

OFFICE INSTRUCTIONS - NAOMI INDICH-YESS, MSN, C-PNP

FOLLOW-UP VISITS

- LABS : If the lab results are straight forward and will not immediately effect the treatment, I will review lab results with you at the follow up visit. If a conversation is needed to address the lab results sooner, I will schedule a Lab visit to be done either on the phone or tele-health whichever you prefer. The cost of a lab visit is \$300.
- The first follow-up visit will be 2 months after the consultation. Future follow-up visits will be every 2-4 months during treatment
- Please note: I cannot write prescriptions or refills for any patient I have not seen in a 6 months period.
- Follow-up intervals will be determined based on the patient's needs. You will be informed at each appointment when to schedule the next Follow-up.
- Tele-health visits are available. There are state restrictions regarding these visits. If you are interested in tele-health visits please speak with me to find out if this is something that can be arranged. PLEASE NOTE: I cannot prescribe any medications without seeing the patient in my office at least once a year.

SYMPTOM SCORE SHEET

- The symptom score sheet will be created and explained at the consultation appointment. It must be filled out and sent back every 4 weeks in order to maintain your prescription(s).
 - It is important for me to see the symptom score sheet every 4 weeks to be able to evaluate progress. I need to see what, if any, response the patient is having to the antibiotics in order to determine the best plan. Continuation of treatment depends on the monthly updates with the symptom score sheet and follow-up visits
- If I do not receive the symptom score sheet every 4 weeks I may require more frequent follow-up visits to be able to continue to prescribe medication(s).

COMMUNICATIONS

- **The best way to contact me is via email or text message.**
 - ❖ Note: Email is not a secure form of communication. As a parent, you are able to send me patient information via email. However, I can only send patient information to you via secure fax, the spruce health app, or in the mail.
 - ❖ Make sure to include the patient's legal name and date of birth in the subject line for all email communications to avoid confusion when looking up the patient's medical records.
- **Phone calls**
 - ❖ Please understand, my ability to return phone calls is very limited. Most communication can be done via email or text. I usually respond to emails and text messages within 24-48 business hours. If I feel that it would be more beneficial to have a phone call based on the information in the email, then I will call you at no charge.
 - ❖ There will be a charge for all other phones calls.
- Please note if there is an excessive number of communications I may require an earlier follow-up visit.
 - **E-Mail:** PANDASCenter@gmail.com (Include child's name and DOB in the subject)
 - **Text:** 845-622-6222
 - **Fax:** ATT: Naomi Indich-Yess: 845-302-8576
 - **Mail:** ATT: Naomi Indich-Yess, 9-19 Berdan Ave, Fair Lawn, NJ 07410

PLEASE DO NOT STOP OR ADJUST THE TREATMENT PLAN WITHOUT CONTACTING ME. IF AN ADJUSTMENT IS RECOMMENDED BY A DIFFERENT PROFESSIONAL I MUST BE NOTIFIED BEFORE MAKING ANY CHANGES OR STOPPING TREATMENT.

DIGITAL INFORMATION

- I do not recommend Facebook or other social media outlets/support groups as they can be alarming and are based on individual experience and opinion. If you prefer to search for digital information/support I recommend PANDASNETWORK.ORG. This parent operated website is physician monitored and supported, and clinically based.

CANCELATION AND MISSED APPOINTMENTS POLICY

- All cancellations or rescheduled appointments must be done within 72 hours prior to your scheduled appointment time to avoid being charged a late fee.
- Cancellations within 48-72 hours of the appointment will incur a fee of -- Consultation - \$150 and Follow-up - \$100.
- Cancellations within 48 hours of the scheduled appointment will be charged the full fee for the visit since I can no longer use this time slot for another patient

PAYMENT METHOD

- I accept Cash, Check, Venmo and Chase QuickPay "Zelle". I do have the capability to accept Credit Cards. Please note there is a convenience fee applied to all credit card payments. Please see the CC Authorization form for details.

I _____ have read and understand the instructions presented to me. I understand that monthly follow-up communication is necessary to evaluate the response, and properly manage, the course of treatment. I agree to send monthly updates with the symptom score sheet. I understand that frequent follow-up visits may be required if I am unable to adequately communicate during the course of treatment.

X _____
Print Name

X _____
Signature

X _____
Relationship to patient