

Vijay K. Anand , M.D., F.A.C.S.

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Email: vijayanandmd@aol.com

sinusitis-solutions.com

endoscopicskullbasesurgery.com

Dear Patients,

Our physicians and staff at Vijay Anand M.D., P.C., and East Side Physician Specialist, would like to take this opportunity to welcome you to our office. As your providers of health care, we look forward to serving you. We hope that, together, we can build the kind of relationship that will ensure that you receive quality care and good service.

In order to maximize your health benefits, it is very important that you familiarize yourself with the systems, policies, and protocols outlined in this letter or ask our courteous staff if you have any further questions.

The following is important information you should know:

HOURS OF OPERATION

9am-5pm Monday through Friday. The office breaks between 12:30pm and 2pm for lunch, however the phone is answered 9am to 5pm, 212-452-3005. After office hours, you may call this number and a recording will provide emergency information.

SCHEDULING APPOINTMENTS

Our appointment desk is available from 9am to 5pm daily, 212-452-3005.

Our fax number is 212-452-3660.

Parking garages-73rd Street between 3rd Avenue and Lexington Avenue.

CANCELLATIONS

If you must cancel an appointment, please call the appointment desk AS SOON AS POSSIBLE.

YOU HAVE CERTAIN PATIENT RIGHTS

1. You have the right to be treated with respect, consideration, and dignity.
2. You have the right to high quality medical care delivered in a safe, timely, efficient and cost effective manner and the right to be assured that the expected results can be reasonably anticipated.
3. You have the right to privacy to the fullest extent possible.
4. You have the right to have your disclosures and records treated confidentially and, except when required by law, those disclosures will not be released without your approval.
5. You have the right to be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatment, and prognosis.
6. You have the right to the copies of your medical records at a nominal cost and, if you request it, those records will be transferred to another practitioner in a timely manner.
7. You have the right to be informed of all reasonable options or alternatives for care and/or treatment and of the potential advantages, disadvantages and alternatives to having the procedure performed in the office or other outpatient facility or hospital.
8. You have the right to participate in decisions regarding all aspects of care.
9. No procedure or treatment will be undertaken without your informed consent after the alternatives discussed in #7 above have been discussed with you.
10. You have the right to refuse any diagnostic procedure or treatment and to be advised of the likely medical consequences of such refusal.

11. You have the right to know the conduct expected of you in the facility and the consequences of failure to comply with these expectations.
12. You have the right to know the available services at the facility.
13. You have the right to know the provisions for after hours and emergency care.
14. You have the right to know if any of the planned procedures or treatments is part of a research study and the right to refuse to participate in that study.
15. You have the right to know whether or not your providers are insured.
16. You have the right to know how to go about expressing suggestions to the facility and the policies regarding grievance procedures and external appeals in the event you are dissatisfied with your treatment.
17. You have the right to know the name of your provider.
18. You have the right to know what fees are expected and what the payment policies are.
19. You have the right to know what the physician's credentials are.
20. You have the right to change providers at any time.

YOU ALSO HAVE CERTAIN REPOSIBILITIES:

1. You have the right to accurately and completely provide all clinical personnel with the health information they need including any medications you are taking.
2. You have the responsibility to follow directions of the medical assistant or doctor with regard to diet and/or medication. Compliance is important for desired medical results.
3. You have the responsibility to abstain from using any drugs that have not been prescribed for you and that you have not revealed to the medical assistant or physician.
4. You have the responsibility to abstain from alcohol as directed by your medical assistant or physician.
5. You have the responsibility to inform the medical assistant or physician if you do not understand any directions or you do not understand the course of treatment planned for you.
6. You have the responsibility to timely pay all medical bills which are not in dispute and to forward to us any monies you receive for our services from direct insurance company reimbursement along with a copy of the explanation of medical benefits.

COMPLAINT RESOLUTION

We at East Side Physician Specialist strive to provide you with excellent quality care. We strongly believe in changes to improve and welcome an opportunity to listen to your suggestions and complaints. Please contact office administrator, Amy Miller, regarding any issues or to get further information on our complaint resolution policy.

Our office is accredited with and follows strict guidelines and standards required by the **Joint Commission**, a governing body to insure quality and safety at medical facilities. If you have any unresolved issues and complaints you can contact the Joint Commission directly:

E-mail: complaint@jcaho.org

Mail: Office of Quality Monitoring
Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook, Terrace, IL 60181

Telephone: 800-994-6610

Our JCAHO site name is East Side Physician Specialist.

Our JCAHO reference number is # 431904.

BILLING AND PAYMENT

Please see our front desk or medical biller for details regarding consultation and/or other fees.

INVOLVED IN YOUR HEALTHCARE

Everyone has a role in making healthcare safe. Our physicians, medical assistant, surgical coordinator and office administrator are working to keep your healthcare safety an ultimate priority. You as a patient can play a vital role in keeping your care safe by becoming an active, involved and informed member of the healthcare team. So please, SPEAK UP:

- S**-Speak up if you have any questions or concerns and if you do not understand, please ask again.
- P**-Pay attention to the care you are receiving. Make sure you are getting the right treatment and medication.
- E**-Educate yourself about your diagnosis and your treatment plan.
- A**-Ask a trusted family member to be your advocate.
- K**-Know what medications you take and why you take them. Keep a list with you.
- U**-Use an accredited health facility that provides quality care.
- P**-Participate in all discussions and decisions about your treatment.

PHYSICIAN INFORMATION

Dr. Anand is Board Certified in Otolaryngology.

Becoming a licensed, board certified physician means meeting the most rigorous training and continuing education offered in the field of medicine.

Certification of Physicians is done by Medical Specialty Boards, recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA), as a way to inform consumers that the doctors with these credentials have successfully completed approved training, passed an evaluation process assessing their abilities, and completed required continuing medical education credits yearly. Board certification is time-limited, and to maintain their certification, doctors are periodically reevaluated. They must present evidence of licensure and scope of their practice and pass an examination every 7 to 10 years, depending on their specialty.

FACILITY OWNERSHIP DISCLOSURE

Vijay Anand, M.D., P.C. and East Side Physician Specialist are owned by and operated by Dr. Vijay K. Anand.

Please keep this letter for future reference. Should you have any questions, please feel free to contact us. We look forward to serving you.

Sincerely,

Dr. Vijay K. Anand
CEO / Medical Director