

# CHESAPEAKE ENDOCRINOLOGY



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## **Doctor-Patient Relationship Agreement**

Individuals are not considered patients of the practice until they have been assessed by a provider and determined to be a suitable match for the patient and the practice. Membership sign up can be reversed if the individual is not determined to be a suitable match.

The Doctor-Patient relationship is based on mutual trust and expectations and is critical to continuity of care, patient satisfaction, and optimum treatment results. It is the expectation of the practice that:

- You will disclose all pertinent information regarding health conditions including any changes since the last visit, as well as, all medications, including prescribed, over the counter, and homeopathic.
- You will follow all provider recommendations including specialty referrals, physical therapy, and other treatment modalities.
- You will follow up appointments are required for a thorough discussion on laboratory/imaging findings and medical management.
- You understand we will respond to your phone calls and portal messages in a timely manner, and that it may take up to 3 business days.
- You will pay all membership fees, no show fees, and outstanding balances prior to being seen.
- It is your responsibility to fully understand your health insurance benefits and to know if a referral to Chesapeake Endocrinology is required.
- We do not verify coverage with your health insurance for any labs or imaging tests ordered, and it is your responsibility to do so.
- We require a 3-day notice for prescription refills.
- Prescriptions and refills are provided until the next appointment/visit/encounter.
- You will appear for all regularly scheduled appointments on time and notify us 24 hours prior to your appointment if you are unable to make it. Cancellation fees apply per our Financial Policy document.
- Prior authorizations and forms can take up to 10 business days to complete.
- If you are 15 minutes late, the appointment will need to be rescheduled.
- You have read and understand our patient policies. You can request a written copy at any time. You understand digital copies can also be found at our website (<https://cendomd.com/>)

Additionally, all patients and their guests are at all times expected to maintain proper decorum towards providers, staff, other patients, visitors, as well as vendors.

By signing below, you agree to these terms and conditions and understand that failure to comply may be grounds for dismissal from the practice.

**I have read and agreed to the above information.**

**Patient's Name (print)** \_\_\_\_\_ **D.O.B** \_\_\_\_\_  
**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_