

Welcome!

You have been scheduled for an initial rheumatologic comprehensive evaluation. We ask that you arrive at least 20 minutes early for your appointment. Arriving earlier than your appointment time will allow our staff time to meet you and get all your paperwork processed in preparation for your visit. Please plan on spending about two hours in our office for the first visit. We have dedicated a large amount of time for your initial consultation, and it is very important that you allow us at least 48 hours' notice, if possible, should you find it necessary to cancel or reschedule your appointment.

FAILURE TO CANCEL YOUR APPOINTMENT 24 HOURS AHEAD OF TIME, OR FAILURE TO SHOW FOR YOUR APPOINTMENT WILL AUTOMATICALLY RESULT IN A \$100 CANCELLATION FEE THAT WILL NOT BE COVERED BY YOUR MEDICAL INSURANCE.

Please carefully fill out the health questionnaire. This will enable us to spend more time with you concerning your present illness, and to focus on your specific problems. There are more than 100 different types of Rheumatic conditions. Your medical history is very important for background information.

What to bring to your visit: your current medical insurance and pharmacy cards, a valid photo ID, any X-rays, MRI, bone density tests (or reports) and labs that pertain to your current condition and your completed health questionnaire. If your insurance requires an authorization, please be sure to obtain that from your Primary Care Physician before your appointment date.

We are pleased to have a nurse practitioner on staff for urgent appointments and any other needs. If you would like more information on how nurse practitioners play an important role in rheumatologic care, please speak with your physician or visit www.stuartrheumatology.com.

We now have a patient portal to facilitate better and secure communication with our office. Through the portal you will be able to securely communicate with the office, view your personal health records, review your lab results, review statements, pay balances, request appointments and prescription refills. Although access to the patient portal is free, sometimes communication with the physician or nurse practitioner does count as a billable web-visit per insurance guidelines. Please speak with our staff or consult your insurance contract to learn more. Be sure to provide your email address so that you can be "web-enabled." There are times that we may ask that you schedule an office visit in lieu of portal communications for more comprehensive matters so that we may better serve your healthcare needs.

It is our desire that you feel comfortable in our office. Please call us if you have any questions.

Sincerely yours,

Dr. Fiske, Dr. Hourii, Dr. Rivera-Rodríguez and staff

Please take a moment to fill out the following forms as thoroughly as possible.

Patient Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Sex: _____ Marital Status: _____ Social Security Number: _____

Language spoken: _____ Race: _____ Ethnicity (circle one): Hispanic Non-Hispanic

Primary Care Physician: _____ Phone number: _____

Referring Physician: _____ Phone number: _____

Pharmacy Name: _____ Phone number: _____

Do you have an Advance Directive? Yes No

Notify in case of emergency: _____ Phone: _____ Relation: _____

Name of Primary insurance: _____ Insured's Name: _____

Insured's Date of Birth: _____

Name of Secondary insurance: _____ Insured's Name: _____

Insured's Date of Birth: _____

CURRENT MEDICATIONS (INCLUDE VITAMINS, SUPPLEMENTS, AND OVER THE COUNTER MEDS)

Name of Medication	Dose	How often taken	Start Date	Stop Date
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				

*Use an additional sheet of paper if necessary

MEDICAL HISTORY / CURRENT MEDICAL PROBLEMS (CHECK ALL THAT APPLY, FILL IN ANY OTHERS)

<input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Polymyalgia Rheumatica (PMR) <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Spinal Stenosis <input type="checkbox"/> Rotator Tendonitis / Tear <input type="checkbox"/> Bursitis <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Lupus <input type="checkbox"/> Prostate Problems <input type="checkbox"/> Bladder Problems _____ <input type="checkbox"/> Kidney Problems <input type="checkbox"/> Sjogren's Syndrome <input type="checkbox"/> _____ <input type="checkbox"/> Last Bone Density Test? _____ <input type="checkbox"/> Broken bone(s)? _____	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease: _____ <input type="checkbox"/> Heart Attack <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> High cholesterol <input type="checkbox"/> Emphysema / Asthma <input type="checkbox"/> Reflux / GERD <input type="checkbox"/> Stomach/GI problems: _____ <input type="checkbox"/> Depression <input type="checkbox"/> Thyroid disorder <input type="checkbox"/> History of tuberculosis <input type="checkbox"/> PPD positive <input type="checkbox"/> Cancer, type _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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MEDICATION ALLERGIES

NAME OF MEDICATION	TYPE OF REACTION
	<input type="checkbox"/> rash <input type="checkbox"/> difficulty breathing <input type="checkbox"/> stomach pain/vomiting <input type="checkbox"/> other: _____
	<input type="checkbox"/> rash <input type="checkbox"/> difficulty breathing <input type="checkbox"/> stomach pain/vomiting <input type="checkbox"/> other: _____
	<input type="checkbox"/> rash <input type="checkbox"/> difficulty breathing <input type="checkbox"/> stomach pain/vomiting <input type="checkbox"/> other: _____

SURGERIES

TYPE OF SURGERY	DATE	TYPE OF SURGERY	DATE

FAMILY MEDICAL HISTORY (PLEASE ADD ANY OTHERS NOT LISTED)

Family Member	Year of birth	RA	Osteoporosis	Diabetes	Hypertension	Heart Disease	Other
Father	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paternal Grand Father	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paternal Grand Mother	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal Grand Father	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal Grand Mother	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others/Unknown History	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL HISTORY / HABITS

Smoking: _____ packs/day Vaping Non-smoker Quit smoking in _____
 Alcohol use: Yes (drinks/week: _____) No
 Married Widowed Divorced Single
 Occupation: _____ Retired
 I exercise regularly I exercise rarely I do not exercise Type of exercise _____
 I have traveled outside the United States in the past three months
 Recreational drug use. Type: _____ Never

REVIEW OF SYMPTOMS: Please mark the symptoms you have been having recently.

GENERAL	MUSCULOSKELETAL	EAR/NOSE/THROAT	EYES
<input type="checkbox"/> fever <input type="checkbox"/> chills <input type="checkbox"/> night sweats <input type="checkbox"/> malaise	<input type="checkbox"/> joint stiffness <input type="checkbox"/> joint pain <input type="checkbox"/> joint swelling <input type="checkbox"/> muscle pain	<input type="checkbox"/> scalp tenderness <input type="checkbox"/> dry mouth <input type="checkbox"/> hair loss <input type="checkbox"/> postnasal drip	<input type="checkbox"/> decreased vision <input type="checkbox"/> red eyes <input type="checkbox"/> blurry vision <input type="checkbox"/> vision loss

<input type="checkbox"/> fatigue <input type="checkbox"/> weight loss <input type="checkbox"/> weight gain <input type="checkbox"/> loss of appetite <input type="checkbox"/> insomnia RESPIRATORY <input type="checkbox"/> shortness of breath <input type="checkbox"/> chest pain <input type="checkbox"/> cough <input type="checkbox"/> coughing blood <input type="checkbox"/> wheezing <input type="checkbox"/> congestion NEUROLOGY <input type="checkbox"/> headache <input type="checkbox"/> tingling/numbness <input type="checkbox"/> weakness <input type="checkbox"/> gait difficulties <input type="checkbox"/> tremors/shaking <input type="checkbox"/> restless legs <input type="checkbox"/> peripheral neuropathy <input type="checkbox"/> memory loss <input type="checkbox"/> seizures PSYCHOLOGY <input type="checkbox"/> depression <input type="checkbox"/> high stress level <input type="checkbox"/> sleep problems <input type="checkbox"/> suicidal thinking <input type="checkbox"/> eating disorder <input type="checkbox"/> panic attacks <input type="checkbox"/> grief	<input type="checkbox"/> back pain <input type="checkbox"/> neck pain CARDIOLOGY <input type="checkbox"/> chest pain <input type="checkbox"/> palpitations <input type="checkbox"/> leg swelling <input type="checkbox"/> dizziness <input type="checkbox"/> passing out UROLOGY <input type="checkbox"/> burning <input type="checkbox"/> blood in urine <input type="checkbox"/> urgency to urinate <input type="checkbox"/> increased frequency <input type="checkbox"/> leaking <input type="checkbox"/> recurrent UTI <input type="checkbox"/> nocturia ALLERGY <input type="checkbox"/> runny nose <input type="checkbox"/> scratchy throat <input type="checkbox"/> itchy eyes <input type="checkbox"/> ear fullness <input type="checkbox"/> sinus fullness <input type="checkbox"/> stuffy nose	<input type="checkbox"/> thrush <input type="checkbox"/> jaw pain <input type="checkbox"/> oral sores <input type="checkbox"/> sore throat <input type="checkbox"/> cold <input type="checkbox"/> cough <input type="checkbox"/> coughing blood <input type="checkbox"/> nosebleed <input type="checkbox"/> change in voice GASTROENTEROLOGY <input type="checkbox"/> nausea <input type="checkbox"/> heartburn <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> difficulty swallowing <input type="checkbox"/> bloating/belching <input type="checkbox"/> abdominal pain <input type="checkbox"/> constipation <input type="checkbox"/> change in bowel habits <input type="checkbox"/> blood in stool <input type="checkbox"/> black tarry stool ENDOCRINE <input type="checkbox"/> excessive sweating <input type="checkbox"/> excessive thirst <input type="checkbox"/> excessive urination <input type="checkbox"/> heat intolerance <input type="checkbox"/> cold intolerance	<input type="checkbox"/> dry eyes <input type="checkbox"/> seasonal eye SKIN <input type="checkbox"/> rash <input type="checkbox"/> itching <input type="checkbox"/> hives <input type="checkbox"/> Raynaud's <input type="checkbox"/> skin cancers <input type="checkbox"/> wound <input type="checkbox"/> bruising <input type="checkbox"/> psoriasis <input type="checkbox"/> sun sensitivity <input type="checkbox"/> shingles <input type="checkbox"/> rosacea <input type="checkbox"/> eczema BLOOD/LYMPH <input type="checkbox"/> swollen glands <input type="checkbox"/> loss of appetite <input type="checkbox"/> night sweats <input type="checkbox"/> fevers <input type="checkbox"/> easy bruising
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PLEASE READ CAREFULLY (and check boxes):

- I hereby authorize Drs. Fiske/Houri or Rheumatology Associates, P.A. to provide full details of my medical history and treatment to my insurance company and referring physician or primary physician, including the results of HIV testing according to HIPAA regulations and to obtain my medication history from my pharmacy, my health plans and my other healthcare providers. My signature on file also authorizes direct payments to Rheumatology Associates, P.A. for assigned Medicare claims or other eligible insurance payments. I understand I am fully responsible for insurance co-payment amounts and any deductible not met. Please inquire if you are unsure if we participate with your particular insurance plan. Please be advised that you will be responsible for any unpaid charges for going outside of your insurance network. I understand use of the web portal system for communication may be billable to my insurance company in accordance with CMS guidelines.
- I understand I will be expected to have a primary care physician for non-rheumatologic medical care.
- I have been informed of the Rheumatology Associates, P.A. Notice of Privacy Practices (posted in the waiting room).

PLEASE TELL US HOW WE MAY CONTACT YOU (check one or more boxes):

- Leave messages at home. Leave brief messages only. Leave detailed messages.
- Leave messages on cell phone. Leave brief messages only. Leave detailed messages.
- Leave messages at work. Leave brief messages only. Leave detailed messages.
- Speak to the following family members in my house:

1. _____

2. _____
Name Relationship

Signature of Patient: _____ Date: _____

Billing and Insurance Policy

We look forward to treating your rheumatologic needs. Due to the continuing changes in the healthcare industry, we would like to provide you with our billing and insurance policies as they relate to you

Our policy requires you to present insurance cards (if applicable) at every visit. Every effort is made to verify insurance coverage before services can be rendered. Verification of insurance coverage is not a guarantee of payment by your insurance company. If we are unable to verify your coverage and benefits you may be required to pay in full at time of service. However, if your insurance company does reimburse for services, we will refund you for the amount overpaid. Please note that if your insurance requires an authorization to see a specialist, you will need to call your primary care physician at least 72 hours prior to each appointment. Our office cannot obtain or track authorizations for you.

As mandated by the federal government, all insurance companies including Medicare require that you, the patient, pay your co-pay and deductible as part of your contract with your insurance company. Failure to do so is violation of your contract and against the law. Because of this, we cannot waive co-pays or deductibles. We require that you pay your co-pay/deductible upon arrival to the office. Failure to pay or make a payment arrangement with our office on amount owed after three billing statements have been issued will result in your account being sent to an outside collection agency for further collection action. Should your account be sent to an outside collection agency, you will be discharged from the practice.

By signing this notice, you further acknowledge and understand that you are required to pay in full for services that your health insurance will not cover due to non-payment of your health insurance premiums. Failure to meet your financial obligations may result in your account being sent to an outside collection agency for further collection action.

We are participating providers in select plans within the following listed insurance companies: Traditional Medicare, FL Blue, Cigna, Aetna, and Meritain. If you have a contract with a plan in which our office is a participating provider, we will submit a completed claim for services rendered to your insurance carrier. Please note we do **not** file secondary insurance unless Rheumatology Associates is a participating provider for that plan. If you are a member of a HMO that requires prior authorization before office visits, it is your responsibility to obtain and keep track of these authorizations. We do not accept Medicaid or any Medicare HMOs, Medicare PPOs or Medicare Advantage plans other than Devoted Health Plan. We do not treat for Workers Compensation or Motor Vehicle Accident claims, nor do we file these types of liability insurance claims. If you change your insurance coverage, it is your responsibility to notify our office BEFORE services are rendered.

We make every effort to confirm your appointment at least 24 hours ahead of time. Failure to cancel your appointment 24 hours ahead of time or failure to show for your scheduled appointment will result in a \$100 cancellation charge that is not covered by your medical insurance.

Signature of patient

Date

Printed Name

Patient Information Regarding Credit Card on File Policy

To Our Patients,

As you are aware, healthcare has seen some dramatic changes in the past few years. High-deductible health plans are now a mainstay of the healthcare landscape. This means that more of the responsibility is being placed on patients. If you have ever stayed in a hotel or rented a car, you are familiar with the concept of having a credit card on file. Your credit card information is stored in a secure, encrypted manner and only accessed and charged if there is an outstanding balance due. As of June 2023, Rheumatology Associates has adopted a Credit Card on File policy.

At the time of registration, we will request your credit card information. Your credit card numbers will be encrypted and stored securely. Once we receive your Explanation of Benefits (EOB) for your insurance company, we will wait 30 days to allow you time to pay the balance on your account. If your balance is not paid, your credit card will be charged for the outstanding balance that is your responsibility. Co-pays must be paid at the time of your visit.

All your rights with respect to use of your credit card will remain in effect. This new policy will in no way prevent you from being able to dispute a charge or question your insurance company's determination of payment.

If you have any questions about this payment method, please do not hesitate to contact our billing department at: 772-283-8380 option 4.

Frequently Asked Questions Regarding the Credit Card on File Agreement

Do I have to leave my credit card information to be a patient at this practice?

Yes. This is our policy and it is a growing trend in the healthcare industry. Insurance reimbursements are declining and there has been a large increase in patient deductibles (your responsibility). The time and effort to collect payments that will be saved will allow our office to focus more on patient care.

How much and when will money be taken from my account?

The insurance companies on average take approximately 2-3 weeks to process submitted claims. Whatever the allowed amount is, your copay, coinsurance, and deductible are taken into

consideration. The amount you may owe depends on your individual policy. Once the insurance explanation of benefits is received and posted to your account, you will be sent a statement showing your portion. You will have 30 days to send an alternative form of payment if you prefer. If no alternative payment is received, your patient financial responsibility will be processed.

How do you safeguard the credit information you keep on file?

We use the same methods to guard your credit card information as we do for your medical information. The card information is securely protected by the credit card processing component of our PCI and HIPAA compliant practice management system. This system stores the card information for future transactions using the same type of technology used by online retailers. The number is encrypted and can only be used to process a payment in our practice management system and is more secure than mailing in a check or calling in a payment.

What are the benefits?

It saves you time and eliminates the need to write checks, buy stamps or worry about delays in the mail. It also drives our administrative costs down because our staff sends out fewer statements and spends less time taking credit card information over the phone or entering it from the billing slips sent in the mail, which are less secure methods than us storing the information. The extra staff time generated can now be spent on directly helping the patients, either over the phone, with insurance claims or in person.

I always pay my bills on time. Why do I have to do this?

This new policy will improve the efficiency of the billing processes and reduce costs. The amount you pay for your medical care will not change.

May I pay my obligations another way?

Yes, we also accept cash, checks, and credit cards.

What if there is a payment discrepancy or I have other payment questions?

Please contact our office directly to settle payment discrepancies or for other payment questions. This policy in no way compromises your ability to dispute a charge or questions your insurance company's explanation of benefits.

I authorize Rheumatology Associates PA to charge the credit card provided per the terms of this policy. This authorization shall remain in effect until I provide written notice of its termination.

Signature

Date

AGREEMENT TO RECEIVE MEDICARE PRINCIPAL CARE MANAGEMENT SERVICES

As of January 1, 2015, Medicare covers chronic care management/Principal Care Management Services provided by physician practices per calendar month. I understand that my Rheumatologist, named below, is willing to provide such services to me, including the following:

- Access to my care team, including telephone access and other non-face-to-face means of communication (e.g., portal messaging, Telehealth).
- The ability to get successive, routine appointments with my designated physician or member of my care team.
- Care management of my chronic conditions, including timely scheduling of all recommended preventative care services, medication reconciliation, and oversight of my medication management.
- Creation of a comprehensive plan of care for my chronic health issue that is specific to me and congruent with my choices and values
- Assistance with coordination of my care to manage my chronic health condition

I understand that I can revoke this agreement at any time (effective at the end of a calendar month) and can choose, instead, to receive these services from another health care professional after the calendar month in which I revoke this agreement. Medicare will only pay one physician or health care professional to furnish me Principal Care management services within a given calendar month. I understand these Principal care management services are subject to the usual Medicare deductible and coinsurance applied to physician services, except in the event of hardship.

I hereby indicate by signature on this agreement that Dr. _____ is designated as my Rheumatologist for purposes of providing Medicare principal care management services to me and billing for them. My signature also authorizes my rheumatologist to electronically communicate my medical information with other treating providers as part of the care coordination involved in principal care management services. This designation is effective as of the date below and remains in effect until revoked by me.

Patient name (please print) _____

Date of Birth: _____

Patient or guardian signature: _____ Date: _____

OFFICE POLICIES

Scheduling appointments: Please make sure your follow-up appointment is scheduled before leaving the office. You may also schedule appointments by calling the front office or through the Patient Portal.

Canceling appointments: Appointments are confirmed at least 24 – 48 hours in advance. If you need to cancel your appointment, please do so at least 24 hours (48 hours for new patient appointments) prior to your appointment in order to allow another patient the opportunity for that appointment slot. There is a nation-wide shortage of Rheumatologists. A 6 month wait for a new patient appointment is not unusual.

Unconfirmed new patient appointments will be canceled. In order to enforce our cancellation policy, patients who do not show up for confirmed appointments will be assessed a \$100 no-show fee. This fee is not covered by your medical insurance.

Card on file: At the time of registration, we will request your credit card information. Our office stores credit card information in a secure, encrypted manner. We only charge your card for outstanding balances due. Your credit card on file can be used for the following reasons: No-show or late cancellation charges, visit payments not collected at the beginning of the visit, insurance discrepancies, or outstanding balances greater than 31 days past due. Telehealth visits require a card on file. See our “Credit Card on File” FAQs for more information.

Refilling medications: Most medications are prescribed electronically (e-prescribe). Please obtain all your medication refills at the time of your office visit. This ensures accurate and timely refills and prevents necessitating multiple telephone calls. Keep in mind that we only refill medications we prescribe. You will need to obtain your other medications from your other physicians. If you need a refill between appointments, please ask your pharmacist to initiate an electronic refill request. You also may leave a refill request on the prescription line voicemail. Allow at least 48 hours for processing of refill requests. A refill request may trigger a call for you to schedule an appropriate office visit for management of your condition and monitoring of your medications. Schedule II narcotic medications prescriptions require office visits every 3 months (state law). Controlled medications will not be refilled after hours or during weekends.

Urgent follow-up appointments: In order to better serve you and to avoid excessive appointment waits, you may be asked to schedule with Devin Weidman, APRN for urgent appointments, or to keep your regular follow ups on schedule when your physician has a fully booked schedule. Devin has been working closely with our physicians for over 20 years and is highly skilled in the field of Rheumatology.

Communicating with the doctor: To avoid busy phone lines and excessive telephone on-hold times we have a secure voicemail system for you to leave messages for the doctors. Messages are retrieved throughout day and reviewed by the doctors. The staff is well trained to answer most messages as instructed by the doctors. If needed, the doctor will return phone calls after office hours. Remember to leave your contact number! We also have a secure patient portal available for brief communications in between regular follow up visits. Most of these messages are free, however, responses that require your physician's clinical time and expertise to answer may be billed to you or your insurance. Please see our pricing disclosure for current fees associated with electronic communications.

After hours calls: If you have a medical emergency, please call 911 or go to the emergency room. If you have a **rheumatologic** emergency that cannot wait until we reopen, please call 283-8380 and leave a message for the doctor on call. Please do not leave non-emergency calls such as appointment changes or prescription refill requests on the after-hours voicemail. This will help keep the voice messaging system clear for those with emergency rheumatology needs.

All patients must have a Primary Care Physician: Our practice is limited to the specialty of rheumatology. Therefore, you need to have a PCP for non-rheumatology medical care. Dr. Hourii, Dr. Fiske and Dr. Rivera do not admit patients to the hospital. Hospital consultation services are provided on a limited basis only at Cleveland Clinic Martin Health North.

Patient privacy: Your privacy is very important to us and to ensure your privacy you may be asked to provide a picture ID to verify your identity upon arrival at the office. Please refer to the HIPPA privacy policy booklet in the waiting area.

Request for medical records: We will gladly forward your medical records to your doctor. You may be asked to sign a medical records authorization form. Copy charges will apply for personal records requests.

Requests for radiograph copies: Radiographs represent your permanent medical records in this office and are stored digitally. You may request a CD copy of your radiographs. Copy charges will apply.

Insurances: We accept Traditional Medicare, Aetna, Blue Cross, Cigna, and Devoted Health Plan. Please check with our office or your insurance company regarding specific network participation as we may not be in network with all plans within the listed insurance companies. We do NOT accept any Medicare Advantage Plans other than Devoted Health Plan. Our office does not accept Medicaid.

We are striving to add additional insurance plans as the patient need grows. If we are not in network with your plan, or you do not have medical insurance, we can often see you as a cash-paying patient. Please contact our office for questions.

You are responsible for your co-pays and deductibles. By federal law and contract, deductibles and co-pays may not be waived.

Patients enrolled in Affordable Care Act (ACA) plans and have allowed their grace period on their premium payments to lapse will be required to show proof of premium payment at each future visit to prevent “retroactive disenrollment” costs being incurred by our office.

Insurance office visit authorization: Some insurance companies require a referral authorization from your PCP or insurance company prior to being seen. This is your responsibility to obtain and keep track of insurance authorizations. Please ensure your authorization is on file BEFORE your appointment.

Medicare Assignment: We accept Medicare assignment which means we accept the Medicare fee schedule. This is subject to change in the future. We will file your Medicare insurance. We do not file secondary insurances unless we participate with that plan. We do not file tertiary insurances. You are responsible for Medicare deductible and co-pays according to federal law. We only accept Traditional Medicare. We do not accept Medicare replacement insurance, Medicare Advantage Plans, or Medicare Part C other than Devoted Health Plan. If you change your insurance to a Medicare Advantage Plan, make sure you notify our office before you are seen. Our office does not accept Medicaid.

Principal Care Management: Our office is pleased to offer Principal Care Management (PCM) services as part of our commitment to ensuring patients with chronic conditions are receiving the highest standard of care. If you would like to opt out of Principal Care Management Services, please speak with our staff.

I have been provided a copy of the office policies. I am aware that updates can be made periodically to the office policies. I can check the office website at: www.stuartrheumatology.com to view a current copy of the office policies.

Signature of Patient

Date

Printed Name