



Welcome to **Patuxent Endocrinology Associates.**

Dr Reena Thomas, MD is a board-certified endocrinologist and has trained and worked in Endocrinology, Diabetes and Metabolism in the United States as well as in the United Kingdom.

This practice offers comprehensive specialist care for Type 1 and Type 2 diabetes mellitus, gestational diabetes, cystic fibrosis related diabetes, thyroid, parathyroid, adrenal and pituitary disorders, bone metabolism disorders (osteoporosis, osteomalacia and Paget's disease of bone), male and female hypogonadism, polycystic ovarian syndrome, metabolic disease, lipid disorders and transsexualism.

Diagnostic services:

- Ultrasound and fine needle aspiration services for thyroid nodules.
- Ultrasound for parathyroid related disorders.
- Continuous glucose monitoring for people with diabetes mellitus.

We work to keep waiting times to a minimum. We look forward to looking after you.

Thank you.

PATUXENT ENDOCRINOLOGY ASSOCIATES, LLC.

205 Steeple Chase Drive, Suite 307
Prince Frederick, MD 20678
Phone 443-432-3020; Fax 443-486-7178
Email: patuxentendo@myupdox.com

Full Name: _____ Social Security # _____
Date of Birth: _____ Race: _____ Preferred Language: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Phone (Home): _____ (Work) _____ (Other) _____
Marital Status: _____ Email Address: _____ Emergency Contact
Name: _____ Relationship to you: _____
Emergency Contact Phone: _____ Alt Phone: _____
Primary Physician: _____ Referring Physician: _____
Pharmacy: _____ Pharmacy Location: _____

AUTHORIZATION TO RELEASE INFORMATION

I _____, authorize **Patuxent Endocrinology Associates**, to release any medical or incidental information needed for the insurance claim(s) to the insurance payor or other secondary insurance, as listed in my file.

I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to Patuxent Endocrinology Associates, LLC.

NOTICE OF PRIVACY POLICY

I have received a copy of the Notice of *Privacy Practices*, and I have reviewed the below mentioned “new patient checklist” information.

SIGN IN SPACE BELOW	
Patient/Guardian Name (printed):	
Patient Signature:	
Date signed:	

NEW PATIENT CHECKLIST

- Medical Records** – Please call your primary care doctor and request them to fax a copy of your medical records to us.
- Medications**- Please bring ALL your current medication bottles to your visit and/or a complete updated list.
- Patients with Diabetes mellitus**- Please bring your blood sugar meter and blood sugar log. Please check your blood sugar 4 times a day (before each meal and bedtime) and bring in a log of the week prior to your visit.
- Cancellation and Missed Appointments** – If you are not able to keep your appointments, please call us **at least 24 hours before your appointment** so that we can schedule other patients into your reserved time slot.
- Cancellation of 24 hours is required for the cancellation of all appointments to avoid charges.**
- Please note that the office is under video and audio surveillance for safety and workplace improvements.**

Patient Agreement

Patuxent Endocrinology is committed to providing you with quality and affordable health care.

This is an Agreement between Patuxent Endocrinology Associates, (“**Practice**”), a Maryland LLC, located at 205 Steeple Chase Dr. #307, Prince Fredrick, MD 20678, and the person who signs below (“**Patient**”). By signing below, you, the Patient, indicate your consent to these terms.

1. Services. As used in this Agreement, the term Services shall mean any products or services you choose to receive from the Practice.

2. Insurance. The practice accepts Medicare, Medicaid Maryland, and CareFirst BlueCross Blue Shield insurances only. If you are not insured by a plan, we do business with, payment in full is expected at each visit.

3. Fee schedule:

You have been given the fee schedule either via email or in the printed form.

4. Fees

A. Booking Fee. Patients not covered by Accepted Insurance shall pay a \$100 booking fee to make an appointment. That booking fee shall be used toward the cost of the Services received. The booking fee is non-refundable but can be used for 1 future visit if the visit for which it was used had to be cancelled due to an unforeseen emergency.

B Payment. Patients may pay for Services in-person at the Practice via credit card or check, over the phone via credit card by calling 443-432-3020.

4. Assignment. This Agreement, and any rights or responsibilities Patient may have under it, may not be assigned, or transferred by patient.

5. Acceptance of Patients. Practice reserves the right to accept or decline Patients based upon its capability to handle appropriately the Patient’s needs. We may decline new patients because the Provider’s panel of patients are full, or because the Patient requires medical care not within the Practice’s licensed health care practitioners’ scope of services.

6. Jurisdiction. This Agreement shall be governed and construed under the laws of the State of Maryland and all disputes arising out of this Agreement shall be settled in the court of proper venue and jurisdiction for the Practice address in Maryland.

I have read and understand the patient agreement:

Patient Printed Name _____

Patient (or Guardian) Signature _____

Date _____

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Patuxent Endocrinology Associates Prescription

Refill Procedure

Patients should call their Pharmacy when they need a refill for the medications prescribed by Dr. Thomas. Please avoid calling the office for refills.

Prescription refills must be requested from the pharmacy. Patients who want to transfer prescriptions to a new pharmacy must allow 2-3 days for new prescriptions to be written and sent into the new pharmacy.

Prescription refills take at least 24 hours to process.

Please call and request medication refills several days before running out of medications, to allow for this processing time.

The fastest and most convenient way to request prescription refills is during your office visit, which will allow us to transmit prescriptions to the pharmacy when the doctor is seeing you in the office.

I hereby acknowledge that I have been made aware of Patuxent Endocrinology Associates Prescription Refill Procedure.

If you have not received your prescription within 72 hours (business days), please call the office and let us know.

Name: _____ Date: _____

Signature: _____

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Patient Portal – an effective means of communication

Patuxent Endocrinology would like to invite you to sign up for the patient portal.

Please copy and post the Link into your internet browser and log in to your patient portal:

<https://myupdox.com/portal/patuxentendo/html/index.html>

Why use a patient portal:

1. Secure email messaging – regarding any questions you have in between your office appointments.
2. Setting up appointments.
3. Discussion of lab results or imaging results ordered at your office visit.

Process:

1. Write out your email on your demographic form and speak to the front staff about setting up your patient portal.
2. Once you have done this, you will receive a communication from our practice – click on the link and set up your username and password.

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OFFICE LOCATION

**FOX RUN PROFESSIONAL CENTER,
(BEHIND TACO BELL)**

SUITE 307

205 STEEPLE CHASE DRIVE,

PRINCE FREDERICK, MD 20678.

TEL: 443-432-3020; FAX:443-486-7178

