

Valley Heart Rhythm Specialists



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Practice Policies

Failed Appointments (“No Show”):

If you are more than 30 minutes late for your appointment, we reserve the right to reschedule your appointment. A “No Show” fee of \$25 may apply if you do not call to cancel or reschedule your appointment within 24 hours of your scheduled time.

Insurance Policy:

You are responsible for all co-pays, deductibles, and charges not covered by your insurance(s). We collect co-pay at time of visit. Please understand that we cannot as third party, become involved in lengthy insurance negotiations. This is your responsibility.

Cardiac Clearance:

Please have the requesting physician’s office send us the request AT LEAST 7-10 days prior to your scheduled surgery.

Prescription Refills:

Please request your Pharmacy to send us the refill request. Please allow us AT LEAST 48 hours for medications refills.

Family and Medical Leave Act (FMLA) and Disability Forms:

Please allow our providers AT LEAST 7-10 days for review and completion of forms

Authorization for Release of Medical Records:

I authorize the doctor to release any medical information (notes, reports, labs, studies, etc...) pertaining to any treatment or examination rendered to me. I understand that this medical information may be used for any purpose (such as diagnosis, insurance, legal) when the doctor deems it necessary in order to ensure the best medical care on my behalf. I further understand that any person(s) who receive these records will not release them to any other person or organization without a further authorization signed by me.

I HAVE READ THE ABOVE AND ACCEPT FINANCIAL RESPONSIBILITY IN FULL FOR THIS ACCOUNT

Patient Name: _____

Patient/Guardian Signature: _____ Date: _____