

Back to Basics Medical Practice PLLC

Robert W. Patterson, M.D.



Back To Basics Medical Practice
821 Woodland Avenue
Sanford, North Carolina 27330

Patient Name:

Account #:

Appointment Date:

Time:

Mon. Tues. Wed. Thurs. Fri.

Dear Future Patient:

We really appreciate your interest in our family practice, and we would like to cordially welcome you to our **True Patient Centered Practice**. Many patients come to us locally and from significant distances at the referral of other satisfied patients and physicians. Our patients often have complex problems that need intensive time and effort to evaluate and treat comprehensively, without Managed Care, Insurance, or Medicare dictated short-cuts. Our philosophy is to either "do it right" or not do it at all. That is what **True Patient Centered Practice** is all about!!

In a medical world that has seemingly gone awry ... where every conceivable party, from the federal government to insurance company clerks, have invaded the physician-patient relationship, something very important has gotten lost in the rush of today's health care shuffle. That something is TRUST and **True Patient Centered Medical Care**. Some patients today have good reason to wonder ... whether their physician has taken the time necessary to thoroughly evaluate their problem and educate them adequately about it, including a review of all available treatment options, as well as just having the time to sit down and talk about what is going on with them. The "payers" (Medicare and Insurance companies) are forcing good doctors to cut corners, and cut time with their patients. Doctors are forced to following "medical cookbooks".

We realize that there is something fundamentally wrong with our nation's medical care system when many physicians and patients feel trapped in the grasp of "corporatized" (HMO, Managed Care and Government regulated) medicine, but powerless to "change the system". These patients feel trapped into using the specialists, tests, or medications that are mandated by their insurance payers. We have chosen another path. At **Back to Basics Medical Practice PLLC** we understand that we cannot "change the system", but we do realize that we can change how we practice medicine. We have broken away from all managed care plans; we can see fewer patients and we can spend more time with our patients. Rather than handing over what little control doctors seem to have left in the patient care environment, to others, we have taken back complete control and designed treatment protocols with nothing but the patient's interest in mind. It is our practice to recommend only what is best for you, not what is best or cheapest for your insurance company. That is what **True Patient Centered Medical Care** is all about at **Back to Basics Medical Practice PLLC**.

We offer our patients service that you simply will not find in other medical practices. Since there is still no adequate substitute for genuine "face-to-face" time between patient and physician for discussion of important issues, we reserve a full hour for your initial consultation session and 30 minutes for your follow-up visits if that is what is needed. You will not be rushed, and all of your questions will be answered. At the same time we will always "make room" for our "sick" patients, who need the ability to urgently "walk-in" to be seen...after all.....it is impossible to plan for acute, or sudden ailments, or illnesses.

Your first visit can include a thorough evaluation, as well as a complete history. If any tests are ordered, these can be done, or ordered at that time or at a later date, if that is best for you.. In that case our staff will help make arrangements for this for you. Our office is equipped with an extensive array of state-of-the-art diagnostic equipment, which enables us to evaluate and treat on-site many kinds of problems. After your initial evaluation, if needed or if you request it, you can have a follow-up appointment to discuss your test results and treatment plan with Dr. P.

OUR MISSION, simply stated, is to maintain a medical practice environment in which we can treat you the way we ourselves would like to be treated if we were in your place. While most so-called "experts" say that this is simply not possible anymore, we do it every day! To these "experts" we say that **the importance of a patient's trust in their physician should never be underestimated.**

We invite you to experience the best that private family medicine has to offer.

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Financial Policy

As a result of our sincere desire to base all medical decisions on what is best for you the patient, not what is best for your insurance company, we are no longer contracted with any insurance carriers.

1. All charges must be paid at the time of service and our treatment fees are the same for all patients, regardless of insurance coverage or not, as is required by law.
2. The contract with your insurance company to pay for a portion of your medical care is between you and your insurance company. By eliminating costs associated with billing, coding diagnoses and procedures, referrals, authorizations, payment delays, EOB reviews, claim denials, re-submissions, collection risks, and other managed care costs, we can provide patients a fair price for services without the administrative hassles and bureaucracy.

3. For your benefit, we can provide you with a list of **our** fees and billing codes before any services are performed. We recommend you contact your insurance carrier to verify your benefits so you will have a basic understanding of how your insurance will reimburse you for services provided by our office. Unfortunately, insurance carriers are not always willing to provide **their** allowable fees or disclose which billing codes they will cover. If this is the case, you may want to contact the NC Department of Insurance. <http://www.ncdoi.com/>
4. It is your responsibility to obtain all referrals/authorizations and pre-authorizations required by your insurance plan and to file your claim with your referral/authorization, etc.
5. You will be given a completed claim form (and a duplicate copy for your records) with all the codes necessary for you to file a claim with your insurance carrier. We recommend you contact your insurance carrier and request instructions for filing your claims. Note: North Carolina State Law (and Federal Regulations) requires insurance carriers to process your health insurance claim within 30 days of receipt of a "clean" claim. [Refer to G.S. 58-3-225(b)]
6. Due to rising administrative costs and the numerous requests we receive, our office does not fill out "forms" from insurance companies without a service charge. Most insurance companies expect YOU, their customer to also bear this cost. We can, however, prepare and send a copy of our patient's medical records to the insurance company when a signed authorization to release medical records is received from our patient. The insurance companies' "medical review professionals" should be able to extract the information required from these records. (OR, we can, for a reasonable fee assist our patients with forms, copies and claims filing).
7. Please Note: We do not charge interest, therefore, we are unable to offer in-house financing or payment plans. If you are unable to pay for your services in full with cash, pre-approved check or money order, you may put the balance on your credit card and make monthly payments to your credit card company.
8. Our clinic is state-of-the-art and our entire staff is exceptional. Our service is superb. Nothing about our practice is "usual" or "customary". These are terms employed by insurance companies to justify the comparison of our fees, designed to provide for complex medical diagnosis and treatment with superior equipment, to those fees allowed by outdated insurance fee schedules. (Interesting enough, the term, usual and customary fees is a term coined by insurers and attached to what fee's they want to pay. They are typically unrelated to charges in the area they serve from other practices or providers of healthcare services.)
9. Medicare: Dr. P has chosen to "Opt Out" of Medicare. All patients who are on Medicare, or are eligible for Medicare, must sign the federally mandated "Private Contract" in order to receive services at B2B. All services must be paid at the time of service and neither Dr. P, nor the patient may file a claim to Medicare for reimbursement. However a claim, on a special form, and accompanied by a special letter, can be filed for Medicare to obtain a formal denial, allowing the Medicare patients to file the claim plus the denial, to their secondary or supplemental insurance for processing and payment.
10. Medicaid:
We are not accepting or filing any Medicaid claims. We only accept "Private Pay" patients. We will not file any claims to Medicaid for reimbursement of your medical services now or at any time in the future.

11. Champus/Tricare: We are not an active Champus/Tricare/Tricare for Life provider. We will NOT accept Champus/Tricare/Tricare for Life insurance, we will NOT file any claims to Champus/Tricare/Tricare for Life and we will NOT accept the Champus/Tricare/Tricare for Life fee schedule for reimbursement of our services.
12. Office Charges: We will have a list of typical office charges, as well as other administrative charges. Our staff can explain those (like charges for call in prescriptions, phone visits, after hours calls and visits, e-Visits, as well as deposits for office visits for physicals and for new patients and their initial evaluations.

13. **All Patients (please answer all three questions below):**

Yes No My current symptoms are related to an accident/injury.

Yes No I am currently being represented by an attorney and/or I am currently under worker compensation care.

Yes No I may seek an attorney/workers compensation benefits in regards to this accident/injury.

ALL charges for attorney cases, workers compensation cases, accident and/or injury cases must be paid in full, in advance, no exceptions. This is just like any other visit. We will not file any claims for insurance benefits/reimbursement and we will not provide any discounts/write-offs for insurance or workers compensation plans.

By signing this document, you are acknowledge that you understand our financial policies and are agreeing to pay for our services in full and forego any insurance benefits/discounts.

I have read, understand and agree to the terms and conditions listed above.

Signature of Patient or Parent if Patient is a Minor

Date

Name:

Account:

Back to Basics Medical Practice

821 Woodland Avenue

Sanford, NC 27330

Phone: (919) 895-6339 Fax: (919) 590-1981

I, _____, date of birth _____, hereby authorize **Back to Basics Medical Practice** to release my PHI or medical information to: (Specific Person(s) or entity authorized to receive PHI or medical information)

Name(s): _____

I also authorize communication between **The Family Doc** and **Back to Basics** regarding my PHI or medical information including the release of all medical records (including those related to psychiatric or mental health notes, chemical dependency, and/or the release of information pertaining to sexually transmitted diseases or related illnesses) from one entity to the other.

Please list your contact information below.

Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Please circle preferred method of contact: Cell Phone Home Phone Email Mail

May we leave a message on your cell phone voicemail? Yes No

May we leave a message on your home phone voicemail? Yes No

Emergency Contact: _____ Relationship: _____ Number: _____

By signing below, I acknowledge that I agree with all of the information listed on this form.

Pharmacy: _____

Signature: _____

Print Name: _____

Date: _____

Witness Signature: _____

The Family Doc "Back to Basics" Medical Practice
DATABASE TOOL
 61
 Medical and Personal History

Patient Name: _____ Date: _____
 DOB: _____ Sex: M / F Race: _____

For what reason are you here today? _____

Please check conditions which you have had?

GENERAL

- Serious Infections (e.g. pneumonia)
- Diabetes Mellitus
- Rheumatic Fever
- HIV Infection
- Cancer (where) _____

CVS

- High Blood Pressure
- Congestive Heart Failure
- Heart Murmur
- Heart Valve Disease
- Angina
- Heart Attack
- High Cholesterol
- Abnormal Heart Rhythm
- Blood Clots in Veins
- Blocked Arteries in Neck
- Blocked Arteries in Legs

HEENT

- Glaucoma
- Allergies "hay fever"
- Frequent Ear Infections
- Frequent Sinus Infections

RESPIRATORY

- Asthma
- Emphysema
- Blood Clots in Lungs
- Sleep Apnea

MUSCULOSKELETAL / EXTREMITIES

- Osteoporosis
- Rheumatoid Arthritis
- Degenerative Joint Disease
- Fibromyalgia
- Neck Pain (herniated disc)
- Back Pain (herniated disc)

LYMPHATIC / HEMATOLOGIC

- Thyroid Goiter
- Over Active Thyroid
- Under Active Thyroid
- Transfusions
- Anemia

GI / GU

- Stomach Ulcers
- Ulcerative Colitis
- Crohns Disease
- Bleeding from Intestines
- Diverticulitis
- Colon Polyps
- Irritable Bowel Disease
- Hepatitis
- Cirrhosis of the Liver
- Liver Failure
- Pancreatitis
- Gallstones

- Kidney Stones
- Kidney Failure
- Prostate Disease
- Endometriosis
- Sex Transmitted Infection

SKIN / BREAST

- Acne
- Eczema
- Psoriasis
- Fibrocystic Breast Disease

NEUROLOGIC / PSYCHIATRIC

- Chronic Vertigo (Meniere's)
- Peripheral Nerve Disease
- Migraine Headaches
- Stroke
- Multiple Sclerosis
- Depression
- Anxiety

Doctor's Notes: _____

Please indicate any surgeries you have had and the year you had them.

- | | | | |
|------------------------------|-----------------------------|-----------------------|----------------------|
| Year | Year | Year | Year |
| ____ Angioplasty | ____ Trauma Related Surgery | ____ Stomach Surgery | ____ Tubal Ligation |
| ____ Carotid Artery Surgery | ____ Back or Neck Surgery | ____ Inguinal Hernia | ____ C-Section |
| ____ Other Vascular Surgery | ____ Hip Surgery | ____ Colonoscopy | ____ Hysterectomy |
| ____ Coronary Bypass Surgery | ____ Knee Surgery | ____ Gallbladder | ____ Ovary Removed |
| ____ Chest / Lung Surgery | ____ Carpal Tunnel Surgery | ____ Appendectomy | ____ Breast Surgery |
| ____ Tonsillectomy | ____ Sinus Surgery | ____ Prostate Surgery | ____ Thyroid Surgery |
| ____ Neurosurgery | ____ Ear Surgery | ____ Bladder Surgery | ____ other _____ |

Doctor's Notes: _____

Please indicate when you last had any of the following preventative tests or services.

- | | | | |
|------------------------|------------------------|---------------------------------|---------------------------------|
| Year | Year | Year | Year |
| ____ Cardiac Angiogram | ____ Flu Vaccine | ____ Prostate Cancer Blood Test | ____ Mammogram / Breast Exam |
| ____ Stress Test | ____ Pneumonia Vaccine | ____ Rectal Exam | ____ Pap Smear |
| ____ Echocardiogram | ____ Tetanus Vaccine | ____ Colon Cancer Stool Test | ____ Date of Last Physical Exam |
| ____ Chest X-ray | ____ Hepatitis Vaccine | ____ Flexible Sigmoidoscopy | ____ other _____ |
| ____ EKG | ____ Bone Density Test | ____ Barium Enema | |

Doctor's Notes: _____

Please list any allergies or intolerance to drugs or other substances. _____

Please list the medications currently taken, their dosages, and how many times per day you take them.

FAMILY MEDICAL HISTORY

Please check or list any major illness in your family members. (Mother, Father, Brothers, Sisters, or Children)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Breast Cancer |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Ovarian Cancer |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Anemia | <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Colon Cancer |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Prostate Cancer |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Notes: _____

PERSONAL INFORMATION

Please write in or circle the information that applies to you:

Occupation: _____

Education	Sexuality	Marital Status	Living Status	Diet	Exercise	Alternative Medicine
primary	heterosexual	single	alone	none	none	holistic
secondary	homosexual	married	with spouse	low fat	walking	chiropractic
college	bisexual	divorced	with parents	low chol	aerobics	homeopathy
post grad	transsexual	widowed	assisted living	low carbo	weightlifting	acupuncture
doctorate		separated	nursing home	vegetarian	___ days / wk	herbal

Tobacco	Alcohol	Illicit Drugs	Caffeine
never / past / active	never / past / active	never / past / active	never / past / active
cigarette / cigar / pipe	liquor / wine / beer	cocaine / marijuana	coffee / tea / soda
snuff / dip / chewing	___ drinks per	heroin / amphetamine	___ cans / cups per day
Start _____ Stop _____	day / week / month	barbiturate / LSD / PCP	
packs per day _____	AA / Alcohol Rehab	IV Drug Abuse / Drug Rehab	

Doctor's Notes: _____

