

**COMPLETE WOMENS CARE**  
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**OFFICE POLICIES**

Complete Womens Care is dedicated to caring for the special health needs of women of all ages. Please read over our Office Policies and keep a copy for future reference. Your signature below denotes acknowledgment of the policy and the understanding of its content.

**Appointments**

Any patient being treated is legally required to show photo identification (i.e. drivers license/school identification). Please also bring your insurance card with you to every appointment. You may be asked to reschedule your appointment if these documents are not presented at your appointment.

We request that you contact our office at least 4 hours in advance if you must cancel or reschedule your appointment. We appreciate your notification as soon as possible. We also have our live operators standing-by to assist in scheduling or rescheduling your appointments between the hours of 5 p.m. and 9 p.m. (Monday – Friday) after our office is closed. We reserve the right to charge at \$25 fee for non-compliance.

You can contact our office 24 hours a day, 7 days a week through our electronic medical records portal which allows you to schedule/reschedule appointments and complete forms at your convenience.

We will confirm appointments as a courtesy two days prior to your scheduled appointment between the hours of 5 p.m. and 9 p.m. Please listen carefully for any special instructions regarding your visit.

Please allow plenty of time for annual/well visits, approximately 30 minutes. These visits are very detailed; there may be issues to discuss and tests to be performed.

Please know that we make every attempt to run on time and see patients as close to their scheduled appointment times. However, inevitably emergencies arise. Please be patient if we are running behind and know that you will always be given the best of care and detailed attention during your visit.

**Contact Information**

You are responsible for providing and notifying us of any changes to your personal/insurance information. To facilitate communication, please provide us with your home phone number, work phone number and/or mobile phone number. Please also advise if there is any other person we may speak with should we need to contact you.

### **Specialist Consultation/Referrals**

Sometimes it may be recommended for you to be seen by a Specialist. This is sometimes important to ensure you receive the most comprehensive care. You may be given a name of a Specialist or asked to contact your insurance company to find a Specialist covered in your plan. Your compliance within a timely manner is extremely important. It is your responsibility to verify which Specialists are accepted under your insurance plan. If you encounter any problems or have questions, please call our office for further assistance.

Many insurance companies require referrals prior to being seen by a Specialist. We will complete this process for you. It is your responsibility to know whether your insurance requires a referral. If needed, please contact our office at least 48 hours in advance. Please have available your appointment date, the name, address and telephone number of the Specialist you are going to be seeing, the reason for your appointment and the Insurance ID number for the Specialist. Referrals have an expiration date and/or a set number of allowable visits. If your referral expires, you must request a new referral.

### **Patient Forms**

We require at least two business days to complete all forms left by our patients at our office. Please make sure your name, phone number and date of birth are written on the paperwork needed to be completed by our office. We will call you upon completion of your paperwork or we will mail forms when a self-addressed stamped envelope is provided, whichever you prefer. We can also fax completed forms upon request.

For multiple and or extensive patient forms, please allow more than two business days for completion by our office.

### **Medical Records**

Allowable by law, Complete Womens Care will charge a fee for the request of your medical records. Usually the fee is \$.75/per page, however, this may change without notice. However, there is no charge if records are being forwarded/requested by another Physician. While we try to expedite this process, please allow for all requests of medical records to be completed within two weeks.

### **Patient Results/Outside Tests**

Tests such as blood work, throat cultures, urine cultures and biopsies are obtained in our office and sent to an outside laboratory (BioReference Laboratories and Enzo Laboratories) for further evaluation. It may be recommended for you to have additional testing completed outside of our office such as radiology or lab work. Your compliance within a timely manner is extremely important.

We encourage you to schedule an office follow-up appointment to discuss your test results in detail. This will ensure that you always receive your test results properly and understand them completely.

### **Prescriptions/Medication**

Prescriptions are not renewed over the telephone, fax or mail. This is for your safety and in the best interest of your medical health. Please ask for all refills at the time of your visit. However, under some circumstances, Dr. Berman may make an exception to this policy.

You have been notified that we will be acquiring information from your local Pharmacies regarding prescriptions you are currently taking or have taken in the past through our electronic medical records computerized system.

Complete Womens Care will not prescribe any medications without first examining you. While sometimes inconvenient, this is the safest way to practice medicine. If you should call us after office hours, you may be referred to go to our affiliate Stony Brook University Hospital, in Stony Brook, to ensure appropriate care.

### **Vaccines**

Please inquire and/or discuss this with the doctor at the time of your visit.

### **Medical Clearance**

Before surgical procedures, it may be required to have a medical clearance exam. Please schedule your medical clearance appointment no more than 48 hours prior to your surgical procedure. Please bring with you any paperwork you may have been given regarding your surgical procedure from a hospital or another provider.

Please have all required testing/labs completed at least 24 hours before your procedure because all results must be available and signed off by a physician to clear you for surgery.

All surgical paperwork will be filled out prior to your procedure by our office. Complete Womens Care will fax a copy of all forms/test results necessary to Stony Brook Hospital or Stony Brook Ambulatory Center. However, you may be required to pick up the originals to bring with you the day of your surgery, if they are not provided during your visit or not able to be faxed.

If you are sick or required testing is incomplete, please understand that you will not be cleared for surgery and your procedure will be cancelled.

### **After Office Hours**

In the event of a true medical emergency, please dial 911.

If after office hours, you become sick or are worried about an issue that you can not wait until our office reopens, please call our office phone number (631-675-9010) for further instructions. A medical professional will always be available to offer advice any time day or night. If necessary, you may be referred to Stony Brook University Hospital, in Stony Brook.

**Dismissal from Complete Womens Care**

Complete Womens Care has the right to dismiss patients from our practice for any reason, which may not be disclosed.

Prior to dismissal, Complete Womens Care will issue a certified letter informing you of your dismissal. All account balances will be due in full.

Complete Womens Care will provide EMERGENCY CARE only for thirty (30) days after the date of the certified letter issued to you; which will allow you to find another Physician for your health care needs. You will not be eligible to see any of the physicians or providers at Complete Womens Care after the 30-day notice has expired.

**Insurance/Financial Questions**

Please refer to our Financial Policy for all matters relating to insurance and financial matters.

Thank you for reading through our Office Policies.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Date

