

COASTAL CARDIOVASCULAR CONSULTANTS, PA

ICANL, ICAEL, ICAVL ACCREDITED LABORATORIES

PRACTICE LIMITED TO CARDIOVASCULAR DISEASE

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Coastal Cardiovascular Consultants, PA Referral Policy

SUBJECT: Referral policy for consultations, medical treatment and diagnostic testing

SCOPE: This policy applies to all physicians, health care professionals and staff members of Coastal Cardiovascular Consultants, PA.

PURPOSE: To establish a written protocol outlining the guidelines for making referrals for additional medical treatment. This policy will ensure that all patients regardless of type of insurance receive the best medical advice available.

POLICY: It is the policy of Coastal Cardiovascular Consultants, PA to provide medical treatment and advice without regard for the type of insurance a patient may have. Our medical and administrative staff is concerned primarily with the patient's health and the optimal treatment of the patient's medical condition. There are many factors that affect the decision to make a referral. Our recommendations for type of treatment and where that treatment may be rendered stem from years of specialized medical training and expertise and are not based upon the patient's insurance plan. The final decision for what medical treatment a patient seeks and where they go to have that treatment will always be the ultimate responsibility of the patient. It is the patient's responsibility to understand their health insurance plan and make the best medical and economic decision for themselves.

PATIENT'S CONSENT:

By signing below, I acknowledge that the physicians and staff of Coastal Cardiovascular Consultants, PA may make referrals for medical treatment that may not be covered or may be covered at a reduced benefit at an additional cost to me. It is ultimately my responsibility to decide what treatment I want and where I want to have my treatment.

Patient Signature

Date