Coastal Pulmonary of Newport

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Welcome to Coastal Pulmonary of Newport

Your healthcare is our top priority.
Our goal is to provide exceptional, responsive care. Please review the following information to help you plan your visits and understand our office policies.

Office Hours

- Monday–Friday: **8:30 AM – 5:00 PM.**
- To schedule or change an appointment, please call **(949) 287-6182** during office hours.
- Our staff will call you **one week prior** to confirm your appointment.

Appointments & Cancellations

- Please call at least **48 hours in advance** to cancel or reschedule.
- **No-shows or cancellations within 48 hours** will be charged a **$50 fee.**
- After hours, you may leave a message with our exchange service.

After-Hours Calls

- After hours, calls are answered by our exchange service.
- The **on-call physician** will be notified and respond as needed.

Dr. Gaffar defines a “no-show” appointment as any scheduled appointment in which the

patient either:

- Does not arrive for the appointment
- Cancels with less than a 48-hour notice

"No show" appointments have a significant negative impact on our practice and the healthcare we provide to our patients. When a patient "no shows" a scheduled appointment it:

- Potentially jeopardizes the health of the "no show" patient
- Is unfair (and frustrating) to other patients that could have taken the appointment slot that was missed
- **Disrespects not only the provider's time but also the time of the entire office staff**

How to avoid getting a "no show":

- Confirm your appointment
- Arrive 5-10 minutes early
- Give the office 48 hours' notice to cancel or reschedule the appointment
- Dr. Gaffar's office will attempt to contact you a week before your scheduled appointment to confirm your visit. If we are unable to speak with you up until the day beofre the appointment or leave you a voice message, you will need to conatct our office by 4:00 pm the business day before the appointment – otherwise, the appointment will be cancelled and marked as a "no show"

When you need to cancel or rebook a scheduled visit, we expect you to contact our office no later than 48 jhours ahead of the scheduled visit. This allows us a reasonable amount of time to determine the most appropriate way to reschedule your care and to rebook the vacated appointment time for another patient in need of care. If it is less than 48 hours before your appointment, and something has come up, please give us the courtesy of a phone call anyway.

If you are a "no show", there will be a $50.00 charge added to your account which must be paid prior to rescheduling.

☐ **I have read and understood Dr. Gaffar's "no show" policy as described above**

Signature:_____ Date:_____

🚗 Parking & Check-In

- Parking (including handicap parking) is available in front of the building.
- Please bring a **photo ID and Insurance Card** to your first visit for privacy and identity verification.

💳 Payments & Insurance

- **COPAYS ARE ACCEPTED ONLY VIA ZELLE, CASH, OR CHECK**

(WE DO NOT ACCEPT CREDIT OR DEBIT CARDS)

Due to rising credit card processing fees, a 3.5% surcharge will be applied to all credit card transactions. We kindly request that copays be paird via ZELLE, CASH, or CHECK

- There is a **$25 fee** for returned checks.
- **Co-pays are due at the time of service.**
- Balances are payable within **30 days** of billing.
- We bill insurance on your behalf; however, any remaining balance is your responsibility.

🔐 Privacy & Records

- Our office follows all **HIPAA privacy laws** to protect your medical information.
- To release your health information to another person, please sign a **HIPAA release form.**
- Secure, HIPAA-compliant email communication is available through our **patient portal.**

⚕️ Test Results & Prescriptions

- **Test results** are not discussed over the phone. Please schedule an appointment if you wish to review results.

- **Prescription refills** require that you have been seen within the **past 12 months.**

CONSENT FOR TREATMENT & HIPAA ACKNOWLEDGMENT

I, the undersigned, authorize **COASTAL PULMONOLOGY OF NEWPORT** and its healthcare providers to provide medical evaluation and treatment as deemed necessary.

I understand that:

- I am financially responsible for all charges not covered by insurance.
- I authorize the release of medical information necessary to process insurance claims.
- I acknowledge receipt of the **Notice of Privacy Practices (HIPAA)** and understand my rights regarding my protected health information.

Signature of Patient (or Legal Guardian):

OTHER OFFICE POLICIES

Appointments:

- Please arrive **10–15 minutes early** to complete any paperwork.
- If you are more than **15 minutes late**, your appointment may be rescheduled.

Payments:

- Payment or copay is due at the time of service.
- We accept cash, checks, or Zelle payments
- Unpaid balances over 60 days may be subject to collections.
- **We care deeply about your health. If three consecutive cancellations or no-shows have been noted, we may need to evaluate whether we can continue to provide care as consistency in being evaluated by the doctor in a timely manner is essentiual to successful treatment and outcomes.**

Prescription Refills:

- Please request refills at least 48 hours in advance
- We cannot refill medications after hours or on weekends

Forms and paperwork:

- Allow 3-5 business days for completion of forms (e.g., FMLA, disability)
- A flat fee of $25 will be charged for the doctor’s signature

Communication:

- Non-urgent messages will be returned within 1-2 business days
- For medical emergencies, call 911 or go to your nearest emergency room

Privacy and confidentiality:

- Your personal and medical information is kept strictly confidential in accordance with all HIPAA regulations and other State or Federal statutes that apply

Thank you!

Thank you for choosing Coastal Pulmonology of Newport
We look forward to providing you with the highest quality of care and service
Wishing you good health!

Patient acknowledgement:
I have read and understood the policies described above:

Signature:_____ Date:_____