



**SHORELINE ENDOCRINOLOGY**  
**Dr. Abby Abisogun**  
**7505 Waters Avenue, Suite A9**  
**Savannah, GA 31406**  
**Phone 912-483-9313; Fax 912-446-0549**

## **Office Policies and Procedures**

Welcome to Shoreline Endocrinology. Thank you for entrusting us with your care. Please note that we specialize in providing endocrinology care for our patients. We therefore do not provide primary care services. Please be sure to maintain regular follow up appointments with your primary care provider.

### **Appointments**

Our office is open from 8:30 am to 4:30 pm Monday through Thursday and 8:30 am to 1:00 pm on Friday. Appointments can be scheduled by calling the office during these hours. We have a reminder system by which you will receive a call/text/email reminder of your appointment 1-2 business days prior to your scheduled visit, permitting we have your correct contact information. Please also have your own reminder system.

If you are unable to keep an appointment, please notify us as soon as possible so that we may offer that appointment slot to someone else who needs it. We will get you rescheduled as quickly as possible. A **“no-show” is failure to call to reschedule or cancel an appointment at least 24 hours prior to the scheduled visit. Our no-show fee is \$50.00** and will need to be paid before any additional services are rendered. More than one no-show constitutes grounds for dismissal from the practice. This is at the discretion of the treating physician.



## **Telephone Calls**

**DO call 911 if you are experiencing a medical emergency.**

Our office is open from 8:30 am to 4:30 pm Monday through Thursday and 8:30 am to 1:00 pm on Friday, except for holidays and other special circumstances. Routine questions, prescription refill requests, and other non-urgent matters should be addressed by calling the office during normal hours or by sending a secure message via the patient portal. You may also communicate via text or email at your discretion. Please be aware that these are non-secure methods of communication and privacy cannot be guaranteed. On occasion, we are busy with other patients, and calls get forwarded to voicemail. In that case, please leave a message providing your full name, date of birth, phone number, and the reason for your call. We check our messages continuously throughout the day, and will call you back as soon as time allows. All messages left prior to 3:00pm will be addressed that same day. Any messages left after 3:00pm may not be addressed until the following business day.

**Please be advised that the physician is not available after hours.** You may leave a voice message for non-urgent matters and a staff member will call you back the next business day. **If you are experiencing a medical emergency, call 911.**

## **Prescriptions**

If you need a prescription refill, please **contact your pharmacy or durable medical equipment supplier first.** They will submit an electronic request on your behalf. Requests received before 3:00pm will be addressed the same business day (with the exception of Fridays), whereas requests received after 3:00pm will be addressed the next business day. Because the office closes at 1 pm on Fridays, refill requests received after 12 pm may not be completed until the next business day (Monday).

Please do not wait until you have run out of medication or supplies to request a refill. There may be delays in refills from the doctor if she has questions, if you need an appointment, or if there are delays at the pharmacy. **Some medications, such as blood pressure or diabetes medications, require visits with Dr. Abisogun every 3-6 months.** If you have not been seen in 6 months, you may be given only a 30 day refill. ALL medications require visits at least every 12 months. Again, you may be given only a 30 day refill until you are seen.

Some medications require written prescriptions due to state and federal regulations. A paper prescription may need to be picked up from our office in this case.

## **Test Results**

Please **allow at least 2 weeks** for ALL test results to be reported to you. We will send you a portal message with the results or give you a call to discuss. If you have a



follow-up appointment within one week of the test, the doctor may wait until your appointment to review the results with you.

**Payments**

Payment is due at the time of service in the form of cash, money order, or credit/debit card. **No personal checks will be accepted.** Our office does not accept or bill any health insurance plans. We cannot guarantee that your health insurance company will reimburse any portion of the fees you pay to our office. **PAYMENTS ARE NON-REFUNDABLE.**

If you are paying monthly for membership, payments will be charged to a credit card kept on file. Membership is for a minimum of 12 months. If a payment cannot be charged, your membership may be cancelled unless you bring your payments up to date. If you wish to reinstate your membership, you will need to pay a new membership fee and bring your missed payments up to date.

A **non-refundable** deposit may be required to schedule a new consultation and certain in-office procedures. Please provide notice to the office at least 24 hours before your scheduled appointment if you need to reschedule. Last minute cancellations or no-shows will result in forfeiture of any deposits made in advance. Exceptions will only be made for emergent situations. This will be at the discretion of the treating physician.

**Medicare recipients**

Please note that Dr. Abisogun is opting out of Medicare and will not bill Medicare for any services. Payments made to Shoreline Endocrinology cannot be legally submitted to Medicare for reimbursement. Labs drawn outside of our office and imaging ordered by Dr. Abisogun may or may not be covered by Medicare.

I acknowledge that I have received and read a copy of the Shoreline Endocrinology office policies and procedures.

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Authorization and Consent to Treatment

### **Authorization to Treat and Release**

I hereby voluntarily consent to the rendering of such care and treatment as my physician, in their professional judgment, deem necessary for my health and well-being. I understand and agree that my physician may contact me using automated calls, emails and/or text messaging to my home/work/mobile phone. These communications may notify me of preventive care, test results, treatment recommendations, outstanding balances, or any other communications from my physician. I understand that I may opt-out of receiving such communications at any time by notifying my physician's staff.

I authorize Shoreline Endocrinology to release to, and receive from, any doctor, Hospital, Clinic, or other Healthcare Provider any medical records/information relating to my health, including without limitation, relating to illness or disease cause, treatment, diagnostic testing including laboratory and/or radiology. The forgoing shall include records and information relating to HIV infection, AIDS, Mental illness and/or use of alcohol or drugs.

Your signature below fully authorizes our doctor(s) and staff to perform examinations, diagnostic testing and/or treatment as we may consider it necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Privacy Statement**

You have the right to review our privacy notice, request restrictions and revoke consent in writing after you have reviewed our privacy notice. By signing below, you acknowledge that you have read, understand, and agree to the Shoreline Endocrinology Notice of Privacy Practices.

I understand that my doctor's Privacy Notice is available at [www.drabbyendo.com](http://www.drabbyendo.com) and that I may request a paper copy at my doctor's reception desk.

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date \_\_\_\_\_