



NRC DNP Telehealth LLC

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Adult/Gerontology Primary Care Nurse Practitioner

Primary Care Services in FL and WA

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OFFICE POLICIES

Office Policies and Procedures

Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance regarding our office policies allow for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, do not hesitate to ask a member of our staff.

Appointments

NRC DNP Telehealth, LLC is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance to follow-up due dates. While we strive to schedule appointments appropriately, emergencies can and do occur in Primary Care. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date. To ensure quality care, NRC DNP Telehealth LLC, does not treat patients that we have not seen (i.e., we will not call in prescriptions or offer medical advice for patients prior to their initial visit). Follow up may be required to be scheduled after testing has been completed, so that results may be reviewed together, so and effective and appropriate plan for your health care can be determined.

Emergencies

NRC DNP Telehealth, LLC does not provide on-call service for emergencies. PLEASE DIAL 911 IF YOU BELIEVE YOU NEED IMMEDIATE EMERGENCY CARE!

Conduct and Behavior

At NRC DNP Telehealth, LLC we pride ourselves in customer service and care with a personal touch. We strive to treat all of our patients with dignity and respect, and work hard to maintain a positive environment. As patrons of our practice our staff expects the same mutual courtesy. If you have a concern, please address it with our office manager and we will do our best to work with you to solve any concerns or issues that may arise to the best of our ability. In order to maintain a positive environment for both our patients and our staff we will dismiss patients from our practice that are aggressive, disrespectful or demeaning towards a staff member or patron. We reserve the right to involve law enforcement in the event our staff feels threatened.

Controlled Substances

NRC DNP Telehealth, LLC does not prescribe controlled medication for chronic pain management, ADHD and/or anxiety. You will be referred to the appropriate specialist if you require chronic pain management, ADHD and/or anxiety medication. Other controlled substances (such as certain anxiety medications) will only be prescribed at the provider's discretion and these medications will be weaned as deemed appropriate by the provider. A contract will need to be signed by the patient if any controlled medications are prescribed.

Prescription Refills

Please inform NRC DNP Telehealth, LLC of which pharmacy you use and update us if this should change. Please allow one to two business days for refill requests. We encourage our patients to review their medications prior to their office appointments and to requests refills at that time, if needed. Please note that we do not fill controlled medications over the phone and will require an office visit.

Telephone Messages

Please allow up to 24 business hours to return phone messages. We will do our best to return phone messages as quickly as possible.

Cancellation and No Show Policy

When you schedule an appointment with Tapia Internal Medicine, PLLC we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and **no later than 24 hours prior** to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Please see out Appointment Cancellation/No Show Policy below:

- **The second time a patient fails to show or cancels/reschedules and has not contacted our office with at least 24 hour notice will be charged a fee of \$50.**

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date