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**OFFICE POLICIES**

**Scheduling Appointments**

To schedule an appointment, please call our office Monday-Friday between 8:30am and 4:30pm. Our staff may ask you about the nature of your visit in order to book the most appropriate appointment for you.

**Late Appointments**

Please make every effort to be on time for your appointment. We respect the time of our patients, and our providers strive to stay on schedule so that the wait is minimal. If you arrive more than 15 minutes late for your appointment, we will try to accommodate you as best we can. However, in some cases, you may be asked to reschedule your appointment.

**Appointment and Cancellation Policy**

If it is necessary to cancel your scheduled appointment we require that your call in advance or there will be a **\$50.00** fee. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. To cancel your appointment please call 949-706-0181. If you can't reach a receptionist you may leave a message with the exchange. We will keep record of the cancelled appointment in your records.

**No Show Policy**

A "No Show" is someone who has an appointment without cancelling 24 hours in advance. No shows inconvenience those individuals who need access to medical care in a timely manner. Late cancellations will be considered as a "No Show". A Fee of **\$100.00** will be billed to the account and sent to the patient's home.

**Insurance**

We are contracted with most PPO insurances. However, it is the patient's responsibility to find out whether we are in or out of network before your appointment. We do not verify coverage of outside services (labs, pathology, cytology, ultrasounds, mammograms, etc.). Patients are responsible for deductibles, copays, non-covered, and out of network expenses. Should your insurance persistently refuse to reimburse despite our efforts, the responsibility for resolving the dispute becomes yours.

**Medical Records**

You are entitled to copies of your medical records, whether for yourself or another medical provider. You will need to sign a medical records release authorization which you may fax, mail or drop off to our office. Our office will then copy your medical records. We ask for a 7-10 business day turnaround. There is a **\$25.00** fee to cover clerical costs. There is no charge for records to be released to another physician.

**Prescriptions**

Prescriptions refills are processed only during our normal business hours with a 48 hour turnaround. Please have your pharmacy fax us a refill request to 949-706-7187. If you would like to order your prescription through a mail order pharmacy, you can obtain a mail order form directly from your insurance carrier's website.

**Disability Forms**

There is a **\$25.00** fee for the completion of each FMLA/ or disability form. Payable when signed forms are dropped off with the front desk. All forms are subject to a 7-10 business day turnaround.

**Formal Letters**

There is a **\$35.00** fee for any formal letter that is requested by the patient.

**Internet/Photo Release**

Drs. Gigi Krroll and Doug McConnaughey have a website, Facebook, Instagram and Twitter. With your permission, we would love to showcase photographs, birth announcements, and/or thank you notes that you share with the office. (Please Initial Below)

\_\_\_\_\_ I Grant Permission

\_\_\_\_\_ I Do NOT Grant Permission

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

\_\_\_\_\_  
 Date

Dear Patient,

Welcome to our practice. We intend to provide you with the care and service that you expect and deserve. Achieving your **best possible health** requires a “partnership” between you and your doctor. As our “partner in health,” we ask you to help us in the following ways:

**Schedule Visits with My Doctor for Routine Physical Exams and Other Recommended Health Screenings**

I understand that my doctor will explain to me which regular health screenings are appropriate for my age, gender, and personal and family history. I understand I will need to complete these recommended health screenings (mammogram, immunizations, pap smears etc). ***These health screenings are tests that can help detect life-threatening diseases and conditions.*** If I visit my doctor only for treatment of immediate problems and forget to arrange for regular health screenings, I put myself at risk of letting serious health problems go undetected. I will schedule regular visits with my doctor to complete my physical exam and to discuss these health screenings.

**Keep Follow-up Appointments and Reschedule Missed Appointments**

I understand that my doctor will want to know how my condition progresses after I leave the office. Returning to my doctor on time gives him or her the chance to check my condition and my response to treatment. During a follow-up appointment, my doctor might order tests, refer me to a specialist, prescribe medication, or even discover and treat a serious health condition. If I miss an appointment and don't reschedule, I run the risk that my physician will not be able to detect and treat a serious health condition. I will make every effort to reschedule missed appointments as soon as possible.

**Call the Office When I Do Not Hear the Results of Labs and Other Tests**

I understand that my physician's goal is to report my lab and test results to me as soon as possible. However, if I do not hear from my physician's office within the time specified, I will call the office for my test results.

**Inform My Doctor if I Decide *Not* to Follow His or Her Recommended Treatment Plan**

I understand that after examining me, my doctor may make certain recommendations based on what he or she feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and tests, or even asking me to return to the office within a certain period of time. I understand that not following my treatment plan can have serious negative effects on my health. I will let my doctor know whenever I decide not to follow his or her recommendations so that he or she may fully inform me of any risks associated with my decision to delay or refuse treatment.

Thank you for your partnership. As our patient, you have the right to be informed about your health care. We invite you, at any time, to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your health or condition, please ask.

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

\_\_\_\_\_  
Date

Gigi Kröll, MD

Doug McConnaughey, MD

Aileen Slivkoff, NP