

PEDIATRIX HEALTH SOLUTIONS PARTNER

PATIENT _____ **DOB** _____

Welcome to PEDIATRIX CARDIOLOGY OF MIAMI. Thank you for choosing us. We look forward to partnering with you to address your health concerns, and will do all we can to provide you the best medical care. In order to familiarize you with how our office works, we are approving this information which we hope will find helpful.

OUR PROVIDER

Madeleen Mas M.D. our Medical Director (Pediatric Cardiology and Fetal Echocardiogram)
Claudia B Pereira M.D. (Pediatric Cardiology. Jose L. Pumarino M.D. (Pediatric Cardiology),
James Huhta M.D. (Fetal Echocardiogram), Todd Roth M.D. (Pediatric Cardiology, Cardiology for Adults with Congenital Heart Diseases)

APPOINTMENTS

In order to serve you most effectively, we see patient by appointments only. Please call 305-858-7940 to schedule your appointments. If you are unable to keep you appointment, we ask you to inform us at least 24 hours in advance so that we can make that time available for someone also.

TELEPHONE CALLS

Please call our office during our regular office hours 8:00am to 4:30pm with questions regarding your care prescriptions refills or results of any source. Medication refills with not be provided during weekends or Holidays.

MEDICAL RECORDS

Medical records fee is \$15.00 and for a copy of echocardiogram study \$12.00 and needs to be pay before starting process.

AFTER HOURS SERVICE

For urgent medical questions after hours, please call the regular office number 305-858-7940 and our 24-hour answering service will contact the provider on call to return you call promptly. For al your non-urgent issues we urge you to call the office during regular hours, Monday through Friday from 8:00am to 4:30pm.

AUTHORIZATIONS OR REFERRALS

Some of our services required Authorization or Referrals, we will inform the patients when this is needed but patients are responsible to obtain it depending on their insurance policies.

Feel free to ask any staff member for help if you do not understand any of the above.

I have read and understand the above office policies

Signature _____ **Date** _____