Valley Heart Rhythm Specialists, PLLC

(Huy M. Phan, MD PhD FHRS & Erica Brackin FNP-C)

595 N. Dobson Road Suite A5, Chandler AZ 85224 Tel: 480-534-7308 Fax: 480-534-7309

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. If you fail to cancel or reschedule your appointment within 24 hours of your scheduled time**, a "NO SHOW" fee of $25 for an Office Visit, $50 for an ECHO, ECHO Optimization, or STRESS TEST** will be applied to your account.

Follow Up Appointments:

After the initial visit with Dr. Phan, your subsequent follow-up appointments may be alternated with Erika Brackin, our certified Nurse Practitioner. However, if you have urgent issues and would like to see Dr. Phan, we will try our best to accommodate.

Returned Check / Insufficient Funds:

Any returned check or insufficient funds notice (NSF) will incur a fee of $30 and will be applied to your account.

Insurance Policy:

You are responsible for all copays, deductibles, and charges not covered by your insurance(s). **We collect copay at time of service**. Please understand that we cannot, as third party, become involved in lengthy insurance negotiations.

Cardiac Clearance:

Please have the requesting physician's office send us the request **AT LEAST 7-10 BUSINESS DAYS** prior to your scheduled surgery.

Prescriptions:

Please request your Pharmacy to send us any refill request **AT LEAST 48 HOURS** for medications refills. Please avoid having prescription refilled over the weekend due to limited pharmacy hours and restrictions. By signing below, you authorize Valley Hearth Rhythm Specialists to routinely obtain a copy of your electronic prescription history.

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

Please allow our providers **AT LEAST 7-10 BUSINESS DAYS** for review and completion of forms.

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

Patient Name: ____

Patient/Guardian Signature: ____Date: __________________