



Specialist - Patient Provider Agreement

Kidney & Vascular Associates
11051 Hall Rd., Ste 240
Utica, MI 48317

As part of your Patient-Centered Medical Home Neighborhood, we welcome you to our Specialty Practice!

We are partnering with your Primary Care Physician (PCP) who is your *Patient Centered Medical Home*. We are sharing their commitment to effectively and efficiently work together to manage your care. As your Specialist, we will be sharing information about your condition and provide recommendations, guidance and periodic follow-up.

We trust you as our patient to:

- Keep your appointments as scheduled or call and let us know when you are unable to keep your appointment
- Make healthy decisions about your daily habits and lifestyle
- Seek the advice of your PCP before you see other physicians
- Follow the care plan that is agreed upon or let us know why you cannot follow the plan so we can try to help you
- Inform us of any and all recent health care encounters (i.e., urgent care, emergency room, specialist office, health fair, etc.)
- Tell us what medications you are taking
- See your PCP for all preventive services

As your specialist I will:

- Communicate with your Primary Care Physician (PCP) and provide timely written reports
- Notify your PCP if you are being referred to another specialist
- Remind you of tests due and inform you of your test results
- End every visit with clear instructions about expectations, treatment goals, and how I will coordinate with your PCP

Coordination of care and communication back to your PCP is my priority. Should you have other physicians managing your care, please inform them that I am the Specialist managing your kidney related diseases and that I require communication regarding any treatment that may affect my treatment plan.

Print Name: _____ **Date:** _____

Signature: _____

PRACTICE HOURS

Monday-Thursday: 9:00 am - 5:00 pm

Friday: 9:00 am - 1:00 pm

Saturday & Sunday: CLOSED

****Should you have an issue not pertaining to my care, please contact your Primary Care Physician**

****Please contact your pharmacy for medication refills and they will send us your request electronically for approval**