Annual Physical

Patient Initials Only _____ **Date** _____

Energy Level: Low Medium High

Weight change in the last 3 to 6 months: Lost No Change Gain

Sleep: Good Poor

Eyes: Glasses/Contacts/Reading Glasses Glaucoma Cataract Other

Last Eye Exam Date_____

(Physician or Name of office)

Ears: Hearing Loss Constant Ringing Other

Sinus Symptoms_____

History of Environmental Allergies_____

Endocrine: Diabetes Impaired Glucose Tolerance Thyroid Problems Osteoporosis

Osteopenia Calcium/Vitamin D Date of Last Bone Density

Pulmonary: Asthma Emphysema Cough Shortness of Breath

Cardiovascular: High Blood Pressure Heart Murmur Palpitations Heart Attack

High Cholesterol Rheumatic Fever Chest Pain Exercise

What Type?_____How Often?_____

Gastrointestinal: Frequent Heartburn or Indigestion_____History of Ulcers_____

Hepatitis/Jaundice Gallstone Frequent Diarrhea Constipation Rectal Bleeding

Date of Last Colonoscopy_____

(Physician or Name of office)

HEME: Blood Transfusions Tattoos

Genitourinary:

Female: Irregular Menses Abnormal Vaginal Bleeding Abnormal Discharge

Last Menstrual Period_____Approx. age at Menopause_____

Hysterectomy? Yes/No Ovaries removed? Yes/No Cervix removed? Yes/No

Hormones after menopause_____

Date of last Pap smear?_____Any Abnormal Paps?_____

Date of Last Mammogram_____Any Abnormal Mammograms?_____

Do you perform Monthly Self Breast Exams?_____

Any history of frequent Urinary Bladder Infections_____

Kidney Stones?_____Incontinence_____

Males: Night-time Urination Impaired Urine Flow Prostate Infection Prostate Cancer

Swelling in Scrotum Abnormal Penile Discharge Impotency

Kidney Stones?_____

CONTINUED →

Musculoskeletal: Joint Pain History of Arthritis Gout Back Problems

Neurological: Migraines Stroke Seizures Weakness Black-outs Dizziness

Skin: Cancer Rash Changing Moles Psoriasis Other_____

Psychology: Depression Anxiety

Immunization Dates:

Tetanus w/ Pertussis: _____

Pneumonia (over 65): _____which one? Pneumovax23/Prevnar13

Shingles Vaccine: _____which one? Shingrix/Zostavax

Covid-19 Vaccine: _____which one? Pfizer/Moderna/Johnson & Johnson

Do you have a history of any type of cancer?_____

Previous Medical History (please list all surgeries, hospitalizations, or significant illnesses)_____

_____

_____

Habits:

Smoking: Never Current Previously Smokeless Tobacco

Number of Years:_____Packs per Day:_____

Alcohol: Never Current Previously Per Day / Week_____

Illicit Drug Use: Past:_____Present:_____

Current Medications You Are Taking including Dosage & Frequency. Please include PRN or OTC as well:

_____

_____

_____

Drug Allergies:_____

Marital Status: Single Married Divorced Widowed

Number of Children_____Occupation_____Religion_____

Mother: Living Deceased Age:_____

Father: Living Deceased Age:_____

Siblings:_____

Significant Family Health Problems:

Heart Attack:_____

Diabetes:_____

High Blood Pressure:_____

Cancer:_____

Other:_____

Alpharetta
INTERNAL MEDICINE

CONSENT TO DISCUSS MEDICAL INFORMATION

I, _____ Date of Birth _____ give Alpharetta and Cumming Internal Medicine permission to discuss my medical treatment/care with the following persons listed below while I am under the care of Alpharetta and Cumming Internal Medicine or hospitalized. This includes, but is not limited to, Doctors' notes, test results, and prescriptions (written, verbal, or electronically transmitted). This Authorization is to remain in effect unless revoked in writing by the patient.

Information to be discussed with:

Name: _____

Relationship to patient: _____

Contact Number: _____

Name: _____

Relationship to patient: _____

Contact Number: _____

_____

Signature of Patient or Personal Representative

_____

Printed Name of Patient or Personal Representative

Today's Date:_____

Alpharetta
INTERNAL MEDICINE

OFFICE PROTOCOL

We would like to thank you for making an appointment with our office. Becoming familiar with our office policies will help our staff serve you more efficiently.

1. If your insurance company requires a referral for specialist office visits, you are responsible for providing this office with the information required to complete a referral request to the insurance company. A message may be left on the voice mail (prompt 5) for the Referral Coordinator.
2. A 24 hour notice is required to cancel/reschedule your appointment. There is a $25.00 fee per 15 minute appointment slot scheduled, $75.00 fee per 30 minute appointment slot scheduled or Physical Exam. This fee is not covered by insurance and will be due prior to your next appointment.
3. If your insurance turns down a claim because it is not a covered service under your plan or because it is a pre-existing condition, you are responsible for payment of these services.
4. At the time of our visit; you will be responsible for paying the portion of the bill not covered by your insurance. This includes co-pays for each provider and laboratory visit. Please become familiar with your insurance requirements.
5. All results of lab test, radiology tests, and any other results will be available on the Patient Portal.
6. Prescription refills are to be requested thru your pharmacy. The pharmacy will send an electronic request for the refill to this office. **CALLING THIS OFFICE WILL DELAY THE REFILL.**
7. **Narcotic medications will NOT** be prescribed over the phone after office hours.
8. For prescriptions' requiring a prior authorization, there will be a charge of $10.00 per prescription to be paid before the prior authorization is done. To help with prescribing a medication that will be covered by your insurance, bring the Formulary list that is provided by your insurance.
9. A written authorization is required if any other person is picking up your written prescription, samples, records, etc.
10. Medical forms (ie: FMLA, work related or for surgery), there will be a $35.00 charge. If you have an office visit that requires you to have these forms filled out you will be charged your copayment and the form charge.

FINANCIAL POLICY

Our office accepts all major credit cards as well as cash or check. All co-pays are the patients' responsibility and are due at the time of service. All outstanding balances are due within 30 days unless prior arrangements have been made with the Billing Department. All balances that reach 90 days past due may incur a past due fee of $25.00 and be sent to a collection agency. This may also result in being discharged from the practice. If your account is turned over to an outside collection agency, you will be responsible for your entire balance plus a collection fee equal to 34% of your account balance. You will then be required to reconcile your balance with the collection agency. It is important for you to understand that your health insurance coverage is an agreement between you and your insurance company. Your doctor's bill for services provided to you is an agreement between you and your insurance company.

MANAGED CARE ACKNOWLEDGEMENT

The patient is responsible for understanding the benefits that are included in his/her insurance policy.

CONTINUITY OF CARE ACKNOWLEDGEMENT

I understand that should it become necessary for me to see a specialist, my medical history will be sent to said specialist, if requested by myself or the specialist.

See back →

NURSE PRACTITIONERS/PHYSICIAN ASSISTANTS:

Definition: Nurse Practitioners (NP) and Physician Assistants (PA) are health care professionals who have advanced educational and clinical practice and work under the supervision of the physician. Nurse Practitioners and/or Physician Assistants are utilized to practice and take after-hour calls for this office. The supervising physician is always available to collaborate with the NP/PA when necessary or appropriate for your care.

Under state law and approval of the Physicians in this office, the following procedures are allowed:

1. Performing physical exams and taking health histories.
2. Assessing and evaluating common symptoms of the acute illnesses such as colds and infections.
3. Prescribing and managing medication regimens.
4. Treat minor injuries.
5. Screening and preventative services: immunization, blood screening.
6. Assess return visits.
7. Educational instruction

HEALTH INFORMATION EXCHANGES

Health Information Exchanges (HIE) allow health care providers including Alpharetta Internal Medicine and Emory Healthcare, to share and receive information about patients, which assists in the coordination of patient care. Alpharetta Internal Medicine and Emory Healthcare participate in a health information exchange that may make you health information available to other providers, health plans and health care clearinghouses for treatment or payment purposes. Your health information may be included in the health information exchange. We may also make your health information available to other health exchange services that request your information for coordination of your treatment and/or payment for services rendered to you. Participation in the health information exchange is voluntary, and you have the right to opt out. Please see the "Right to Request Restrictions" section to learn about opting out of the HIE. Additional information on the Alpharetta Internal Medicine and Emory Healthcare's HIE can be found at our website, www.emoryhealthcare.org/ehealthexchange

By signing below, I acknowledge that I have received the Office Protocol, Electronic Patient Service, Managed Care Acknowledgement, and Definition of Nurse Practitioner/Physician Assistant, and had the opportunity to read, if I so choose, the HIPAA Law.

_____ _____

Patient Name (Please Print) **Date**

_____

Patient Signature

_____

Parent or Authorized Representative (if applicable)

Alpharetta
INTERNAL MEDICINE

Dear Patient,

Our goal is to provide you with the best medical care possible. At your annual physical examination today, we have the chance to address your overall physical and emotional health. The preventative care we provide during a physical also includes an assessment of dietary and exercise habits, review of vaccinations, discussion of screening tests, lifestyle behaviors, etc.

Additional presenting problems, such as high blood pressure, arthritis, and other acute or ongoing medical conditions may require separate management during your physical appointment. These additional issues may result in a separately billable encounter. Normally you would be required to schedule a separate appointment to address these issues, however, if these issues can be addressed during a routine examination, the insurance carriers will typically allow for reimbursement of the additional visit charge at **half the rate** of a separate date of service.

If additional problems are found or addressed requiring a separate office evaluation code, we will bill your insurance carrier for both the preventative physical examination in the separate encounter. We are required to submit billing in this fashion if we address care beyond cognitive care at the physical examination. This essentially generates an extra charge to the insurance company for issues addressed beyond preventative care, which in turn inquire you to pay additional co-pay, coinsurance, or deductible charges. The coding guidelines set by the healthcare industry, specifically state, "If an abnormality is encountered or a pre-existing problem is addressed in the process of performing this preventative medicine evaluation service, then the appropriate visit code should also be reported." We intend to address as much as we can and a quality manner during your visit today.

We look forward to providing you with excellent care!

I have read the physical exam and office visit letter and understand that I may be billed an additional charge from my insurance company. This charge may be a co-pay, coinsurance, or deductible, and I will be responsible for payment of this additional charge.

Patient Name: _____ Date: _____

Patient or Guardian Signature: _____

LET US KNOW IF YOU WOULD LIKE A COPY OF THIS NOTICE

DATE:_____