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POLICY

RE: SECOND OPINION REFERRALS

*Addendum (01/01/2015)

*As of the above date, we will no longer accept SECOND OPINION REFERRALS through insurance approval/authorization only.

*Patients that are referred for a SECOND OPINION CONSULTATION may be accepted only on a physician to physician referral, and if applicable, with insurance approval.

For the best SECOND OPINION CONSULTATION, the patient is responsible to obtain and must provide all pertinent information (blood work, radiology – ULTRASOUND, CT, MRI, etc., procedure reports) for review during the consultation. If the information is NOT available, SECOND OPINION CONSULTATION will be rescheduled when the records can be provided.

If applicable, insurance authorizations must be in place and patient is responsible to know his/her co-payment as outlined in his/her policy and have co-payment on the date of service. Patient is responsible for all accounts and billing for SECOND OPINION CONSULTATION.

SECOND OPINION patients will be seen ONE TIME ONLY. Follow up appointments will not be scheduled as this is a referral for a SECOND OPINION. A copy of the office notes or letter will be sent to the primary or referring physician with the findings and recommendations.

Patients will be referred back to PRIMARY CARE PHYSICIAN for the patient's continued well-being.

This consult will be billed to the patient's insurance company as a courtesy. Once billing is completed, the account has been paid, the chart will be flagged and stored in a "ONE TIME ONLY" area in storage and this case/account will be closed.