

**HILL MEDICAL CENTER
333 N. Hill Ave #101
Pasadena, CA 91106**

**Welcome to the practice of H. Raffi Balian, MD.
We would like to acquaint you with our office and familiarize you with our policies.**

Hours: Monday, Tuesday, Thursday, Friday and Saturday from 8 AM to 2 PM.

Communication: Our staff is available for routine or non-urgent matters during office hours. You may also leave a voice mail after hours that will be attended to on the next business day. The doctor cannot accept direct calls while seeing patients. Please understand that calls are returned according to the level of importance.

Emergencies: There is a physician on call 24 hours a day for urgent matters only.

Prescriptions: Prescription requests may be faxed 24 hours a day. Please arrange for refills in advance by leaving a message or having your pharmacy fax us a request. Allow 3 business days for our staff to telephone/fax in prescriptions. We do not refill prescriptions after hours, weekends or holidays. Regular office visits are required to obtain refills. It is your responsibility to make follow up appointments so that you do not run out of medication. We cannot refill medications prescribed by other physicians.

Cancellations: We require at least one full business days' notice if you cannot keep your appointment. If you have three or more violations of the cancellation policy you may be discharged from the practice. We reserve the right to charge up to \$50 for missed appointments. We keep a waiting list of patients wanting to take earlier available appointments.

Financial Policy: Please read the Financial Statement on the registration form carefully. You are fully responsible for all charges. Payment is due at the time of service or upon receipt of statement. As a courtesy, we will bill your insurance. It is your responsibility to verify with your insurance company if the doctor is contracted and to pay the charges in full if he is not. Please inform us within 30 days of any changes to your personal or insurance information to facilitate payment by your insurance company. Monthly statements are sent for outstanding deductibles, coinsurance, non-covered and other charges due. These charges and any service charges are due upon receipt of the statement. There will be a \$25 service charge on returned checks. Service charges subject to change at the discretion of Hill Medical Center.

Laboratory and Pathology Charges: Some of our laboratory and pathology testing is sent to outside laboratories selected for their expertise. Our office provides them with your billing information. Laboratory/Pathology charges are then billed directly by the laboratory. There are charges by our office for the professional services rendered or ordering, interpreting and coordination of care in the disposition of laboratory results. If you prefer to have labs drawn elsewhere, you will need to schedule an appointment to obtain the lab orders and to review the results. You are responsible for informing Hill Medical Center if your insurance coverage is restricted to certain contracted laboratories.

Additional Services: The doctor may agree to perform some medical care services and coordination by telephone or complete some forms for insurance or other agencies. Please be aware that charges will apply for these additional services. These charges are not billable to insurance.

Test Results: We attempt to inform you of your test results in a timely fashion. Abnormal results always take priority over normal results. Please make sure that your contact information and preferences are kept up to date. Routine test results may be discussed at your next scheduled appointment. Please do not contact us requesting test results until 3 weeks have passed since the labs were collected, unless there is an urgent need. We will contact you when the results are available and have been reviewed and interpreted by the physician. Due to confidentially regulations, we are not able to forward your results unless we have a signed release authorization on file.

Your signature on the registration form indicates you accept these policies. We are committed to maintaining a state-of-the-art medical practice in pleasant surroundings. Thank you for assisting us in this endeavor.