

SUDHA KARUPAIAH, M.D. PC

Sudha Karupaiah, M.D.

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Effective 1/2020

Dear Patients:

Over the past few months we have been implementing a new program sponsored by Medicare and some other insurance carriers for patients with 2 or more chronic health issues. When participating in this program, patients are closely monitored by myself and office staff. Patients have access to myself 24/7 (all day, every day).

In addition, for those of you who are interested, we have a patient portal available for non-emergency questions. I will review your conditions and medications on a monthly basis. You do not need an extra office visit for this unless desired. My staff and I will be available as always for questions or problem as they arise. Copies of your electronic record, lab reports and care plan are available upon request.

As you know, we have been providing these services all along but, we are thankful that Medicare and other commercial carriers are finally making it a benefit. Reduced reimbursements and rising costs, are making it difficult for community physicians to remain in independent practice. This new benefit will allow me to continue to provide the quality of care you deserve and maintain my independent practice.

You may notice miscellaneous billing codes (ie: 99490, 99487 or others) on your statements. It is highly unlikely you will ever be charged personally for this new benefit of Medicare and other carriers, except possibly early in the year if it is the first bill to be applied to your annual deductible for which you are already responsible.

In order to participate in this program, you must agree and sign this form. Also, please provide your cell phone and/or email address. If you wish to discontinue participating in this program, all you have to do is notify our office and we will dis-enroll you.

We urge you to continue calling our office for all urgent medical questions, scheduling, medication refills and other immediate concerns. We will handle all your concerns usually by the end of the day or within 24 hours.

Sincerely,

Sudha Karupaiah, M.D.

PATIENT'S NAME: _____ Date: _____

PATIENT'S SIGNATURE: _____

Cell Phone: _____ E-mail: _____