

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

FOLLOW-UP VISITS

- The first follow-up visit will be 2 months after the consultation. Future follow-up visits will be every 2-4 months during treatment (with monthly email updates in between visits). Follow-up visits during prophylaxis treatment will be every 6 months.
- 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.**
 - ❖ 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. I usually respond to emails 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.
 - ❖ All other phone calls will be charged at \$30 for the first 15 min and \$15 for each additional 15 min time frame.
- Please note if there is an excessive number of communications I may require an earlier follow-up visit.
 - **E-Mail:** susankschulmanmd@gmail.com (Include child's name and DOB in the subject)
 - **Call/Text:** 845-622-6222
 - **Fax:** ATT: Naomi Indich-Yess: 845-302-8576
 - **Mail:** ATT: Naomi Indich-Yess, 59 Summit Rd., Chestnut Ridge, NY 10977

*****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. If you fail to cancel within 48 hours, I cannot use the time for another patient and you will be billed for the entire cost of the missed appointment. If you cancel within 48-72 hours prior to the scheduled appointment you will be charged \$150 for a consultation and \$100 for a follow-up.

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 _____ X _____ X _____
Print Name Signature Relationship to patient