Pacemaker

Patient Guidelines for Remote Cardiac Rhythm Device Monitoring

A remote monitor has been prescribed for you by your physician. The monitor is designed to send data from your Pacemaker using a standard phone line to a secured server that is accessed only by our clinic. All data will be reviewed by Associated Cardiologists and an Electrophysiologist (Heart Rhythm Doctor). Please read and follow these guidelines for using your remote monitor.

SCHEDULING YOUR TRANSMISSIONS

Currently, you have four (4) Pacemaker checks per year with Associated Cardiologists. This means that 3 checks will be done remotely (from home) and 1 check will be done in the office.

All four (4) Pacemaker checks will be prescheduled appointments. You will be informed of the scheduled day/week for your transmissions and your office appointment. Questions or problems with your transmission can be directed to the company help line of your device (number found on your monitor kit) or call Associated Cardiologists EP Department at 717-920-4430 or 1-800-845-1742 X 4430 Monday through Friday 7:30am to 4:00pm.

REMINDER: please don’t transmit unless you are scheduled or have talked to the Associated Cardiologists EP Department and have been instructed to transmit. Unauthorized transmissions may result in delay of treatment or unviewed data.

TRAVELING

If you are going out of town, you can take your monitor with you and send your device data at your scheduled time or if you are having problems. Please note that you can only use your monitor within the continental United States, Alaska and Hawaii.

EMERGENCIES

Seek medical attention immediately or call 911 if you are not feeling well. If you are feeling symptoms that you think are related to your pacemaker please call the Associated Cardiologists EP Department during working hours and we will instruct you whether to use the monitor or come in for a check.
CLINICAL REVIEW OF DATA

Your device data will be sent to a secure server where our clinic staff can view it using a password protected website on the Internet. The data will be reviewed promptly by one of our Electrophysiologists. Clinic staff will contact you within 48 hours of your transmission if there is a need for medication changes or recommended office follow-up.

INSURANCE AND CO-PAYS

The device data we review from your monitor is comparable to an in-office appointment. Therefore, your insurance company will be billed for review of your data. If you are required from your insurance company to give us a referral for your office visit, you would also be responsible for acquiring the referral and sending it to us prior to your transmission. Without a referral you could be responsible for payment.

QUESTIONS

If you have any questions about your monitor, these guidelines, and/or cardiac health issues, please call the EP Department of Associated Cardiologists at 717-920-4430 or 1-800-845-1742 X 4430.

PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand and agree to follow these guidelines. I have had a chance to ask questions. I understand and agree with the information provided.

_________________________    ____________________
Print Patient/Legal Representative Name       Date

_________________________
Patient/Legal Representative Signature
Patient Guidelines for Remote Cardiac Rhythm Device Monitoring

A remote monitor has been prescribed for you by your physician. The monitor is designed to send data from your ICD using a standard phone line to a secured server that is accessed only by our clinic. All data will be reviewed by Associated Cardiologists and an Electrophysiologist (Heart Rhythm Doctor). Please read and follow these guidelines for using your remote monitor.

SCHEDULING YOUR TRANSMISSIONS

Currently, you have four (4) ICD checks per year with Associated Cardiologists. This means that 3 checks will be done remotely (from home) and 1 check will be done in the office.

All four (4) ICD checks will be prescheduled appointments. You will be informed of the scheduled day/week for your transmissions and your office appointment. Questions or problems with your transmission can be directed to the company help line of your device (number found on your monitor kit) or call Associated Cardiologists EP Department at 717-920-4430 or 1-800-845-1742 X 4430 Monday through Friday 7:30am to 4:00pm.

REMINDER: Please don’t transmit unless you are scheduled or have talked to the Associated Cardiologists EP Department and have been instructed to transmit. Unauthorized transmissions may result in delay of treatment or unviewed data.

TRAVELING

If you are going out of town, you can take your monitor with you and send your device data at your scheduled time or if you are having problems. Please note that you can only use your monitor within the continental United States, Alaska and Hawaii.

SHOCKS / EMERGENCIES

Seek medical attention immediately or call 911 if you are not feeling well. If you have received a shock from your ICD and feel well, please call the Associated Cardiologists’ EP Department during working hours and we will instruct you whether to use the monitor or come in for a check.
CLINICAL REVIEW OF DATA

Your device data will be sent to a secure server where our clinic staff can view it using a password protected website on the Internet. The data will be reviewed promptly by one of our Electrophysiologists. Clinic staff will contact you within 48 hours of your transmission if there is a need for medication changes or recommended office follow-up.

INSURANCE AND CO-PAYS

The device data we review from your monitor is comparable to an in-office appointment. Therefore, your insurance company will be billed for review of your data. If you are required from your insurance company to give us a referral for your office visit, you would also be responsible for acquiring the referral and sending it to us prior to your transmission. Without a referral you could be responsible for payment.

QUESTIONS

If you have any questions about your monitor, these guidelines, and/or cardiac health issues, please call the EP Department of Associated Cardiologists at 717-920-4430 or 1-800-845-1742 X 4430.

PATIENT ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have read and fully understand and agree to follow these guidelines. I have had a chance to ask questions. I understand and agree with the information provided.

_________________________________    ____________________
Print Patient/Legal Representative Name       Date

_________________________________
Patient/Legal Representative Signature
Little Rock Cardiology Clinic

Remote follow-up patient agreement

You have been prescribed a remote monitor to transmit your implanted pacemaker and/or defibrillator information to our clinic using standard (analog) phone line. The monitor will be sent to your home or given to you today at this office visit. The monitor is on loan to you in accordance with our prescription. The monitor is the property of the device manufacturer.

You will have two types of appointments with our clinic. The first is an in office visit where your device will be interrogated and tested by personnel then, reprogrammed if needed. This will most likely occur along with your physician visit. You will have an office visit at least once a year. The second type is a remote monitor visit. A remote monitoring visit is when your monitor will transmit your device data through the phone lines to our clinic.

We will be responsible for contacting you with your appointments. It will be your responsibility to keep them. If you are unable to keep an appointment you are expected to contact us at the earliest time possible and we will reschedule your appointment. We will schedule your remote visit to be every three months or more frequently if ordered by your doctor.

If you have a wireless device, your data will be sent automatically on the designated date. You are responsible for being available for the device to gather data on that date. You will be made aware at this visit if your device is wireless or not.
If you do not have wireless device you will be contacted by our office with a date for you to manually send in a transmission.

Your device data will be sent to a secure server where our clinic staff will access it using a password protected website. Your data will be reviewed within 1-2 business days of a scheduled transmission. The data will be secured in accordance with HIPAA guidelines. WE ARE NOT A 24 HOUR MONITORING SERVICE.

Unscheduled transmissions will be reviewed within 3-4 business days.

YOU SHOULD ONLY USE THE MONITOR TO SEND DEVICE DATA TO THE CLINIC IF YOU ARE SCHEDULED TO DO SO OR YOU HAVE CONTACTED THE CLINIC AND WE HAVE REQUESTED THAT YOU SEND A TRANSMISSION.

If you have an Automatic internal defibrillator and you receive a shock from your device during business hours, contact your doctor at 664-5860. If it occurs after hours and you are feeling well, contact your doctor the next business day. Depending on the situation you may be advised to send in a transmission.

If you receive a shock and are experiencing symptoms please proceed to nearest emergency room or dial 911. DO NOT DRIVE YOURSELF.

If you are having an emergency do not send a transmission as we can only review data, not reprogram over the phone line. You need to dial 911 or proceed to the nearest emergency room. DO NOT DRIVE YOURSELF.
If you are traveling during the time you are to send a transmission in you may take your monitor with you. Your monitor will work on any analog phone line in the United States of America. You will need to contact the clinic and provide us the alternate phone number where we can reach you if necessary.

Our clinic will bill your insurance carrier for each remote transmission. You will be responsible for any amount not paid by your insurance carrier. If you have sent an unscheduled transmission and your insurance carrier denies the claim you will be responsible for the bill.

If you have any questions about your monitor or this contact please feel free to contact our clinic at (501)664-5860.
LRCC Remote Follow-up Patient Agreement.

Patient Acknowledgement and Agreement
I have received, read and understand the LRCC remote follow-up patient agreement.

I understand that my device data will be reviewed within 1-2 business days of a scheduled transmission.

I understand that Little Rock Cardiology Clinic is not a 24 hour monitoring service.

I understand that I must notify the staff of LRCC prior to an unscheduled transmission of device data, in the event of pertinent symptoms.

I understand that I will be responsible for any bill my insurance carrier does not cover.

I understand that I am not to send a transmission in an emergency; I am to dial 911 or have someone drive me to the nearest emergency room.

I understand that Little Rock Cardiology Clinic is not responsible for any malfunction or misuse of the remote system.

I acknowledge that I have read and fully understand and agree to follow this agreement. I acknowledge that a Little Rock Cardiology staff member has reviewed this agreement with me and my questions have been answered. I understand and agree with the information provided.

____________________________  ____________________
Name                        Date

____________________________
Witness Name

____________________________
Date