



**Jill R. Schofield, MD**

Please sign and fax to 303.770.1449 attention Dr. Schofield prior to making an appointment.

## **CARE OF DYSAUTONOMIA PATIENTS AT IMMUNOe**

The limited knowledge of autonomic disorders by the majority of physicians has led to challenges for most providers and staff working to provide care to this patient population. Your familiarity and adherence to the following guidelines will help us deliver the best care in a timely manner. If you fail to follow these guidelines, IMMUNOe reserves the right to discharge you as a patient.

At IMMUNOe, Dr. Schofield is currently providing 100% of the care for patients with dysautonomia. While we understand that dysautonomia causes many symptoms—even severe and disabling symptoms, it is important to remember that dysautonomia is a chronic illness that requires time, patience and trial-and-error to achieve improvement.

## **DYSAUTONOMIA IS NOT A DISEASE OF THE HEART AND IT IS NOT FATAL**

Every time we receive a call or portal message from a patient with a new or worsening symptom(s), it detracts from our ability to care for our patients in the office. Patients with dysautonomia can and do develop other problems that are not related to their dysautonomia and diagnoses cannot be made over the phone or by email. Thus, if you have a new symptom(s), you should first seek an evaluation from your primary care provider (“PCP”). If your PCP is unavailable and/or it is after-hours and you do not feel you can wait for their availability, then you should seek care from an urgent care clinic or an emergency department. Most PCPs have same-day appointments available. If you have a severe worsening of your usual symptoms and/or acute symptoms that you are concerned about, you should call 911 or be evaluated by the nearest urgent care facility or emergency department. If needed, after evaluating you first, your PCP can contact Dr. Schofield during normal business hours by contacting IMMUNOe at 303-773-9000. If this is an exceptional situation, your PCP may also reach Dr. Schofield after-hours by contacting IMMUNOe at 303-773-9000 and the call center can reach her directly. If you are having an exacerbation of your usual dysautonomia symptoms that cannot wait until your next scheduled appointment, please contact IMMUNOe by phone or through our patient portal to inquire about the next available appointment. The vast majority of changes to medication will be made during a clinic appointment --after an appropriate evaluation--and not over the phone.

### **CENTENNIAL**

6801 S. YOSEMITE ST, CENTENNIAL, CO 80112  
P. 303.773.9000 | F. 303.770.1449

[WWW.IMMUNOe.COM](http://WWW.IMMUNOe.COM)



## **APPOINTMENTS**

Dr. Schofield schedules 90 minutes for new patient visits and 45 minutes for return patient visits. She also has a long list of patients waiting to be seen. For these reasons, we ask for your help in avoiding missed appointments.

Our staff will call you two days before your appointment to confirm that you can still make it. You can also contact Dr. Schofield's medical assistant through the patient portal within 48 hours of your appointment time to confirm, which will help make this process more efficient. If we are unable to confirm your appointment 24 business hours ahead of time, it will be cancelled so that someone else can take the appointment time.

If you confirm your appointment, and do not arrive on time or attempt to reschedule after your appointment time without at least 24 hours' notice, you will need to pay a missed appointment fee:

- For return visits, the missed appointment fee is \$200.00.
- For new visits, the missed appointment fee is \$500.00.

## **MEDICATION REFILLS AND CHANGES**

Requesting refills when needed during your appointment time is the most efficient way to be sure you have the medication you need. Please double-check on the number of refills you have before your visit. For refills of non-controlled medications requested outside your appointment time (e.g., flonase, propranolol, ivabradine, mestinon, etc.), please allow at least 48 business hours for your refill to be electronically transmitted to the pharmacy. For refills of controlled medications (e.g., adderall and other stimulants) requested outside your appointment time, please provide 2 weeks notice. These prescriptions must be ordered, printed, and mailed to your home. They cannot be prescribed electronically or faxed. This is a legal requirement. We do not prescribe chronic narcotics. Refill requests on Fridays may not be processed until the following Monday. Last minute refill requests will almost always result in the patient being without doses of his or her medication for some period of time.

## **DISABILITY FORMS**

Dr. Schofield has many patients on disability. We therefore ask that your PCP complete these forms using Dr. Schofield's detailed notes. If they feel uncomfortable doing this, then please schedule a dedicated appointment time for these forms to be completed. It is always helpful for any provider completing these forms if the patient completes as many details as possible (e.g., current medications, test results, dates of hospitalizations, your symptoms and limitations, etc.). Your entries can then be reviewed and modified if needed.

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## **INSURANCE AND AUTHORIZATION ISSUES**

If your insurance company requires medication pre-authorizations, this process can take at least 2 weeks. The authorization process involves completing multiple forms from your insurance carrier, attaching clinical documentation, and obtaining provider signatures. Appeal processes involve more complex follow-up, documentation, and submissions to the insurance companies. We attempt to complete and submit all necessary documentation as quickly as possible. Approval for expensive immune modulatory therapy requires an extensive amount of time and energy from Dr. Schofield and our infusion center staff. Approval may take as long as a few months. None of these therapies are FDA-approved for autonomic disorders and there is never a guarantee that we will be able to get these treatments approved.

## **AGREEMENT**

*I agree to the terms of this policy.*

Patient name \_\_\_\_\_

Signature of patient \_\_\_\_\_

Signature of parent or guardian if patient is under 18 years of age

\_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_