

## Premier Inpatient Advocate Service™

**As your Premier Inpatient Advocate™, Dr. Kordonowy will provide the following services:**

- **Personally come to the hospital to visit you every day**, coordinate and facilitate your care, and advocate for you during your hospital stay
- Remain available to you for the contracted year for as many hospitalizations that may occur
- Provide 24/7 direct access through a private phone number to be used when hospitalized
- Inform and educate you and your family about what is occurring and why.
- Contact physicians involved in your care including the Hospitalist, who will serve as your admitting doctor
- Inform the hospital team of your relevant history and assist the team in your care
- Review your hospital chart including diagnosis, treatments, and medications
- Advocate for proper discharge planning, preventing unnecessary nursing home placement
- Advocate for your care following discharge until your follow-up appointment at Dr. Kordonowy's office

You will be mailed a welcome packet containing Dr. Kordonowy's direct access, 24hrs/day telephone number upon receipt of payment. Dr. Kordonowy will come personally to the following hospitals: Health Park, Gulf Coast, and Lee Memorial Downtown. He will advocate by phone at all other hospitals. Dr. Kordonowy has joined a network of elite physicians offering Cypress Medical Consultants Inpatient Advocate Service™. The Inpatient Advocate Service™ is not covered by Medicare or other insurances. Service begins when payment is received and is automatically renewable annually. You may cancel this agreement for any reason with a 90 day notice in writing to Cypress Medical Consultants and will receive a pro-rated refund.

Annual Membership Fee: \$1,750

I elect to purchase **Premier Inpatient Advocate Service™** as described above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Payment Options

**Checks:** Payable to "Cypress Medical Consultants" **MEMO: "For Dr. Kordonowy"**

**Credit Card:** Information must be completed **even if paying by check\***

Visa / MasterCard / Discover / American Express (**circle one**)

Card # \_\_\_\_\_ Expiration Date mm/yy) \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Your membership will automatically be renewed each year. To avoid lapses in membership your credit card will be charged if payment for renewal is not paid 30 days from invoice date. Your signature above authorizes such charges. You may your cancel your membership by sending a letter to the address below.