Family Medical Associates of Raleigh
Your Family Comes First

3500 Bush Street
Raleigh, NC 27609
F: 919.875.9577
P: 919.875.8150
www.fmaraleigh.com

Updated 7/13/2018

To Our New Patient,

Thank you for choosing Family Medical Associates of Raleigh! You are scheduled for a New Patient appointment on _____ at _____ with _____. **Please arrive 20-30 minutes prior to your appointment time.**
As a new patient you will have the opportunity to schedule an appointment for a physical at a later date.

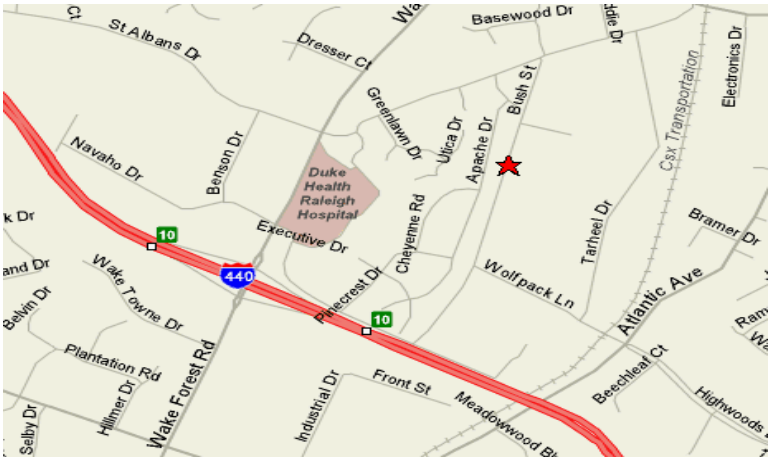
Enclosed you will find:

Patient Information:	Patient Forms to Return:
• A Welcome Letter • A List of Insurances Accepted • A List of our Providers • Instructions for our Patient Portal • Our Patient Centered Medical Home Brochure	• Medical Records Request Form • Patient Responsibilities • Patient Registration Form • Patient Acknowledgement and Consent Form • Comprehensive Health Assessment Form • Release of PHI Form

Please bring the completed forms from this packet to your appointment. **You will also need to bring all your insurance cards, photo ID, and all your medications (prescription and non-prescription) to your appointment.** We have a 24-hour cancellation policy. Please notify us if you cannot keep your appointment. Co-pays, deductibles, co-insurances and any patient due balance will be collected at check in for all visits.

Please visit our website at www.fmaraleigh.com for more information about our practice and to print, complete and bring with you forms required for subsequent visits. A map of our location is included below.

We look forward to serving you!
The Staff and Providers at Family Medical Associates of Raleigh



Andrew J. Drabick, MD Conrad L. Flick, MD Josiah M. Carr II, MD Jennifer M. Jo, MD
Cheryl Y. Proctor, APRN, FNP-BC Cameron S. Hardee, APRN, ANP-BC Joan D. Britt, APRN, FNP-BC
M. Ryan Johnston, APRN, FNP-C Angela M. Glass, FNP-BC Mary Jane Satre, FNP- C

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PATIENT PORTAL

Would you like to make your life easier when it comes to your health care needs?

Sign up today for our patient portal!

www.MyHealthRecord.com

- **View a snapshot of your patient profile, including your vital signs, medications, appointment history, and download your information to share with other medical offices.**
- **Receive your lab results quickly (up to a week faster than without the portal)**
- **Request non-urgent appointments, prescription refills and medical records**
- **Ask questions and send messages to your provider and support staff**
- **Pay your bill online or ask question about your bill**
- **No hold times or playing phone tag with our staff to get answers to your health care needs!**

Registration for the portal requires that we send you an invitation with a link to set up your account. In order to complete your registration and to secure your file, the following demographic items must exactly match what we have in our system:

- ✓ **Your email address**
- ✓ **Your first name**
- ✓ **Last name**
- ✓ **Date of birth**
- ✓ **Zip code**

****If you have trouble registering it could be because this information is not entirely accurate so please confirm the above requirements with our staff. Contact our office at (919) 875-8150 and one of our staff will be glad to verify this for you and help you set up your account.**

Once you have received the registration email, follow the link to the new portal, complete the required fields and set your username and password.

And for those of you on the go, our patient portal automatically scales to any size mobile device without the need for a separate app! Just visit our website using your mobile browser and log in just as you would on any desktop!

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Welcome to Family Medical Associates of Raleigh!

Updated 7/13/2018

We are glad that you have chosen us as your primary care provider and patient centered medical home.
Here is some important information for you:

Contact Information

Our **Address**:	**3500 Bush Street**	Our **Phone**:	(919) 875-8150
	Raleigh, NC 27609	Our **Fax**:	(919) 875-9577
		Our **Website**:	www.fmaraleigh.com

Office Hours

Our hours of operation are: Mondays – Fridays 7:00 am – 6:00 pm.
We are closed on the 2nd and 4th Wednesdays and 1st Thursdays from 12:00 pm - 2 pm.

After Hours

Our answering service receives calls daily from 12:00-1:30 pm and from 5:00 pm – 8:00 am, as well as on holidays. We share after-hours emergency coverage with Dr. Richard Adelman. You may call our main number and follow the prompts. The answering service is responsible for paging the physician on call.

Appointment Scheduling and No-Show Policy

We will try our best to schedule your appointment at the most convenient time possible. If you need to be seen the same day, we will work you in with an available provider and, if possible, your primary provider. It is the patient's responsibility to arrive early enough before the appointment time with their provider, to allow for check in and form(s) completion. At Family Medical Associates of Raleigh, we value our patients' time, and working late patients into the schedule can affect fellow patients and cause providers to run late. Patients who arrive late; or have not allowed ample time to check in and compete form(s); or are unable to present their current health insurance card(s) with photo I.D.; or are unable to pay time of service copay, deductible, coinsurance and/or the patient's prior due balance, may be asked to reschedule their appointment with the provider. That is why, as a courtesy, we attempt to contact every patient by their preferred method of phone, email, or text, to remind them of their upcoming appointment and early arrival time. We also require that cancellations be made at least 24 hours in advance. Patients who do not contact us prior to their appointment will receive a no-show charge. This fee can range from $30-$50, depending on the appointment type. Patients with frequently missed appointments will be provided with only same-day appointments.

Insurance and Demographic Information

We must verify your insurance(s), photo I.D. and demographic information at each visit. This ensures that we process accurate billing for you and your insurance company. If you do not have your insurance card available at the time of the visit, we may ask that you reschedule your appointment until you can present your card. Please refer to our list of accepted insurances.

Copays and Collections

Copays, coinsurances, and deductibles are due at the time of service. Payment is required of past-due balances prior to your next visit. You may be asked to reschedule your appointment if you are unable to make payment. We accept cash, checks, and credit/debit cards. There is a $30 fee for returned checks. Accounts that are unpaid after 90 days are turned over to a collections agency. An additional $30 fee is added to account balances once they are turned to collections.

Policy to Treat Minors

We abide by North Carolina law regarding the treatment of minors. Please ask for a copy of our policy.

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Prescription Refills

Refills must be requested through your pharmacy. Refill and sample requests will be completed within 48 business hours. All other clinical calls will be handled by your provider or their clinical support staff within 24 business hours. In order to expedite your requests, it is important that you provide complete information when leaving a message.

Laboratory Services

We contract with LabCorp Laboratory for some of our lab services. You may receive a bill from us, as well as a bill from LabCorp Laboratory. If you have a question regarding your bill, please call the number listed on your bill. Please communicate with your provider if you have any questions about your lab tests. Laboratory and all other test results may take up to one week. Your provider will contact you by telephone or by mail with your results once we receive them.

Clinical Research

Our physicians participate in several clinical research studies in which you may be eligible to participate. Please ask for our research coordinator if you are interested in learning more.

Requests for Medical Records

We will release copies of a patient's medical records with written patient authorization. We outsource record copying to ProviderFlow. They charge the standard legal fee for copies. You will not be charged a fee for records requested by a physician to whom you have been referred.

Referrals

A referral from your provider may be made to an outside specialist. Most referral requests must be approved by your primary care provider, and may require a scheduled office visit. If your insurance does not require an authorization for your referral, you should contact the specialty office directly for an appointment. If your insurance does require approval, we will coordinate the appointment for you within 48 business hours.

Completion of Forms

Disability, employer, FMLA, insurance forms, or any other paperwork that requires your provider's input, can be very time consuming for both you and your provider. Please be sure to complete all required information prior to submission to your provider. You may be asked to schedule an appointment with your provider to review the requested information or charged $50.00 for completion of forms.

HIPAA

The federal government requires us to share our Privacy Notice, which is posted at the front desk and throughout our practice. Please review the Privacy Notice, which explains the policy on sharing patient information for treatment and billing issues.

Termination from our Practice

Our office values its patient relationships and wants to protect patients' rights. We will only terminate patient relationships with cause and after careful consideration. Reasons for termination include: repeatedly not showing for scheduled appointments; not complying with recommended medical care; being hostile or abusive to staff; or not paying bills in a timely manner.

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MEET THE PROVIDERS OF FAMILY MEDICAL ASSOCIATES OF RALEIGH

Andrew J. Drabick, MD

Dr. Andrew Drabick is Board Certified by the American Board of Family Physicians and is a Member of the American Academy of Family Physicians. He is licensed to practice medicine in North Carolina. Dr. Drabick received his undergraduate degree from Villanova University and his Medical degree from Temple University in Philadelphia, PA. He completed a Residency in Family Medicine at Memorial Hospital of Burlington County in Mt. Holly, NJ, and is working to become an accredited bariatrician.

In 1998, Dr. Drabick joined Family Medical Associates of Raleigh. In addition to Family Medicine, Dr. Drabick specializes in the treatment of Obesity as the Medical Director for the Center for Medical Weight Loss in Raleigh, which you can learn about at www.HealthyRaleigh.com. He previously worked for Kaiser Permanente and in private practice.

Dr. Drabick is originally from Phoenixville, Pennsylvania and enjoys spending time with his family, traveling, playing the piano, and gardening.

Conrad L. Flick, MD

Dr. Conrad Flick is Board Certified by the American Board of Family Physicians and is a Member and Fellow of the American Academy of Family Physicians. He is licensed to practice medicine in North Carolina. Dr. Flick received his undergraduate degree from North Carolina State University, his Medical degree from Duke University, and completed his Residency in Family Medicine at Wake Forest University. Dr. Flick is a past President of the North Carolina Academy of Family Physicians and has also served on the American Academy of Family Physicians Board of Directors.

After working for Rex Hospital and in a private practice, Dr. Flick joined Family Medical Associates in 2000. He specializes in women's and adolescent health, as well as sports medicine.

Dr. Flick is very active in several local and state medical organizations. He is originally from western Maryland and enjoys spending time with family, church activities, running, and playing golf.

Josiah M. Carr II, MD

Dr. Josiah Carr is Board Certified by the American Board of Family Physicians and is a Member of the American Academy of Family Physicians. He is licensed to practice Medicine in North Carolina. Dr. Carr completed his undergraduate studies at Duke University in 1984. He then attended the Medical University of South Carolina and received his Doctorate of Medicine in 1989. He completed a Residency in Family Medicine at Greenville Hospital Systems in Greenville, SC.

In 1992, Dr. Carr and his wife, Melinda, returned to the Triangle and joined Piedmont Medical Associates, which merged with Family Medical Associates in 2014. He likes providing care for adults of all ages, including management of chronic diseases.

Dr. Carr enjoys spending time with his wife and two boys, traveling the world, sports, and all things DUKE.

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Jennifer M. Jo, MD

Dr. Jennifer Jo is a Family Physician licensed to practice medicine in North Carolina and Board Certified by the American Board of Family Physicians. She is a Member of the American Academy of Family Physicians. Dr. Jo received her undergraduate degree from The State University of Ohio and her Medical degree from Northwestern University Medical School (now known as the Feinberg School of Medicine) in Chicago, IL. She completed her residency in Family Medicine at the Hinsdale Family Practice Residence Program in Hinsdale, IL.

Dr. Jo joined Family Medical Associates of Raleigh in 2010 and previously worked at Duke University. She specializes in women's health, pediatric medicine, sports medicine, and cosmetic dermatology.

Dr. Jo enjoys spending time with her family, playing golf, playing the piano, gardening, and reading.

Cheryl Y. Proctor, RN, FNP-BC

Cheryl Proctor is a Registered Nurse and a Family Nurse Practitioner, Board Certified by the American Nurses Credentialing Center. She is also a member of the American Academy of Nurse Practitioners. She received her undergraduate degree from UNC-Greensboro and Masters of Nursing degree from UNC Chapel Hill. She has practiced as a Nurse Practitioner in North Carolina since 1983 and is a native North Carolinian.

Cheryl joined Family Medical Associates in 2002 after working for Kaiser Permanente and in private practice. Cheryl specializes in diabetes and chronic disease management and also enjoys women's health and pediatrics. She also oversees quality and regulatory programs for the practice.

Cheryl enjoys spending her free time with her dogs, Bella and Campbell, cooking, and spending time with family and friends.

Joan D. Britt, RN, FNP-BC

Joan Britt is a Registered Nurse and Family Nurse Practitioner. She is Board Certified as a Family Nurse Practitioner by the American Nurses Credentialing Center. She is also a member of the American Academy of Nurse Practitioners. Joan received her Bachelor's degree in Nursing in 1995 from State University of New York at Brockport. She then relocated to the Triangle and worked in adult internal medicine at Duke University for five years, while working on her Master's degree in Nursing. She received her MS from Duke University in May of 2000.

Joan joined Piedmont Medical Associates in 2001, which merged with Family Medical Associates in 2014. She enjoys chronic disease management, adolescent care, and women's health.

Joan spends her free time with her two teenage children. She also enjoys being involved in activities at her church and reading.

Cameron S. Hardee, RN, ANP-BC

Cameron Hardee is a Registered Nurse and an Adult Nurse Practitioner, Board Certified by the American Nurses Credentialing Center. She is also a member of the American Academy of Nurse Practitioners. Cameron completed both her undergraduate and Master's degrees at University of North Carolina at Chapel Hill.

Cameron joined Family Medical Associates of Raleigh and the Center for Medical Weight Loss in 2011. She treats patients 14 years of age and above and enjoys women's health, dermatology, and adolescent care.

Cameron is a North Carolina native and currently lives in downtown Raleigh with her husband and three children. She enjoys cooking, running, CrossFit, and spending time at the beach every chance she gets.

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M. Ryan Johnston, RN, FNP-C

Ryan Johnston is a Registered Nurse and a Family Nurse Practitioner and is certified by the American Academy of Nurse Practitioners. She is also a member of the American Academy of Nurse Practitioners. She received her Bachelor's degree from George Washington University, Masters of Nursing Education from East Carolina University, and Family Nurse Practitioner Post Masters at UNC Chapel Hill.

Ryan joined Family Medical Associates in 2015. Previously, she worked as a cardiac nurse at Rex Hospital and as a nurse practitioner for a chronic disease management practice. She enjoys women's health, chronic disease management, and pediatric medicine.

A Tar Heel by birth, Ryan is proud to be providing healthcare for her fellow North Carolinians. She lives in downtown Raleigh with her husband and two young daughters. In her free time, Ryan has a love/hate relationship with running, enjoys reading a good historical fiction novel, and looks forward to Sunday Brunch all week long.

Angela M. Glass, APRN, FNP-BC

Angela Glass is a Registered Nurse and Family Nurse Practitioner. She is board certified by the American Nurses Credentialing Center.

Angela received her Bachelor of Science in Nursing from the State University of New York at Brockport in 1986. She received her Masters of Nursing degree from University of North Carolina at Chapel Hill in 1994. She has practiced as a Family Nurse Practitioner in North Carolina since 1995.

Angela has worked in women's health, family practice, mental health, and endocrinology. Her interests are management of diabetes, polycystic ovary syndrome, thyroid disease, women's and adolescent health. She has had extensive training in use of insulin pumps and continuous glucose meters. She has attended the Johnson and Johnson Diabetes Institute and served on the board of Diabetes Sisters, a non-profit organization aimed at empowering women with diabetes.

Angela is a native of the Hudson River Valley region of New York. She loves being outdoors whenever possible and has recently discovered kayaking. She enjoys travel, cooking, gardening, reading, anything related to art, and most of all spending time with her 2 teenage daughters.

Mary Jane Satre, RN, FNP-C

Ms. Satre is a Registered Nurse and a Family Nurse Practitioner, board certified through and a member of the American Academy of Nurse Practitioners. She received her Nursing Diploma from De Paul Hospital, School of Nursing, her Bachelor's degree from Elmira College, and her Masters of Science and Family Health from Binghamton University. Mary Jane enjoys seeing patients for women's health, acute issues, and chronic disease management.

Mary Jane hails from Northern Virginia, where she began her nursing career. She served in the US Navy for three years on active duty, and subsequently served five years as a reservist. She lived in Upstate New York for 23 years where she raised her now two grown daughters, who live in Wisconsin. Mary Jane enjoys reading, movies, golfing, doing yoga, and skiing.

Accepted Insurance List and Related Policies **Updated 7/13/2018**

Insurances that FMAR participates with, please verify that your plan has our provider listed as in-network:

- BCBS – plans including Medicare Advantage, Blue Select and Blue Local. FMAR does not participate with Blue Value or Blue Local outside Duke Medicine and WakeMed Network
- Aetna, including Medicare Advantage Plans (FMAR does not participate with Aetna Medicare PRIME Plan)
- Coventry – (FMAR does not participate with Coventry Medicare Advantage ADVANTRA Plan)
- Medicare and Medicare Railroad
- Humana - FMAR participates only with Gold Plus (HMO) and Humana Medicare Advantage PPO Plans (such as "Choice" PPO, Etc.)
- First Medicare Direct – only Preferred Plus (HMO) and Direct Smart (HMO) plans
- Cigna – FMAR does not participate with Cigna Connect Network
- Medcost
- Medicaid, including Carolina ACCESS
  ** Our provider must be listed on card as PCP (Primary Care Provider) to be seen
- UHC – all PPO plans – FMAR does not participate with UHC Medicare Advantage Dual Complete (HMO SNP) Plan 2016.** For Compass Plans: Our provider must be listed on card as PCP (Primary Care Provider) to be seen

Insurances that FMAR does NOT participate with:

Tricare or Tricare North as a primary insurance, Tricare for Life is accepted as a secondary.

-PHCS	-Cigna Connect Network	-Aetna Medicare PRIME Plan
-BCBS Blue Value plan	-Coventry Medicare Advantage Plan Advantra	-UHC Dual Complete (HMO SNP)

-Humana products other than Gold Plus (HMO) and Advantage PPO Plans

Related Policies

We do not accept any discount insurance plans.

We require full payment at the time of service, including patients with Health Spending Accounts (HSAs).

Attention Uninsured Patients: We offer a 25% discount when you pay your balance due at the time of service. If you are unable to pay your complete bill at the time of service, you will be billed at the full price without a discount.

Attention Existing Medicare and Medicaid Eligible Patients: We will only file Medicare or Medicaid for patients who have been established with our practice for one (1) year. If Medicare becomes your primary insurance and you have not been established with our practice for one year, we will be happy to refer you to a practice that accepts Medicare. We are not contracted with any of the Medicare HMO plans except for Humana Medicare Alignment Healthcare.

Workers Compensation: We will not file Workers Compensation claims to your employer. If you have been injured on the job, we cannot provide services to you. Most urgent care offices will accept Workers Compensation.

Motor Vehicle Accident: If you are seen for injuries related to a Motor Vehicle accident we will file your claim to a health insurance we are contracted with if they subrogate. We will not file your claim to your automobile insurance carrier and will require payment at the time of service for any claims not submitted to a health insurance carrier we are contracted with.

Filing Claims: If we are not in network with your insurance, we can courtesy file your claim. However, you will be responsible for any balance not covered by your insurance. We will file to all secondary insurance plans, as long as insurance cards are presented at the time of service.

Proof of Insurance: Patients who are unable to provide proof of insurance or who are covered by insurance coverage plans that we are not contracted with will be responsible for full payment at the time of service.

Uncovered Services: Occasionally, some insurance plans will not cover services that your primary provider feels are necessary. It is important for you to understand your individual insurance coverage. You may be asked to sign a waiver at the time of service so that we may bill you for services your insurance plan does not cover.

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FAMILY MEDICAL ASSOCIATES OF RALEIGH

YOUR MEDICAL HOME

Welcome to our practice! We are proud to serve as your patient-centered medical home. At Family Medical Associates, we work in Care Teams consisting of doctors, nurse practitioners, physician assistants, nurses and medical assistants in order to give you the best care we can. Our medical records staff, schedulers, and office staff are part of the Care Teams. On your first visit we will encourage you to select a Primary Care Provider (PCP). Whenever possible, your appointments will be with your PCP, and if not, with another member of your Care Team. The members of your Care Team are available to help you.

CONTACT INFORMATION

LOCATION: 3500 Bush Street, Raleigh, NC 27609 **TELEPHONE**: **919-875-8150**

OFFICE HOURS: Monday – Friday 7 am – 6 pm
Except 12:00-2:00 pm 2nd & 3rd Wednesdays and 1st Thursday.

Although walk-ins are welcome, we can better serve you by appointment. Same day appointments are available.

SCHEDULING: You may request an appointment through our secure patient portal or you may call **919-875-8150**. The patient portal is available at www.fmaraleigh.com.

ADVICE DURING OFFICE HOURS: For non-urgent medical needs please contact us by secure email messaging through our patient portal at www.fmaraleigh.com or you may call **919-875-8150.** For non-urgent medical needs, you will be asked to leave a message. Every effort is made to respond to calls by the end of the business day.

AFTER HOURS CARE: For urgent medical needs, there is always a physician on call when the office is closed. Call **919-875-8150** to get the answering service, who will contact the on-call physician.

WEB ADDRESS: www.fmaraleigh.com

Parking is available directly in front of our office.

FAMILY MEDICAL ASSOCAITES OF RALEIGH—YOUR PATIENT CENTERED MEDICAL HOME

Patient Centered Medical Home (PCMH) is a team-based health care delivery model that provides comprehensive and continuous medical care with the goal of improving the health of all patients.

Family Medical Associates of Raleigh believes that medicine is an art as well as a science. We are committed to delivering quality healthcare to the whole person. We partner with our patients and their families to provide a medical home that is respectful, compassionate, accessible and comprehensive.

Family Medical Associates is a designated:
NCQA Patient-Centered Medical Home
NCQA Diabetes Care Management Center
NCQA Heart-Stroke Care Management Center

Family Medical Associates of Raleigh

Your Family Comes First

SCHEDULING AN APPOINTMENT

For Medical Emergencies call 911 or go to the nearest Emergency Department

Appointments can be scheduled by calling 919.875.8150. Our staff will be happy to assist you.

You may also request an appointment through our secure patient portal. If you need assistance setting up your portal account, ask any staff member for assistance.

PREPARING FOR YOUR APPOINTMENT

Plan to arrive 15 minutes before your scheduled appointment time.

For each appointment, please bring:

- Your insurance card
- Photo ID
- Co-pay and deductible
- A list of your medications including
  - -Prescription medicines
  - -Non-prescription medicines including vitamins and supplements
- A description of the problem you are having, how long you have had it, and how it has affected you
- A list of questions you would like to discuss with your health care team

Please let us know if you have been to a hospital, an Emergency Department or to another doctor since your last visit to us.

PAYMENT INFORMATION

We accept most insurance plans. However, patients are seen regardless of insurance status. We offer a 25% discount to self-pay patients if full balance is paid at the time of service. If you are uninsured and would like health insurance information please go to www.healthcare.gov

OUR PATIENT PORTAL

Sign up for our secure patient portal through our website at www.fmaraleigh.org.

Through the portal you can:

Request appointments

Request prescription refills

Ask non-urgent questions

OUR CARE TEAMS

Team 1	Team 2
Andrew Drabick, MD	Conrad Flick, MD
Josiah Carr, MD	Jennifer Jo, MD
Cameron Hardee, ANP	Cheryl Proctor, FNP
Joan Britt, FNP	Ryan Johnston, FNP
Mary Jane Satre, FNP	Angela Glass, FNP
Ryann Baker, CMA	Sarah Rubio, MA
Sebrena Blacknall, LPN	Brenda Girardi, RMA
Tara Speed, MA	Sarita Harris, CMA
Stacie Paugh, RMA	Anita Mattei, EMT
April Smith, MA	Christina Son, LPN

CARE COORDINATION

For our patients with complex health needs, we provide care coordination. Care coordination provides you with extra support to be sure you get the care you need when you need it. Our care coordinators may call you to assist you with your health care needs. Our care coordinators are April Hill, RN and Ryann Baker, CMA.

SPECIAL ACCOMODATIONS

Please let us know if you have hearing, vision or a physical impairment so that we can better prepare for your visit and plan your care.

Today's Date

_____

MR#_____

Provider_____

Family Medical Associates of Raleigh, PA

Adolescent Patient Health Assessment Form (Ages 12-18) V.7/18

******Established patients: please note only <u>changes or new information</u> since your last physical with our office******

Name:_____ DOB:___/___/___ Age:_____

Gender: Male Female Transgender Other Race:_____ Ethnicity:_____

Preferred Language:_____ 2ndary Language: _____

Birth place:_____(City/State/Country)

Address: _____

Main reason for your visit today? _____

_____

Do you have any other concerns you would like to address if time is available?_____

_____

What symptoms or illnesses are you being treated for or have you been treated for in the past? Please list with date treatment started. Ex: Mono, HIV, Asthma, _____

_____

_____

Please list allergies to medications, foods, pets, bee stings, or other:_____

_____

List all medications, vitamins and supplements you take, amounts, how often and why. *CIRCLE IF YOU NEED A REFILL *

_____ _____

_____ _____

_____ _____

_____ _____

List all hospitalizations, injuries, surgeries and dates they occurred.

_____ _____

_____ _____

_____ _____

HEALTH SCREENING HISTORY List the date of your most recent test or exam (if applicable).

Date of last visit to ANY healthcare provider: _____ Reason for visit: _____

Provider or Office where you were seen: _____

Blood tests (list)_____

Xray/ CAT Scan/MRI _____

Testicle Exam_____ Other tests or exams _____

Date of Immunizations: Tetanus_____ Hepatitis A_____ Hepatitis B_____ MMR_____ Flu_____

HPV_____ Tdap _____ (Please attach your childhood shot record)

Date of last Eye Exam_____ Date of last Dental Exam_____

Please check any that apply: _ __Glasses/Contacts ___Visually Impaired ___Hearing Impaired ____Dental Issues

FOR WOMEN ONLY:

Have you started having periods? Yes No How old were you when they started? _____

Last Menstrual Period Date:_____ Method of Birth Control:_____

Pregnant? Yes No If yes, how many weeks____ Number of Pregnancies____ Number of Live Births_____

PERSONAL AND FAMILY HISTORY: Check those that apply:

(For Grandparents, list Mother's side as -MGM, MGF or Father's side PGM, PGF)

	Yourself	Mother	Father	Grandparents: Paternal or maternal?	Sister/Brother	Children
Allergies (food, environmental, medications)						
Alzheimer's						
Anemia-type if known:_____						
Arthritis-type if known:_____						
Asthma						
Behavioral Health Issues						
Alcoholism/drug abuse						
Depression/Anxiety or Bipolar						
Schizophrenia						
Bleeding Disorder						
Cancer: Breast/Colon/Leukemia/ Prostate/Melanoma/Skin/ Other (circle all that apply)						
COPD (emphysema)						
Diabetes						
Glaucoma						
Gout						
Heart disease or Heart attack- Age of onset:_____						
High Blood Pressure						
High Cholesterol						
HIV/AIDS						
Epilepsy or Seizures						
Kidney Disease or Kidney failure						
Kidney Stones						
Liver Disease						
Migraine Headaches						
Neurological Disorder-List type:_____						
Stroke or "Blackouts"						
Thyroid Disorder						
Tuberculosis						

SOCIAL AND LIFESTYLE HISTORY

The information you provide is confidential, and kept between you and your healthcare provider.

Relationship status: Married / Single / Divorced / Separated / Widowed / Significant Other

Who do you live with? Parents/ Other Family / Roommate / Significant Other/ Alone / Homeless / Other

Name of Parent or Legal Guardian: _____

Address of Parent or Legal Guardian if different than yours: _____

Spouse's/Partner's Name: _____

Children (Names and Ages):_____

Do you currently use or have you ever used tobacco? Yes No Start Date:_____ Quit Date_____

Amount:_____Frequency:_____ Type: Cigarettes, e-cigs, chewing tobacco, snuff, other:_____

Are you exposed to secondhand smoke? Yes No

1. In the past 12 months, did you drink any alcohol- more than a few sips? Yes No
   If yes, how much? _____drinks per week/day What do you drink? _____
1. In the past 12 months did you smoke any marijuana or hashish? Yes No
2. In the past 12 months, did you use anything else to get high? (include illegal drugs, over the counter and prescription drugs, and things you sniff or huff_____
3. In the past 12 months, have you ever ridden in a car driven by someone, including yourself, who was high or had been using alcohol or drugs? Yes No
4. If you do get high or drunk, do you ever:
   a. use alcohol or drugs to relax, feel better about yourself, or to fit in? Yes No
   b. use alcohol or drugs while you are alone or by yourself? Yes No
   c. forget things you did while using drugs or alcohol? Yes No
   d. have family and friends tell you that you should cut down on your drinking or drug use? Yes No
   e. get into trouble while using alcohol or drugs? Yes No
   f. engage in unprotected sexual contact? Yes No

Would you like help with any questions you answered "Yes" to above? _____

Over the past 2 weeks have, how often have you been bothered by any of the following problems?	Not at all	Several days	Most than ½ of the days	Nearly every day
1. Little pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? OR the opposite- being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
If you checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? Not at all difficult Somewhat difficult Very difficult Extremely difficult				

Do you exercise regularly? Yes No If no, why, if yes what type?_____
Do you think your diet is healthy? Yes No If no, why not? _____
Do you struggle with your weight or feel uncomfortable in your own skin? Yes No _____
Are you sexually active? Yes No Do you use condoms? Always/ Sometimes/ Never
Number of sexual partners in last 12 months:_____ Gender of partner(s):_____
Do you feel safe in your home, in your neighborhood, and in your personal relationships? Yes No:_____
What would you like to talk more about with your health care provider?
_____

Patient or Guardian Signature:_____ Date:_____

Family Medical Associates of Raleigh
Your Family Comes First

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Raleigh, NC 27609
F: 919.875.9577
P: 919.875.8150
www.fmaraleigh.com

Patient Acknowledgment and Consent

MRN:_____

Patient Name:_____ DOB:_____

We are proud to be your Patient Centered Medical Home; please see our brochure in the lobby.
We offer same day appointments, extended office hours, and a provider on call 24/7 for urgent matters.

Consent for Treatment: I consent to treatment, examinations, procedures and diagnostic testing provided by Family Medical Associates of Raleigh (FMAR), which are deemed necessary.

HIPAA: I have been provided access to a copy of the Notice of Privacy Practices. I understand that my medical information may be required for payment of insurance benefits or by specialists that I have been referred to for my ongoing care.

Communication: I authorize FMAR to leave messages regarding my medical treatment at the numbers previously given **except for**: _____. I will notify FMAR if I would like to share my medical treatment information with any individuals and sign a Release of Information Authorization Form.

Prescriptions: I understand I need to provide a 48-hour notice for all medication refills and will notify my physician if I stop taking any medication.

Billing of Wellness Visits and Sick Visits: Visits for preventive wellness care such as adult physicals and Medicare wellness visits are separately billed from diagnostic and disease management care. I understand that additional evaluation of new problems, follow ups, and chronic conditions may be billed separately and processed at a different benefit level by my insurance than my preventive care.

Financial Responsibility: I have been provided access to a copy of FMAR's financial policy and understand I am financially responsible for all services provided at the time of service, including any amounts not covered by insurance. FMAR will take all necessary and appropriate action to collect any money due, including the use of collection agencies, and/or attorneys. My appointment may be rescheduled if I am unable to pay any current or past due balances.

Pharmacy Benefit Manager: I consent to allow my provider to access my pharmacy benefits, which are part of my insurance plan, in order to evaluate coverage for medications prescribed for me.

Patient Responsibility: I will act in a manner that is respectful of other patients, FMAR employees and clinic property. I will return at least every six months for a face-to-face follow-up visit with my provider if I take any maintenance or routine medications. I will notify my provider prior to stopping any medication prescribed.

Availability of Marketing Materials of Family Health and Wellness: Family Health and Wellness Center is a corporation founded by the owners of FMAR. As such, I acknowledge that FHWC materials, pamphlets, and posters are available throughout the office.

Patient Signature: _____ Date: _____

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PATIENT RESPONSIBILITIES

(Updated 7/13/2018)

Patient Name: _____DOB: _____MRN: _____

Date: _____ Name accompanying patient: _____

Welcome to Family Medical Associates of Raleigh, your Patient Centered Medical Home (PCMH)! As a PCMH, we are committed to partnering with you to provide a medical home that is respectful, compassionate, accessible, and comprehensive. We are committed to working with you and your family to help you effectively manages your health. To ensure the best possible treatment and care management, we ask that you:

1) Read our Patient Centered Medical Home Brochure. It can be found on the website www.fmaraleigh.com or in brochure form in our office.
2) Provide as much information as possible about your health and medical history. This includes past and present illnesses, surgeries, medications (over the counter medications, herbal supplements and prescriptions), allergies, immunizations and family medical history.
3) Notify us whenever adding other professionals to your healthcare team.
4) Notify us as soon as possible whenever you have been in the hospital, been to the Emergency Room, or been seen in an Urgent Care Clinic.
5) Comply with any follow-up recommendations provided by your medical provider including follow up appointments, labs and referral recommendations.
6) Complete all diagnostic testing (labs, x-rays, etc.) in a timely fashion.
7) Request medication refills at least 48 hours before your medication refill expires.
8) Return to office at least every six months for a FACE TO FACE follow up visit with your medical provider if you take ANY maintenance or routine medications.
9) Notify your medical provider prior to stopping ANY medication prescribed.
10) Ask questions when you do not understand treatment recommendations and/or instructions.
11) Seek medical advice when appropriate.
12) Accept responsibility for your actions if you decline treatment or do not follow your medical provider's instructions and/or medical advice.
13) Understand your insurance policy - what benefits are covered or not covered.
14) Meet your financial obligations to Family Medical Associates of Raleigh (copays, co-insurance and service fees are due at time service is rendered).
15) Act in a manner that is respectful of other patients, our clinical support team, our administrative team, our schedulers and our clinic property.

Your health is important to us and by playing an active role in your medical care our providers will be able to provide the best care for you. Thank you for joining our Family Medical Associates of Raleigh team and we look forward to providing care for you and your family.

Patient or Guardian Signature:_____ Date:_____

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PATIENT REGISTRATION FORM

Welcome to Family Medical Associates of Raleigh! MRN: _____

PATIENT INFORMATION *Please complete this entire form, or notify our staff if you are unable to.*

Last Name: _____ First: _____ M.I. _____

D.O.B.____/____/_____SS#_____Gender:_____Race:_____

Primary Language: _____ Ethnicity: _____ Marital Status: _____

Mailing Address:_____Apt.#_____City: _____

State: _____ Zip: _____ DL State/#: _____ Home Phone _____

Work Phone_____ Cell Phone_____ Email _____

Preferred Method of Communication: ☐ Email ☐ Text ☐ Phone Call ☐ Mail

Physical Address, if different than your mailing address: _____ Apt. #_____

City: _____State: _____ Zip: _____

Pharmacy Name and Location: _____Pharmacy Phone #: _____

Spouse's Name and phone: _____ / _____

Emergency Contact and phone: _____ / _____

Employer Name: _____ Employer Phone #: _____

Employer Address: _____

RESPONSIBLE PARTY, IF NOT SELF (PARENT OR GUARDIAN)

Last Name: _____ First: _____ M.I. _____

D.O.B.____/____/_____SS#_____Gender:_____Race:_____

Mailing Address:_____Apt.#_____

City: _____ State: _____ Zip: _____ DL State/#: _____

INSURANCE INFORMATION (PLEASE PRESENT YOUR INSURANCE CARD WITH THIS FORM)

Primary Ins. _____ Policy Holder _____ D.O.B.____/____/____

Relationship: _____ Policy # _____ Group# _____

SS# _____Employer:_____

Secondary Ins. _____ Policy Holder_____ D.O.B. ____ /____/____

Relationship: _____ Policy # _____ Group# _____

SS# _____Employer: _____

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Release of PHI Authorization Form
(For Use or Disclosure of Protected Health Information) MRN _____

Patient Name: _____DOB: _____Personal Representative Name: _____

Protected Health Information (PHI) *is information that is created, received, transmitted, or stored by Family Medical Associates of Raleigh which relates to your past, present, or future physical or mental health, health care, or payment for health care, and either identifies you or provides a reasonable basis for identifying you. Except as permitted by law, Family Medical Associates of Raleigh may not use or disclose PHI to persons other than those you specify on this form.*

If you are age 18 and older and you want someone else to also have access to your PHI, pick up prescriptions, speak with your provider or FMAR, or schedule appointments on your behalf, please complete and submit this form to the front office staff.

☐ **DECLINED:** I am declining at this time to allow anyone else, other than myself, to have access to my PHI, pick up my prescriptions, speak with my provider or Family Medical Associates of Raleigh, or schedule my appointments.

I authorize Family Medical Associates of Raleigh to disclose the PHI identified below **(mark all that apply)** to the following person(s)**.** ***These individuals will need to show a picture ID if picking up prescriptions or collecting written documents on your behalf.***

☐ **Spouse**	☐ **Relationship:_____**	☐ **Relationship:_____**
Name:_____	**Name:_____**	**Name:_____**
☐ **Entire PHI**	☐ **Entire PHI**	☐ **Entire PHI**
☐ Immunization Record History	☐ Immunization Record History	☐ Immunization Record History
☐ Office Visit	☐ Office Visit	☐ Office Visit
☐ Appointment Scheduling	☐ Appointment Scheduling	☐ Appointment Scheduling
☐ Lab Results	☐ Lab Results	☐ Lab Results
☐ Prescription Pick Up Requests	☐ Prescription Pick Up Requests	☐ Prescription Pick Up Requests

By signing below I am acknowledging that I have read and understand all aspects of the above, and I am aware that:

- I have the right to refuse to sign this authorization form and I have the right to revoke this form at any time by submitting a Cancellation of Authorization Form to the front office staff.

_____ _____

Your signature (or Signature of Personal Representative*) Date Signed

**If you are acting as the Personal Representative of the individual whose PHI is to be disclosed, you must provide proof of your authority to act for that individual.*

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MEDICAL RECORDS RELEASE AUTHORIZATION

MRN: _____
Updated 07/19/2018

**** According to the NC statute (§ 90-411. Record copy fee.); there is a charge for medical records when requested for any reason except, "Referral to specialist". ProviderFlow has been contracted to provide this service and will invoice you directly.***

All fields are required and must be complete or this request may be rejected.

Patient Name: _____ DOB: _____/_____/_____

Mailing Address: _____City / State / Zip: _____

Daytime Phone: _____-_____-_____

Requesting records ***from*:** _____

Requesting records ***sent to*:** _____

Mailing address line 1: _____ Mailing address line 2:_____

City / State / Zip: _____ Phone: (_____) _____-_____ Fax: (_____) _____-_____

Purpose of request: □ □Referral to specialist □Insurance □Legal Investigation □Change of doctor □Personal

__I do __ I do NOT authorize release of information related to AIDS or HIV infection, psychiatric care and/or psychological assessment, and treatment for alcohol and/or drug abuse.

Records Requested –Circle All That Apply

PROGRESS NOTES –** ***LAST THREE YEARS UNLESS OTHERWISE SPECIFIED BELOW*** **

HOSPITAL/ ER NOTES (DOS: _____) □□ EKG REPORTS □ PATHOLOGY REPORTS □ SURGICAL REPORTS

LAB RESULTS □ RADIOLOGY REPORTS (Site requested: _____)

Other _____

For the time period of: _____ to _____

I hereby authorize disclosure of the health information for the above named patient. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not effect any information released prior to notification of cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations. I understand that the medical provider to whom this is furnished may not condition its treatment of me on whether or not I sign the authorization.

_____ _____
Signature of individual/guardian/legal representative **Date**

Office Use Only:

Received by: _____
Staff Signature (Witness) Date

Reviewed by Administration (local transfers only):_____
Signature Date

Processed by (ID verified): _____
Staff Signature Date

****Scan to Patient Chart****