MING LI TSANG, M.D.

909 Hyde Street, Suite 432 San Francisco, CA 94109 Tel: (415) 474-2162 Fax: (415) 474-2556

Policy and Consent Form

Welcome To Our Practice!

Thank you for choosing Dr. Ming Li Tsang as your primary care provider. We are committed to providing you with quality and affordable health care. Below are our office and financial policies. Please read it, ask us any questions you may have, and sign it in the space provided. A copy will be provided to you upon request.

Phones & Email: Telephones are answered Monday through Friday from 9:00 am. to 5:30 pm. We are closed for lunch during the hours of 12:00 p.m. to 1:30 pm. You are more than welcome to call and leave a message with our answering service after normal business hours. For general questions and nonmedical related questions, you can send us an email at info@drmingtsang.com and we will respond in a timely manner. Questions regarding your medical records or labs should be sent to us through the patient portal (ElationHealth).

Scheduling and Cancellations: You may schedule an appointment online through our website at INITIAL www.drmingtsang.com or you can call our office at 415-474-2162. You may also email us at info@drmingtsang.com to schedule an appointment or for general questions. If you need to cancel or reschedule an appointment, please provide 24 hours advanced notice. If a 24-hour notice is not provided or if you are a no-show, then you are subject to a \$25 fee.

Emergencies: Our practice has full-time coverage for patient emergencies that may occur after hours. If a problem arises during a time when the office is closed, simply call the office at 415-474-2162 and the answering service will contact the doctor on call. Your call will be returned in a timely manner.

Patient Portal: Our patient portal is available for our current and existing patients. The portal allows **INITIAL** you to schedule an appointment online and offers direct access to your labs and medical health records. Medical related questions should be addressed to us in a message through the patient portal. We will assign your username and password to you when you are seen in the office.

It is the patient's responsibility to sign up as soon as possible. Due to patient privacy, this is the only way our office can send you important medical documents. If you have any issues signing up, please contact our office.

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Prescriptions: If you need a prescription refill, please contact your pharmacy directly. Your pharmacy will then call the office if authorization is needed. Your refill requests will be handled by us within 48 hours after your pharmacy's request is received.

Test Results: Your insurance may not cover all imaging or lab tests requested by you or the providers. It is your responsibility to be aware of your coverage; some tests may be applied to your deductible. Dr. Tsang receives and reviews lab reports on a daily basis online and by mail. If

he feels he needs to contact you about your labs, he or one of the staff members will do so. Otherwise, you are more than welcome to contact us to get your lab results. You will be notified of any urgent laboratory results as soon as they are reviewed by your physician.

Referrals: We are able to refer you to the right specialist and can arrange a referral for you in office.

Records Release: It takes us 7 to 10 business days to process records requests. Medical records will be released to any physician upon your written request and authorization as a courtesy. There is a charge for the release of personal records. The processing fee is \$35.00.

Telephone Consultations: As telephone consultations are considered an out-of-network service, we reserve the right to charge a fee depending on the duration of the call. The telephone consult must be initiated by the patient. We do not charge for short brief telephone calls.

Proof of Insurance: We ask that you present your insurance card to us at every visit. Failure to provide current insurance information will result in patient's responsibility for payment of all services rendered. If your insurance company requires you to pick a Primary Care Physician (PCP), Dr. Ming Li Tsang must be the PCP listed on your insurance card.

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Insurance Participation: Dr. Tsang is considered an in-network provider and we will send your claim directly to the insurance company online or by mail. We recommend that patients contact their insurance provider to determine coverage prior to scheduling an appointment. Because your health insurance is a contract between you and the insurance company, we are not responsible for any balance on your claim. We recommend you become familiar with your insurance plan and benefits before attending your visit with us.

Medical Forms: A fee may be charged for the completion of complex medical forms pertaining to, but not limited to: Disability Leave, Medical Equipment Orders, Employer Health Requirements, etc. Forms which require a substantial amount of time, and a detailed review of your medical records, will be subject to a fee ranging from \$10 to \$30, based on our Physician's discretion.

Self-Pay Patients: If you do not have insurance, Dr. Ming Tsang offers a discounted rate for patients who pay out-of-pocket. Depending on the severity of the patient's condition and the length of the visit, the fee for our new patient visits range from \$120-\$150 and for existing self-pay visits from \$80-\$100. Dr. Tsang is willing to work with you and ensure that you get the healthcare and treatment you need regardless of cost.

Treatment Authorization:

I authorize medical and health care treatment by Dr. Ming Li Tsang, M.D.

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Medical Records Release Authorization:

I authorize Dr. Ming Li Tsang to release my medical information to any physician or health care practitioner to whom I am being referred for care and to any payer of my care including my insurance company or managed care program upon their specific request. I also authorize any physician or health care provider I have seen, to release my medical records to Dr. Ming Li Tsang. I have read and understand the Policy and Consent form provided to me.

Signature	Date
Print Name	 Date of Birth

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