

WELCOME

Mesa Family Medical Center, P.C. is a full service family practice. We treat patients of all ages and the full spectrum of medical problems. We provide high quality family health care with an emphasis on preventive care and wellness. We are committed to providing you with the highest quality health care.

PAYMENT POLICY

Payment of fees, or co-payments, is expected at the time of service. This reduces the cost of delivering medical care to you. Personal checks with identification, VISA, MASTERCARD, and Debit Cards are accepted. If you anticipate a billing problem, please contact our office as soon as possible so that satisfactory arrangements can be made. Our office does not carry balances and all balances are due upon receipt of our statement unless financial arrangements have been previous made. **NOTE:** A fee of 33 1/3 % to 50% will be added to unpaid balances that require **collection and/or legal services**. A service charge **will** be applied on all returned checks.

FORM FEES

There will be a \$25.00 charge for all forms. This fee is due at the time the form is presented to the office. The form will not be filled out until the form fee is paid. \$25.00 will be assessed for every new form that is presented. This includes Disability Forms, FMLA Forms, Leave of Absence Forms, etc.

REFERRALS

Referrals to specialists and for procedures that are not life threatening can take up to **10 to 14 days**. These are time frames instituted by the insurance plans themselves. And referral that your doctor feels is **MEDICALLY URGENT** will be processed ahead of all others.

PRESCRIPTIONS AND REFILL REQUEST

When calling regarding your prescription, please have your medication name and dosage available as well as your pharmacy phone number. Patients on long term medications need to have their pharmacy fax over a refill request form. This is the quickest and easiest method for refills. If a written RX is needed please anticipate your need and **allow 2-3 days** for that request to be completed for pick-up. **No prescriptions for long-term narcotics or sedatives will be written at this office.**

NO SHOW / SAME DAY CANCELLATION POLICY

No show and same cancellations make it impossible for our office to provide care to another patient in need. We require a 24 hour notice. Our policy without notice is as follows:

- 3 no shows or same day cancellations: Receive a written warning
- 4 no shows or same day cancellations: \$50 charge
- 5 no show or same day cancellations: Patient is discharged from practice.

Thank you for your consideration in this matter.

COURTEOUS CARE

Mesa Family Medical Center, P.C. staff strives to give **quality and courteous care**. We ask that you please remember sometimes emergencies do arise and your appointment may be delayed. Your patience is greatly appreciated. We will do all we can to meet your expectations. Patients who exhibit **abusive language, rude or inappropriate behavior** will be asked to seek care elsewhere.

We look forward to caring for you and thank you for choosing our practice.

Your signature below acknowledges that you have read and understand our office policies:

Signature: _____ Date: _____

(Confidential)

Patient Name _____ Today's Date _____

Age _____ Birthdate _____ Date of last physical examination _____

What is your reason for visit? _____

Symptoms

Check (✓) symptoms you currently have or have had in the past year.

GENERAL

- Chills
- Depression
- Dizziness
- Fainting
- Fever
- Forgetfulness
- Headache
- Loss of sleep
- Loss of weight
- Nervousness
- Numbness
- Sweats

MUSCLE/JOINT/BONE

Pain, weakness, numbness in:

- Arms Hips
- Back Legs
- Feet Neck
- Hands Shoulders

GENITO-URINARY

- Blood in urine
- Frequent urination
- Lack of bladder control
- Painful urination

GASTROINTESTINAL

- Appetite poor
- Bloating
- Bowel changes
- Constipation
- Diarrhea
- Excessive hunger
- Excessive thirst
- Gas
- Hemorrhoids
- Indigestion
- Nausea
- Rectal bleeding
- Stomach pain
- Vomiting
- Vomiting blood

CARDIOVASCULAR

- Chest pain
- High blood pressure
- Irregular heart beat
- Low blood pressure
- Poor circulation
- Rapid heart beat
- Swelling of ankles
- Varicose veins

EYE, EAR, NOSE, THROAT

- Bleeding gums
- Blurred vision
- Crossed eyes
- Difficulty swallowing
- Double vision
- Earache
- Ear discharge
- Hay fever
- Hoarseness
- Loss of hearing
- Nosebleeds
- Persistent cough
- Ringing in ears
- Sinus problems
- Vision - Flashes
- Vision - Halos

SKIN

- Bruise easily
- Hives
- Itching
- Change in moles
- Rash
- Scars
- Sore that won't heal

MEN only

- Breast lump
- Erection difficulties
- Lump in testicles
- Penis discharge
- Sore on penis
- Other

WOMEN only

- Abnormal Pap Smear
- Bleeding between periods
- Breast lump
- Extreme menstrual pain
- Hot flashes
- Nipple discharge
- Painful intercourse
- Vaginal discharge
- Other

Date of last menstrual period _____

Date of last Pap Smear _____

Have you had a mammogram? _____

Are you pregnant? _____

Number of children _____

Conditions

Check (✓) conditions you currently have or have had in the past year.

- AIDS
- Alcoholism
- Anemia
- Anorexia
- Appendicitis
- Arthritis
- Asthma
- Bleeding Disorders
- Breast Lump
- Bronchitis
- Bulimia
- Cancer
- Cataracts

- Chemical Dependency
- Chicken Pox
- Diabetes
- Emphysema
- Epilepsy
- Glaucoma
- Goiter
- Gonorrhea
- Gout
- Heart Disease
- Hepatitis
- Hernia
- Herpes

- High Cholesterol
- HIV Positive
- Kidney Disease
- Liver Disease
- Measles
- Migraine Headaches
- Miscarriage
- Mononucleosis
- Multiple Sclerosis
- Mumps
- Pacemaker
- Pneumonia
- Polio

- Prostate Problem
- Psychiatric Care
- Rheumatic Fever
- Scarlet Fever
- Stroke
- Suicide Attempt
- Thyroid Problems
- Tonsillitis
- Tuberculosis
- Typhoid Fever
- Ulcers
- Vaginal Infections
- Venereal Disease

Medications

List medications you are currently taking.

Allergies

Pharmacy Name _____ Phone _____

Health History

Notice of Privacy Practices

To our patients. This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Our commitment to your privacy

Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information:

Use and disclosure of your health information in certain special circumstances

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. We will only make disclosures to a person or organization able to help prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official.
8. For Workers Compensation and similar programs.

Your rights regarding your health information

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information for treatment, payment, or

health care operations. Additionally, you have the right to request that we restrict our disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.

3. You have the right to inspect and obtain a copy of the health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Mesa Family Medical Center, 1345 E. McKellips Rd., Suite 106, Mesa AZ 85203.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Mesa Family Medical Center, 1345 E McKellips Rd, Suite 106, Mesa AZ 85203. You must provide us with a reason that supports your request for amendment.
5. Right to a copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this notice, contact our front desk receptionist.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Dr. Richard Dobrusin, Mesa Family Medical Center, 1345 E. McKellips Rd., Suite 106, Mesa AZ 85203. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures. Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact Dr. Richard Dobrusin, Mesa Family Medical Center, 480-833-1800.

I hereby acknowledge that I have been presented with a copy of Mesa Family Medical Center Notice of Privacy Practices.

Signature _____

Date _____

Name of Patient _____