

JUPITER HEMATOLOGY & ONCOLOGY ASSOCIATES

SERVING OUR COMMUNITY FOR 28 YEARS

ELIZABETH A. REICH, M.D. HENRY J. SHAPIRO, M.D. JUAN E. SANCHEZ, M.D. ANDRES E. CANOVA, M.D.

PATIENT INFORMATION (1)

It is important to us that you receive the best care possible while undergoing treatment for cancer or blood disorders. For this reason, we have the following guidelines to help make our practice run smoothly and improve the care that we deliver.

Prescriptions

We are happy to refill prescriptions that we have provided for you. Please check your medications before your appointment, and ask your doctor for any refills while you are here for your visit. If you call us for a refill, please when you have 2-3 days worth of medication left; do not run out of medication. We need at least 24 hours to process prescription refills.

We will call refills to your pharmacy, with the exception of narcotic pain relievers. We are not able to phone in prescriptions to pharmacy services with 800 numbers. This is very time-consuming for our staff. We will provide you with a written prescription to mail to the appropriate pharmacy service.

Insurance

Any changes that you may be considering to your insurance should be directed to our billing department before you make the change, especially if you are receiving chemotherapy. We need to be notified of any change in your insurance. If you have any problems with your account, these should also be directed to our billing department. Co-pays are required at time of visit and any patient portion must be paid upon receipt of statement or patient must make arrangements for automatic payment on credit card.

Treatments

If you are receiving chemotherapy treatments, you may be treated in our office or at the Hospital. It is important to understand that you are responsible for all services not paid by your insurance. We accept different insurance. Our manager will be happy to review your medical coverage. We encourage patients to accept that the payment of your bill is considered part of your treatment.

Phone Calls

If you are having a medical problem, please call our office between 9:00 AM and 5:00 PM and speak with a nurse. We will make every effort to deal with your problem in a timely manner, consistent with the urgency of the problem.

The office is closed after 5:00PM and if you have a medical emergency, please call (561) 748-2488 and ask for your doctor to be paged.

Patient Signature:

Date:

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PATIENT INFORMATION (2)

Consent for Treatment:

I voluntarily consent to the rendering of medical care by Elizabeth Reich, M.D; Henry Shapiro, M.D; Juan Sanchez, M.D; and/or Andres Canova, M.D.

I understand that I am under the care and supervision of my attending physician and it is the responsibility of the staff to carry out instruction of such physician and/ or physicians.

Patient Signature:	Date:
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Statement of Financial Liability:

I guarantee payment of any and all bills rendered for said patient which are no covered or allowable by insurance. This office will file the bill with your insurance company, providing you supply the proper insurance information to this office.

Patient Signature:	Date:
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Authorization of Release of Information:

I authorize Elizabeth Reich, M.D; Henry Shapiro, M.D; Juan Sanchez, M.D; and/or Andres Canova, M.D. to release any and all information acquired in the course of my examination and /or treatment for the purpose of insurance, workman's Compensation or Medicare benefit payment.

I also authorize my insurance company to make payment directly to Elizabeth Reich, M.D; Henry Shapiro, M.D; Juan Sanchez, M.D; and/or Andres Canova, M.D.

Patient Signature:	Date:
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