



Office Policies

Welcome to Elevate Health. We are a primary care practice offering integrative healthcare. We will work with you to address your health issues and offer guidance toward optimum health. Please take a few minutes to read our policies. Your cooperation and proactive involvement will help us to assist you with your healthcare.

Cancellation/Missed Appointment Policy

We value our time with you, and we want to make the most of it. To provide you with optimal service we schedule our appointments for 30 to 90 minutes depending on the provider and patient needs. If you are unable to make a scheduled appointment, please provide us with at least 48 business hours of your scheduled initial appointment and at least 24 business hours in advance of your scheduled follow up appointment. If cancellation notice is less than 48 business hours for initial visit or 24 business hours for follow up visits, or you fail to come for a scheduled appointment, there will be a \$250.00 fee for new patient appointments, and a \$100.00 fee for follow-up appointments. This fee is not covered by your insurance company and is non-negotiable. It is our office policy to hold credit card information for new patient appointments, to be charged in the event of a missed appointment or cancellation less than 48 business hours before the scheduled appointment time. By signing the authorization below, you are authorizing our office to charge your account if you should cancel your new patient appointment within 48 business hours of your scheduled appointment time or not show up for your appointment.

Due to the nature of this profession, urgent/emergent matters arise at all times of the day. It is our commitment to all our patients to address your urgent/emergent matters accordingly. This can affect our daily schedule and we graciously ask for your understanding and be assured if your provider is late to your appointment, they will address your needs thoroughly. Our MA's will check you in on time. To mitigate more delays to our schedule we may ask you to reschedule if you are more than 15 minutes late arriving for your appointment. We reserve the right to charge a missed appointment fee of \$100 if you are more than 15 minutes late to your appointment. We reserve the right to terminate patient care in the event of multiple late arrivals or missed appointments.

We will not reschedule a new patient after a no show.

Lab and X-ray Results

To comply with the Cure's Act, Elevate Health will release your EHI (Electronic Health Information) upon request. Consequently, your provider may not have had an opportunity to review your results before releasing the requested EHI. Please keep in mind and know, if a test result is concerning, we will call you right away. Our providers may send you your results via the patient portal or they may request a visit to go over abnormal results in person. If you already have an appointment scheduled, they may wait to give you your results at that appointment.

The Cure's Act also enables the facility where you had testing done to disclose your EHI directly to you. This sets up the possibility that the patient may receive the results before the provider. Keep this in mind if you receive the results via the facility performing the test. We ask that you please be patient with hearing from your provider. Please do not send us screenshots or forward lab results to us unless we explicitly request you to do so.

Referrals

We are happy to refer you to a specialist if your problem is beyond our expertise. We may ask you to come in if we need more information and a physical exam to assist in making the appropriate referral. Please allow 3-5 business days for non-urgent requests. The specialist's office will generally reach out to you to schedule the appointment. If you have not heard from them one-week after we have sent them the referral, you should phone the specialist's office to schedule an appointment.

Prescription Refills

For medication refills, please call your pharmacy and ask them to notify us electronically or via fax at 503.227.0745. Please allow 48 hours for a request to be filled. For compounded medications you should allow at least 5 business days for refills. If we have not seen you in over a year, we may give you a small refill to last you until you can get in for a visit. If you are taking a chronic medication, your provider will want to see you at least once a year. **Narcotics will not be refilled after hours.**

Communication

For all NON-URGENT issues, we prefer communication to staff and providers to go through the patient portal. Responses may take up to 48 hours and are often much quicker than that. It depends on the provider/staff workload that day. You can access the patient portal via our website at www.elevatehealthpdx.com and click on the Patient Portal link in the top right on the home page. By using the portal your message becomes a part of your chart for future reference. It will also create a communication thread to ensure continuity. Our portal allows patients to attach documents to messages. You can also send us a hard copy through the mail, fax it to 503.227.0745 or hand deliver it to us. For billing and other administrative issues, you can email info@elevatehealthpdx.com.

We also occasionally send out email announcements. It will be from info@patient-message.com. Please add these email addresses to your email contacts list to ensure our communication with you does not go into your spam folder. If you do not hear back from us within 2 business days, assume your communication did not make it to us and reach out again.

For URGENT medical issues, please call the office at 503.227.0350 and follow the prompts to leave an urgent voicemail message. You may also leave a detailed message in the portal and let the on call provider know you've done this in your urgent voicemail message. Please know that if you only send us a portal message, it will likely not be seen until the next business day.

Telephone messages

If you have symptoms that you think may be life threatening, including concerns about chest pain or stroke, please call 911 or go to the nearest emergency room. If you phone the office during business hours and receive our voicemail, it means we are with another patient or on the other line. It is our goal to return calls as soon as possible to let you know your call was received. Messages left after 4 pm may not be reviewed and returned until the following business day. To ensure our phone calls to you do not get blocked and labeled as spam please add (503) 227-0350 to your contact list. If you do not hear back from us within 24 hours, please reach out again because we may not have received the message. Sometimes technology fails.

After Hour Calls

If you have symptoms that you think may be life threatening, including concerns about chest pain or stroke, please call 911 or go to the nearest emergency room. All after-hours calls will be handled with our after-hours answering service. Call our main clinic number at 503.227.0350 and follow the prompts. If it is an urgent matter that cannot wait until the next business day, your message will be immediately forwarded to the provider who is on call. They will call you back generally within the hour. If your call is not urgent, it will go into the appropriate voicemail box to be handled on the next business day.

2230 NW Pettygrove St Ste 110
Portland, OR 97210

phone: 503.227.0350
fax: 503.227.0745

Email

Email is not secured or HIPAA compliant and used only for non-urgent communication. Responses can take up to 48 hours. For medical issues you can contact our medical assistant at medassist@elevatehealthpdx.com. For all other issues you can use: info@elevatehealthpdx.com. If you email information to us, we will confirm receipt. If you do not receive this confirmation, please email again, or call us.

Payment

We accept cash, checks, debit cards, Visa, Master Card, American Express and Discover credit cards.

Insurance

For your convenience, we can bill your insurance company. Please contact your insurance company to become familiar with your benefits and to confirm if the provider you are seeing is in-network. Depending on the benefits of your plan you may be responsible for amounts not covered by your insurance company. You should know their authorized facilities and the following regarding covered benefits: Lab & Imaging such as X-ray, CT, MRI, and Ultrasound, preventive services (routine physical), prescription coverage (mail order), and office procedures (wart & mole removal). You are expected to pay your deductible if it is still due, your co-payment, any non-covered services, and for all supplements and products at the time of service. Please let us know immediately of any changes to your insurance.

Supplement Sales

All sales are final. We cannot accept returns or issue refunds for any products.

Feedback

We welcome your feedback, both positive and constructive. It helps us grow as a clinic and can be helpful to us personally as well. We wish to learn from our mistakes and to improve on the care we provide. If you feel uncomfortable discussing something with us in person, please send a letter. We appreciate the time you take to keep us informed.

Scope of Practice

We are a medical practice focused intently on working with patients actively engaged in treatment for their health conditions. Our waiver requires that you agree you are not in a lawsuit or gathering information for a lawsuit. More specifically, our medical providers will not work as testifying experts for any medical case once they have entered a doctor patient relationship. That means they will not write a letter or appear in a deposition to advance any or all legal actions a patient is engaged in or planning to engage in by arguing causation. Causation means that the doctor states a patient illness is caused by a specific situation. They will write a general letter that certifies they have seen the patient, include the patient diagnoses and the limitations that diagnoses imposes on activities and habitation. Failure to abide by this limitation of scope of practice will result in termination of the doctor patient relationship.

I certify that I seek the advice and treatment of Dahra Perkins, MD and Elevate Health solely in my personal capacity, and do not represent any governmental agency, law firm, attorney, or investigator. I am not involved in a lawsuit nor am I gathering information for a potential lawsuit.

Print Name: _____

Signature: _____

Date: _____

Membership

Memberships begins the day of your first appointment with Elevate Health. Monthly membership fees will be processed on that same day of the month every month, e.g., date of first appt is April 5th, your auto payment will occur on the 5th of every month your membership is active.

There is no long-term contract. You may cancel your membership at any time. We require a 30-day cancellation notice in writing (via letter, email, or portal message) before the scheduled monthly credit card is due to be processed. We will confirm receipt of your notice by the same mode that you sent it to us. If you do not hear from us within 2 business days, please call our office.

If it is less than 30 days before your next scheduled payment, then that next payment will be processed on the scheduled date and your membership will end the following month. If you give notice on or before April 10th, you will be charged on April 10th, but you will not be charged on May 10th.

Elevate Health will continue to manage your medical care for the 30 days following our confirmation of your membership cancellation. This would include authorizing refills, reviewing diagnostics that have already been performed, and having a visit for urgent medical needs. If you have any incomplete diagnostic orders (labs or imaging that were ordered by Dr Perkins but not yet done), **do not use those orders**. You will need to get new orders for those from your next provider. Dr Perkins will not be responsible for following up on results of diagnostics performed after notification of discontinuation of membership.

I authorize Elevate Health to charge my credit card, using the card number provided at the time of scheduling, if I cancel my initial appointment less than 48 hours (2 business days) prior to the scheduled date and time.

Print Name: _____

Signature: _____

Date: _____

This form needs to be returned within 5 business days of my initial scheduling to confirm my appointment. If this form is not returned within that time frame your appointment will be forfeited.