

VALLEY ARTHRITIS CARE, LLC

Phone: 623-815-2690 Fax: 623-815-2689

Thank you for choosing Valley Arthritis Care to provide your health care needs. In an effort to serve our patients, we must use our time efficiently. We have implemented the following policy concerning treatment and records.

Medical Record Release

The patient must sign an authorization to release medical records. The allotted time frame for records to be released is approximately 7-10 business days. In the event a patient requests a copy of their entire chart, this can take up to 30 days.

Disability Forms

Some physicians will require you to schedule an appointment in order to fill out your disability form. While other physicians will not fill out disability forms at the patient's visit. Please check with the medical records department prior to leaving any forms. For physicians not requiring an appointment, all forms will be given to the medical records department and then dispersed to your physician. Physicians will review and complete the forms on a monthly basis. The patient must be established with the same physician for a minimum of 1 year.

If the physician determines they cannot proceed to fill out the form, the physician may recommend the patient to have a functional capacity evaluation. We do not perform these types of evaluations. Facilities that perform this type of evaluation do charge a fee for their services and you will need to contact them directly. If you choose to perform that type of evaluation, please bring those results to your physician. Valley Arthritis Care will charge a fee of \$50.00 for all completed forms and letters. All fees will need to be paid prior to receiving any completed forms.

FMLA Leave Forms

Before the physician can fill out an FMLA form the patient must be established with the physician and have at least been seen for two visits. FMLA forms may require an appointment and /or be filled out on a monthly basis. Please bring a job description of your daily required duties.

Cancellation/No Show Appointments

We understand there may be times when you miss an appointment due to emergencies or obligations to work or family. However, we urge you to call our office 24 hours prior to cancelling your appointment. If you fail to call our office to cancel your appointment, it will be considered a no-show. If you no-show twice, you may be discharged from our practice.

Consent for Treatment

At each visit you will be required to review your information. Please make the necessary changes at that time. You will be consenting to treatment considered necessary for your medical condition.

Switching Physicians within the Practice

If you have a preference of a physician you must let our schedulers know prior to your first visit. We will make every reasonable attempt to accommodate your preference. Requests to switch providers must be approved by the physicians and in general will be denied. There will be an exception if it is a geographical issue and /or language barrier.

Notice of Privacy Practices

I hereby acknowledge that I have been presented with a copy of Valley Arthritis Care's Notice of Privacy Practices. I have read and understand the above policies.

Patient Name _____ Date of Birth _____

Patient Signature _____ Date _____

Main Office
13943 N 91st Ave
Building I
Peoria, AZ 85381

Sun City West
13613 W Camino Del Sol
Suite 4
Sun City West, AZ 85375

Phone: (623) 815-2690

Fax: (623) 815-2689

VALLEY ARTHRITIS CARE, LLC

Phone: 623-815-2690 Fax: 623-815-2689

Parent/Guardian Signature _____ Date _____

Main Office
13943 N 91st Ave
Building I
Peoria, AZ 85381

Sun City West
13613 W Camino Del Sol
Suite 4
Sun City West, AZ 85375

Phone: (623) 815-2690

Fax: (623) 815-2689