



Dr. George A. Haddad, MDPC
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716-876-3737

drgeorgehaddad.com

Thank you for choosing **Dr. George A. Haddad** as your primary care physician

TO OUR VALUED PATIENTS

Thank you for choosing **Dr. George A. Haddad** to serve your healthcare need. As your primary care doctor, we are experienced in providing comprehensive health care for patients of all ages. We are currently accepting new patients.

MISSION STATEMENT

The main goals of office of **Dr. George A. Haddad** are to achieve the *highest quality patient care and patient satisfaction in a friendly, professional environment designed to maximize these goals*. The importance of **Preventive Care** for all patients is central to our practice philosophy. We are committed to using evidence-based guidelines, to ensuring you have access to the care and services you need and to helping you achieve the outcomes you want to accomplish.

NEW PATIENTS

It is important to have a personal clinician and care team responsible for coordinating your care and we are glad you chose our practice. If you have not selected Dr. George A. Haddad as your primary care physician prior to your new patient appointment, please call our office so we can assist you in doing so.

Your first visit at our office gives both you and **Dr. George A. Haddad** an opportunity to meet one another and to review your **health history**. It is very important that we have a complete and accurate health history. You will receive a complete physical exam and receive any orders for blood work at that time. Please be sure to bring your completed demographic information form as well as your health history form included in this packet (also available for you to complete online), your insurance card, photo I.D. and a **complete list of your medications (bring bottles with you) and/or immunizations**.

We will request your previous medical records on your behalf. Please complete the Record Release form included in this packet and bring it with you to your appointment.

Our office provides equal access to patient regardless of source of payment. If you do not have health insurance please contact our office, and the staff will be happy to assist you.

APPOINTMENTS

Our office will make **every** effort to schedule an appointment in a timely manner. In most cases, we are able to see **urgent** problems on the same day. If you are sick, please call as early in the day as possible so that we can schedule you to be seen. Appointments for physicals and surgical procedures are usually booked 3-4 weeks in advance. Please be sure to call well in advance for these appointments, especially during school physical season.

In order to preserve our commitment to *quality care*, **requests for new prescriptions and antibiotics require an appointment**. It is impossible to diagnose and accurately treat an illness without an office visit. If you are unable to come into our office due to transportation problems or work situations, please leave a message with our staff for **Dr. George A. Haddad** to review.

You will receive a reminder call the day before your scheduled appointment as a courtesy.

Please notify the office within 24 hours if you are unable to keep an appointment. There will be a \$30 fee for any missed appointment.

PHONE CALLS

The staff is here to answer your clinical questions. Contact our office first with any health concerns, unless it is a true emergency. A healthy dialogue between patient, office staff and **Dr. George A. Haddad** will help ensure that your care is properly coordinated so that your treatment goals can be met.

The staff tries to handle the incoming calls in an efficient and timely manner. With the volume of calls we receive, there may be times when you will have to be on-hold for several minutes. Your call is important to us and we will help you as soon as we can. If you are on-hold for several minutes, do not hang up and call back because your call will go back the end of the line.

Dr. George A. Haddad will generally make return phone calls by the end of the work day. If you have an urgent problem, please let the staff know so that your call can be handled accordingly. **Otherwise, we will return your call by the end of the work day which is normally after 6pm for routine messages. For lab/test results that are within normal limits, we will return the call within 2-3 business days.**

ANSWERING SERVICE/ON CALL PHYSICIAN

In a life threatening emergency, please call 911!

Dr. George A. Haddad is available after hours for **emergencies**. To reach the on-call physician, please phone our office at **716-876-3737** and listen for the number to reach the on call doctor. Leave a message for the doctor on call and he will get back to you within 30 minutes. It is important that you **SPEAK CLEARLY** when leaving a number where you can be reached. If you have caller-ID block; it must be **turned off** for the doctor to return your call.

WEBSITE

We encourage you to visit our website at **drgeorgehaddad.com** for up-to-date practice information and for credible links to informative medical websites. This is where you are able to sign in to your **Patient Portal** account.

PATIENT PORTAL

We now have a **patient portal** available from our website drgeorgehaddad.com for our patients' use. This allows you to have real-time access to your medical record information including medications, allergies, medical and surgical history, test results and past and upcoming appointments. The portal also allows for secure messaging to your physician for **non-emergent issues**. You will also be able to request: refills, appointments, test results and referrals.

Ask our staff to set you up with your **personal activation code** and **instructions** to access your chart through the patient portal.

SCOPE OF SERVICES

The following services are available at our office:

- Nutritional Services
- Diabetic Counseling- scheduled with nurse Silvana Haddad.
- Flu and Pneumonia Vaccinations
- PPD and Tetanus Vaccinations
- B12 Injections
- Suture Removal
- EKG's
- Breathing Treatments
- Spirometry Testing
- Ear irrigation
- Wart Removal

PRESCRIPTION REFILLS

Refill requests are reviewed by the physician and e-prescribed to your pharmacy **within 1 business day**. In some cases, your physician may request that you make an appointment before refilling your medication.

New prescriptions or requests for antibiotics cannot be given without seeing your physician first.

We are not able to mail scripts to patients. You may provide us with a self-addressed, stamped envelope if you are unable to pick up your prescriptions. We ask that you contact your pharmacy to see if a prescription is ready for pickup.

We will **not** phone in "emergency supplies" of any controlled substances if you fail to call in advance for your refill. When picking up a prescription for a controlled substance, you will be required to show ID and sign a form stating that the script was picked up. You will also be asked by your provider to sign a medication contract if you have been prescribed a controlled substance prescription.

You may request refills through the patient portal.

REFERRAL REQUESTS

Some insurance companies require that you to obtain a referral from your primary care physician prior to seeing a specialist. More often than not, there are conditions that can be evaluated and treated by your family physician and do not require a referral to a specialist. It is important that you are aware of your insurance company's policy regarding referrals and that you call in advance of your appointment to obtain one. After reviewing your request, you will be notified within 3 business days if there are any problems processing your request.

You may request referrals through the patient portal.

TEST RESULTS

Please be advised that even though a lab/x-ray technician may tell you your results will be ready by the same day or the next day, that may not be the case, and we may not receive them for several days. If results are within normal limits or negative, we will notify you within 14 business days. However, you may request a copy of the results when ordered by your provider. If you have not heard from us after 48-72 hours and would like the results of your tests, call and leave a message for your provider or request through the patient portal. We will return the call or forward through the portal within 1-2 business days.

HOSPITAL AFFILIATIONS

We are affiliated with Catholic Health System. **Dr. George A. Haddad** no longer makes patient rounds in the event of a hospitalization. He has secured the services of two premier "**Hospitalists**" in Western NY.

Hospitalists are physicians who specialize in the acute care of **hospitalized patients only**. They will care for our patients in the event of a hospitalization and are available at the hospital all day in case any changes in the patient's condition occur. The Hospitalists will communicate daily with **Dr. George A. Haddad** and will provide him with a detailed outline of your care upon your discharge from the hospital.

Dr. George A. Haddad remains ultimately responsible for your care. We are "on-call" and available by phone 24 hours a day, 7 days a week.

MEDICAL RECORDS

The staff is dedicated to ensuring patient confidentiality at all times. Your health information can only be released with your consent. Please understand that it is our office's policy to not disclose any information regarding your health without your **written consent**, this includes giving results to spouses. Please complete the enclosed HIPAA Privacy Consent form detailing who we can speak to about your health.

To have your records transferred to our office you can complete the enclosed Medical Records Release Form and bring it our office. You can also contact Teri in our Medical Records department on Thursdays.

You can request a copy of your records; however there is a **processing fee of \$0.75 per page**.

FORM COMPLETION

Please provide our office with ample time to complete forms needed for work, school, disability and worker's comp. In general, we are unable to complete these at the time of your visit and require 5 business days to do so. You must also sign a consent form to release this information. There will be a \$10.00 charge for completion.

Our goal is to provide the best care possible to our patients. We would like every patient to feel that they get the attention they deserve each and every time, whether it is on the phone or in the office. We feel that these policies will help us to provide the care that you deserve.

We appreciate your cooperation and adherence to these policies.

FINANCIAL POLICY

Thank you for choosing **Dr. George A. Haddad** as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this financial policy. Please read it over and ask us any questions you may have. We will have you sign a form in your electronic medical record stating that you have read, understand and will abide by the guidelines of this policy.

******Please note we do not have debit or credit card access******

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, **payment in full** is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.
2. **Co-payment and deductibles. All co-payments and deductibles must be paid at the time of service.** If you have a plan with a **high deductible**, you will be asked to pay for the office visit in full until your deductible is met. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. If payment/co-pay is not received at the time of your visit, you will have 5 business days to pay or there will be a \$20.00 service fee added to your account. All deductible payments are due upfront at the time of service.
3. **Non-covered services.** Please be aware that some---and perhaps all---of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of the visit.

If additional services are rendered during your Well Visit/Physical, your insurance may make you pay a copayment. Examples include but not limited to the following: illness addressed, chronic problem addressed, ear wax removal, suture removal, spirometry, EKG, strep screen etc.

4. **Proof of Insurance.** All patients must provide a current valid insurance card before seeing the doctor. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the visit in full.
5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.
6. **Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
7. **Non-payment.** Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to start making payments.
8. **Missed appointments.** Our policy is to charge for missed appointments not canceled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointment. **The missed appointment fee is \$30.**

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.