



Welcome:

We are pleased that you have selected ElderConsult Medical Associates to provide geriatric care for yourself or your family member. We look forward to working with you and will strive to provide you with the best medical care possible. This letter is intended to acquaint you with the basic practices of our medical group. Should you have any questions, please feel free to contact us.

REQUIRED FORMS

Prior to scheduling our first meeting we will need the following enclosed forms completed and returned to us:

- Patient Information Sheet (enclosed)
- Physician Services Agreement (enclosed) signed by the patient or the Medical Durable Power of Attorney (DPOA)
- Geriatric Assessment – Short Form (enclosed)

At the time of the Initial Assessment please provide the following:

- Medical DPOA (if it exists)
- Financial DPOA (if it exists)

INITIAL ASSESSMENT

Your first meeting will be an Initial Assessment with the physician to:

- Discuss medical and social concerns
- Review medications
- Provide a complete physical exam, including cognitive and mood evaluation
- Agree on goals of care

This meeting will take 1_ to 2_ hours and we **strongly** encourage that all key family members and caregivers are present.

Please call Patricia Maxwell at 650-357-8834 to schedule the Initial Assessment.

YOUR RESPONSIBILITIES

Health Care Related Responsibilities

- **Call 911** if there is a medical emergency.
- If there are any concerns, it is the responsibility of the patient, the family or the caregivers to inform the ElderConsult professionals as soon as possible.
- Call us if the elder has gone to the Emergency Room or the hospital.
ElderConsult providers do not admit patients to hospitals.

- Notify us of changes to any of the personal or medical information you have submitted.
- Provide us written notification of preferences for informational updates.

Financial Responsibilities

- As ElderConsult is not a Medicare participant, **check with your insurance company** on their payment policies for your individual policy. Your insurance company may or may not reimburse a percentage of the bill.
- Pay at time of service via check or credit card.

Please note that Medicare will not provide claims denials to medical providers who have “opted-out” of the Medicare program. Some insurance companies will accept our “Medicare Opt-Out Letter” in its place.

OUR RESPONSIBILITIES

Health Care Related Responsibilities

- Professionally address concerns presented to us.
- For urgent medical issues we will strive, but cannot guarantee, to see patients the same day or the next day. (Call 911 if there is a medical emergency.)
- Within 5 business days of the Initial Assessment we will send a Geriatric Assessment report including a plan of care to the patient or medical DPOA as well as the primary care physician.
- Our providers will be available via cell phone and will return calls within six hours. (Please listen to the cell phone voicemail message for specific directions.)
- Visit patients as is medically advisable.

Financial Responsibilities

- We will send a Claim to eligible insurance companies (non-HMO, for example) along with a “Medicare Opt-Out Letter”.
- We will send a claim statement to the patient or financial DPOA.

PLEASE REMEMBER

- For care-related issues, call your provider directly on their cell phone.
- Please call our office for issues such as scheduling, paperwork, billing, and refills.
- Follow-up exams to the Initial Assessment are the best way to ensure our recommendations are producing the desired outcome.
- The initial assessment will be provided by the physician. For more stable patients, by arrangement, the nurse practitioner may perform the follow up visits.

My colleagues and I look forward to providing you with the best of care. We appreciate your trust.

Sincerely,

Elizabeth Landsverk, MD