



PHONE INTERVIEW FORM

PHONE INTERVIEW - HOW TO SCHEDULE

- Complete and sign both pages
- Complete billing / credit card information
- Fax over both pages to 212-257-7003 or email them to faxes+2037995@waitingroomsolutions.com
- Our office will call you to schedule a phone interview.

PHONE INTERVIEW FEES / POLICY

- **PLEASE DO NOT SEND IN YOUR MEDICAL RECORDS / LABS, ETC.** Please have them ready as Dr. Frid will refer to them during your interview.
- \$500 / 30 min phone interview with Dr. Elena Frid. If additional time was used beyond 30min, you will be charged at a rate of \$250 / 1-15min or \$500/15-30min.
- You may request additional phone interviews, which will be billed at **\$500 / 30min**
- Phone interview fee of \$500 will be applied towards your initial in-office consultation if you choose to come to us within 3 months of your in phone interview
- There is no Medicare or commercial insurance reimbursement for this service. No Claim form will be provided

PHONE INTERVIEW CANCELLATION POLICY

There will be a \$250 charge to your credit card if a scheduled phone interview appointment is not cancelled or rescheduled within 48hr notice. Confirmed patients that did not call in for their appointment will be billed \$500. NO EXCEPTION.

PATIENT PHONE INTERVIEW DISCLAIMER

- Phone interview does not replace proper in-office consultation.
- Dr. Elena Frid does not assume any responsibility as your treating physician. Phone interview is **advice-only**. Treatment orders, prescriptions, labs, medications, phone interview note, claim forms, and care directives/referrals are not PROVIDED for phone interviews. ELENA FRID MD PC reserves the right to deny advice & care for potential misuse of services.
- No further assistance will be made by Dr. Elena Frid nor Elena Frid MD PC staff once the phone interview is over. That may include, follow up questions regarding but not limited to: medication, lab, orders names, plan of action etc.
- Phone interview / medical advice rendered by Dr. Elena Frid and her staff is subject to their professional judgment without seeing a patient.
- Consultations are billed with the timer on Dr. Frid's phone considered to be an accurate counter
- Phone interview voice recording is not allowed at any time.

BILLING RESPONSIBILITY

PERSON RESPONSIBLE FOR BILLING SELF FATHER MOTHER SPOUSE OTHER

NAME ON CARD:

CARD NUMBER:

EXP:

SEC CODE:

ZIP:

TYPE:

(We do not accept AMEX)

My signature below represents that I have read and understood above policies. I understand that Dr. Elena Frid (Elena Frid MD PC) will not and is not my treating physician. I understand that Dr. Elena Frid's phone interview is **Advice-Only**. My current treating doctor or caretaker will continue my medication and treatment plan. I also acknowledge that there is no Medicare or insurance reimbursement for this service. I have had the opportunity to ask questions and my questions have been answered to my satisfaction, and I give my consent. **PAYMENTS ARE DUE AT THE TIME OF THE VISIT. PAYMENTS ARE FOR DOCTORS TIME SPEND THAT DAY DISCUSSING, ANALYSING, STRATEGIZING AND PROVIDING MEDICAL ADVICE TO PATIENT. PATIENT MAY NOT CLAIM NOR PURSUE CHARGE BACK OR DISPUTE CHARGES AFTER SERVICE WAS PROVIDED.**

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE X _____ DATE _____ - _____ - _____



ELENA FRID, MD
 NEUROLOGY
 151 EAST 62ND ST. STE 1A NEW YORK, NY 10065
 Ph: 212-288-8832 / Fax: 212-257-7003

PHONE INTERVIEW QUESTIONNAIRE

PLEASE DO NOT SENT IN YOUR MEDICAL RECORDS / LABS, ETC. THEY WILL NOT BE READ.

PATIENT NAME _____ DOB: _____ - _____ - _____ GENDER: _____
 LEGAL GUARDIAN NAME: _____ ADDRESS: _____ APT _____
 STATE: _____ CITY: _____ ZIP _____ CONTACT NUMBER _____
 EMAIL _____

BRIEF ILLNESS SUMMARY: WHEN DID THE SYMPTOMS BEGIN?

TOP CURRENT SYMPTOMS YOU ARE CALLING ABOUT

| | | |
|---|---|-----------------|
| • | • | OTHER: _____ |
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LIST PAST AND CURRENT TREATING PHYSICIAN:

| CURRENT MEDICATION | STRENGTH / DOSAGE (EX. 25MG X 2) | FREQUENCY (EX. QDAY, BID, TID) | INDICATION | INITIATION | HOW IS PATIENT TAKING THE MEDS? |
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CURRENT SUPPLIMENTS:

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ALLERGY TO MEDICATION:

DIAGNOSTIC / LAB TEST FINDINGS:

| | |
|-----------------------|------------------|
| IGENEX: | CUNNINGHAM PANEL |
| GALAXY: | MRI: |
| ELISA / WESTERN BLOT: | SPECT SCAN: |

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE X _____ DATE ____/____/____