.F.R. § 405.440.

The beneficiary, or his or her legal representative, acknowledges that a copy of this contract has been provided to the beneficiary, or to his or her legal representative, before items or services have been furnished to the beneficiary under the terms of this contract.

[Optional provision, not required by Medicare to be included in the affidavit]: I understand that during the opt-out period, a Medicare Advantage plan may not by law make any payments to the physician for any Medicare items and services furnished to the beneficiary under this contract.

(To be signed upon arrival at the office)

Name of physician (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principle office address—2055 E Southern Ave, Suite B, Tempe AZ 85282 -- 480-704-3446

Name of beneficiary (or his/her legal representative) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **INFORMED CONSENT REGARDING EMAIL OR THE**

### **INTERNET USE OF PROTECTED PERSONAL INFORMATION \_\_\_\_\_**

The Az Good Health Center and their providers Dr Murphy, PA D. Murphy, consultant Dr Shah, provider Dr Peters, gives patients the opportunity to communicate with their physicians, health care providers, and administrative staff by e-mail. Transmitting confidential health information by e-mail, however, has a number of risks, both general and specific, that should be considered before using e-mail.

#### 1. Risks:

a. General e-mail risks are the following: e-mail can be immediately broadcast worldwide and be received by many intended and unintended recipients; recipients can forward e-mail messages to other recipients without the original sender(s) permission or knowledge; users can easily misaddress an email; e-mail is easier to falsify than handwritten or signed documents; backup copies of e-mail may exist even after the sender or the recipient has deleted his/her copy.

b. Specific e-mail risks are the following: e-mail containing information pertaining to diagnosis and/or treatment must be included in the protected personal health information; all individuals who have access to the protected personal health information will have access to the e-mail messages; patients who send or receive e-mail from their place of employment risk having their employer read their e-mail.

#### 2.

It is the policy of The Az Good Health Center that all e-mail messages sent or received which concern the diagnosis or treatment of a patient will be a part of that patient's protected personal health information and will treat such e-mail messages or internet communications with the same degree of confidentiality as afforded other portions of the protected personal health information. The AZ good health Center will use reasonable means to protect the security and confidentiality of e-mail or internet communication. Because of the risks outlined above, we cannot, however, guarantee the security and confidentiality of e-mail or internet communication.

#### 3.

Patients must consent to the use of e-mail for confidential medical information after having been informed of the above risks. Consent to the use of e-mail includes agreement with the following conditions:

- a. All e-mails to or from patients concerning diagnosis and/or treatment will be made a part of the protected personal health information. As a part of the protected personal health information, other individuals, such as The AZ Good Health Center physicians, nurses, other health care practitioners, insurance coordinators and upon written authorization other health care
- b. The AZ Good Health Center may forward e-mail messages within the practice as necessary for diagnosis and treatment. The AZ Good Health Center will not, however, forward the email

outside the practice without the consent of the patient as required by law. Providers and insurers will have access to e-mail messages contained in protected personal health information. The AZ Good Health Center will endeavor to read e-mail promptly but can provide no assurance that the recipient of a particular e-mail will read the e-mail message promptly. Therefore, e-mail must not be used in a medical emergency or for urgent medical need.

- c. It is the responsibility of the sender to determine whether the intended recipient received the e-mail and when the recipient will respond.
- d. Because some medical information is so sensitive that unauthorized disclosure can be very damaging, e-mail should not be used for communications concerning diagnosis or treatment of AIDS/HIV infection; other sexually transmissible such as syphilis.
- e. The AZ Good Health Center cannot guarantee that electronic communications will be private. However, we will take reasonable steps to protect the confidentiality of the e-mail or internet communication but The AZ Good Health Center is not liable for improper disclosure of confidential information not caused by its employee's gross negligence or wanton misconduct.
- f. If consent is given for the use of e-mail, it is the responsibility of the patient's to inform The AZ Good Health Center of any types of information you do not want to be sent by e-mail.
- g. It is the responsibility of the patient to protect their password or other means of access to e-mail sent or received from The AZ Good Health Center to protect confidentiality. The AZ Good Health Center is not liable for breaches of confidentiality caused by the patient.
- h. Any further use of e-mail initiated by the patient that discusses diagnosis or treatment constitutes informed consent to the foregoing.
- i. I understand that my consent to the use of e-mail may be withdrawn at any time by e-mail or written communication to The Az good health Center.
- j. I have read this form carefully and understand the risks and responsibilities associated with the use of e-mail. I agree to assume all risks associated with the use of e-mail.
- k. This consents applies to Dr Shah 's e mail communications also.
- l. drrehashah@ g mail.com-notice it is only for outgoing e mail and it is not monitored for any incoming e mails.
- m. This form will be signed in person in office.

Name

Patient: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ -

Witness: \_\_\_\_\_ Daet \_\_\_\_\_

Signature: \_\_\_\_\_





Patient name \_\_\_\_\_ DOB \_\_\_\_\_ Today's Date \_\_\_\_\_

**-Blood work** -- which may be available through your insurance, and can be done by a regular lab, like Quest or LabCorp. You may need to have your regular doctor order these, or your insurance may cover on my order (if you have out-of-network coverage on your insurance plan). We are not participating with Medicare so if you have Medicare please take this order to your primary care doctor and have them order, or ask us about lab work from Cleveland heart lab. These tests may include and some examples off it complete blood count, Chemistry profile with Lipid panel (fasting) - Iron studies (Fe, TIBC, ferritin) -thyroid studies (free T3, free T4, TSH) - inflammation studies (c-reactive protein high sensitivity) – homocysteine, methylmalonic acid - fasting insulin celiac testing HLA testing some fluid IgG and IgE testing. Hormone testing etc. You can have the blood drawn at a lab of your choice - first thing in the morning, fasting from midnight the night before. Drink water (so you have veins), but do not eat anything in the morning until after your blood is drawn.

**--Functional blood, stool, saliva, urine -work** as discussed with you is somewhat different way of looking at some of the functions of body. We'll use specialty labs. Some of the insurance may be accepting billing from these labs, please check with your insurance and our office administrative secretary who will help you. If any question about the tests please feel free to call me at the office.

The purpose of functional medicine laboratory testing in our office is to evaluate nutritional, biochemical, or physiological imbalance and to determine any need for medical referral. These lab tests in our office are not intended to diagnose disease. This office utilizes conventional lab tests as well as functional medicine assessment.

Functional medicine assessment is designed to assist our doctors and other healthcare providers in finding the underlying causes of your condition. Functional medicine has evolved through the efforts of scientists and clinicians from the fields of clinical nutrition, molecular biology, biochemistry, physiology, conventional medicine, and a wide array of scientific disciplines. Functional medicine evaluates the body as a whole, with special attention to the relationship of one body system to another and the nutrient Imbalances and toxic overload that may adversely affect these relationships.

Your medical physician mayor may not agree with the necessity for-or our interpretation of-these tests.

If you have any questions or concerns, please discuss them with our doctor.

Signature: \_\_\_\_\_ Date: -----



I provide authorization for Az good health center providers and medical consultants

to speak with: \_\_\_\_\_.

\_\_\_\_\_.

That providing this authorization, discussion of sensitive information including clinical course, lab results and potentially sensitive issues such as drug use or psychiatric issues.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Patient name \_\_\_\_\_ DOB \_\_\_\_\_ today's date \_\_\_\_\_

## Nutritional and Herbal Supplements----information given and explained to patient

Nutritional and Herbal Supplements-----information given and explained to patient

According to the Federal Food, Drug, the term drug is

defined as an "article intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease. /I Technically, vitamins, minerals, trace elements, amino acids, herbs, or homeopathic remedies are not classified as drugs. However, these substances can have significant effects on physiology and must be used rationally. we provide nutritional suggestions and make individualized recommendations regarding use of these substances in order to upgrade the quality of foods in a patient's diet and to supply nutrition to support the physiological and biomechanical processes of the human body. Although these products may also be suggested with a specific therapeutic purpose in mind, their use is chiefly designed to support given aspects of metabolic function. Use of nutritional supplements may be safely recommended for patients already using pharmaceutical medications (drugs), but some potentially harmful interactions may occur. For this reason, it is important to keep all of your healthcare providers fully informed about all medications and nutritional supplements, herbs, or hormones you may be taking.

Sale of Nutritional Supplements at ----- Arizona Center For Advanced Medicine-----

You are under no obligation to purchase nutritional supplements at our clinic.

As a service to you, we make nutritional supplements available in our office. We purchase these products only from manufacturers who have gained our confidence through considerable experience. We determine quality by considering: (1) the quality of science behind the product; (2) the quality of the ingredients themselves; (3) the quality of the manufacturing process; and (4) the synergism among product components. The brands of supplements that we carry in our facility are those that meet our high standards and tend to produce predictable results.

While these supplements may come at a higher financial cost than those found on the shelves of pharmacies or health food stores, the value must also include assurance of their purity, quality, bioavailability (ability to be properly absorbed and utilized by the body), and effectiveness. The chief reason we make these products available is to ensure quality. You are not guaranteed the same level of quality when you purchase your supplements from the general marketplace. We are not suggesting that such products have no value; however, given the lack of stringent testing requirements for dietary supplements, product quality varies widely.

If you have concerns about this issue, please discuss them with your provider.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

