

Thyroid and Endocrine Center of South Texas
Letter of Introduction to the Thyroid and Endocrine Center of South Texas

Dear Patient:

Welcome to the **Thyroid and Endocrine Center of South Texas**. This letter will introduce you to some of the policies and procedures and help you understand how you can get the most out of your patient visit.

Types of Problems We See:

We are a "Specialty Clinic" which treats thyroid problems. We provide state of the art therapy for these problems. It is expected that you also see your "Primary Care Provider" on a regular basis. Your primary care provider is responsible for coordinating the care for any other medical problems you may have, as well as, ensuring that you get the routine medical surveillance and preventive care you need as well as provide medical clearance for surgical procedures.

How to Schedule an Appointment:

Our office hours are Monday through Thursday between 9 am and 4:30 pm (noon Thursdays). All patient visits are scheduled. You will be given a return appointment at the end of each clinic visit. If you need to be seen earlier than your scheduled visit please call us to reschedule your appointment. For a new problem not related to your thyroid call your primary care doctor first. Message from Friday, Saturday and Sunday will be answered the following Monday (unless Holiday)

New Patient Forms

Credit card information is taken at time of appointment to hold your appointment time. New Patient forms are found on web page and need to be completed **prior to scheduling** so appropriate time is given to your appointment encounter. All the forms are required to be filled out and returned 48 hours within scheduling appointment. If we do not have your forms and you do not cancel within 48 hours of the scheduled appointment, that appointment will be cancelled AND a **nonrefundable \$175 fee will be charged to your card**.

Your signature verifies Credit Card Authorization: I have read and understand above statement:

_____ signature/date

"No Show" Policy:

If you are unable to keep your scheduled appointment please call and let us know at least **48 hours** in advance, so that we can schedule another patient in your time slot. Repeated "No Shows" make it impossible to follow your disease properly and may result in your dismissal from the Thyroid and Endocrine Center of South Texas. Credit card information is taken at the time of scheduling to hold an appointment. A **\$125 fee** will be charged to you for a no show follow-up visit (\$175 New Patient) without a courtesy call to cancel the scheduled visit.

I have read and understand the No Show Policy and Fee as listed above. Credit Card authorization to charge:

_____ Patient printed name/Date

_____ Patient Signature

Medicine Refills:

In order to ensure that your prescriptions for medications are written properly and we know about all the medicines you are taking, we ask that you bring all your medication bottles to each clinic visit. The medications Dr. Hands prescribe will be updated at your clinic visit. This will ensure you have enough medication to last until your next scheduled appointment. In order to limit medication errors we only refill medications at the time of your visit. Your primary care doctor will continue to fill the medications that they prescribe for you. _____ initial

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Test Results:

At each clinic visit, results of your lab and any other studies we ordered will be reviewed. In order for me to know how best to adjust your medication it is important that you have your lab work done **several days prior to your visit**. You will be given lab slips for your next visit at the end of each clinic visit. Please put these lab slips in a safe place. HIPAA guidelines do not permit to discuss your lab results with your family members. _____ initial

Emergency Services:

Call 9-1-1. You should go to the emergency room if you are having chest pains, severe shortness of breath, or are dizzy. Your primary care doctor should handle medical emergencies that are not related to your endocrine disorder. Non emergent requests for medicine refills, clinic appointments, etc. should be taken care of at your clinic visit. We look forward to working with you to optimally manage your disease. Please sign below that you understand the policies outlined above.

Patient printed name/Date

Patient Signature

**Fax completed application: 1) insurance form, 2) history sheet, 3) HIPPA form and this 4) letter on office policies
To 210-491-9696**