



Practice Guidelines & Policies

Dr. Mina Haidarian M.D.
6604 Westwind Drive
El Paso, TX 79912
Phone: 915-845-4600
Fax: 915-845-4602

Clinic Hours: Monday - Thursday 8:30 am to 5:00 pm, Friday 8:30 am-4 pm. The customary holidays are recognized.

Appointment Scheduling: Appointment changes and cancellations are accepted greater than 24 hours in advance. There is up to a 15-minute grace period on late appointments: after which point the visit may be cancelled at the discretion of clinic management. One unauthorized cancellation will be granted per patient. Additional unauthorized cancellations and late arrivals resulting in appointment cancellations incur a \$25 fee per occurrence.

Balances/Billing: Are payable at the time of scheduled visits, or according to payment arrangements as established with clinic management. Cash, checks, and credit cards are acceptable forms of payment. There will be a \$25 fee for returned checks. Third-party payer (health insurance) will be billed as appropriate: any fees not paid by the third-party payer are the patient's responsibility. It is the patient's responsibility to understand the cost of services sought and to make payment arrangements on balances for medical services rendered in this practice.

Prescriptions: Prescriptions will be given at the time of the encounter with the physician. Calling in of prescriptions is reserved for special circumstances only, and is not routine. A visit to the practice is required within the past year for writing prescriptions and requesting refills.

Letters: Various standardized letters & forms are available free of cost for our patients, however for letters & forms (FMLA, Disability forms, etc.) Requiring personalized composition by a physician other than that required to document a medical visit, there will be a \$25 fee per letter or form. Please allow 72 hours to prepare the letter or form.

After Hours Calls: Urgent or emergency calls are covered by the doctors after hours and weekends, year round. The doctor "on call" simultaneously covers emergency room visits, hospital admissions, and deliveries. Please make every effort to make calls during business hours and reserve after hour calls for medical urgencies and emergencies. Call 911 in case of life threatening emergencies.

Termination from the Practice: There may be rare instances in which a transfer out of the practice is requested. Reasons include unpaid balances, repeated returned checks, multiple unauthorized visit cancellations and changes, forgery of prescriptions, abuse of narcotic pain medication, disruptive behavior, and non-compliance with medical recommendations.

Preservation of Continuity: Once care is established with a physician within the practice, continuity is encouraged with the established physician. Not all requests to change to another physician in the practice can be accommodated, and varies by circumstance. In these instances, we can assist in transferring your care to another practice.

I have read the Westwind Medical Associates, P.A. Practice Guidelines and agree to comply.

Patient Signature _____

Date: