Shenandoah Nephrology

Patient Profile

Patient Name: ______________________ Date of Birth: ______________

Gender (circle): MALE FEMALE TRANS NON-BINARY OTHER Preferred Pronouns: ______________

Contact Information

Address: ______________________ Apt #: ________
STREET

____
CITY/STATE/ZIP

Home: ________ Work: ________ Cell: ________ (circle preferred)

May we text you appointment reminders? YES NO Email Address: ______________

Please Note: If you provide us with an email address, we will automatically send you an invitation to our patient portal, as well as emails with appointment reminders.

May we leave a message regarding the healthcare results/ recommendations/ medications and/appointments on your answering machine/voice-mail or with someone at your house? YES NO

Please note: We cannot leave a message unless you identify yourself by name on your outgoing message, as it would be a violation of your privacy to do so.

Preferred Pharmacy ______________________
NAME LOCATION

Person Responsible for Payment (only if person is other than patient)

Name: ______________________ Phone: ______________

Address: ______________________ Apt #: ________
STREET

______________________ Relationship: ______________
CITY/STATE/ZIP

Patient Demographics

Preferred Language: ______________

Primary Care Provider ______________
NAME

____
PRACTICE

____
CITY

____
NUMBER

Race (please circle)
- American Indian / Alaska Native
- Hispanic / Latinx
- Asian
- Black / African-American
- Native Hawaiian / Pacific Islander
- White
- Declined

Emergency Contact

Name: ______________________ Relationship: ______________

Phone #1: __________________ Phone #2: __________________

Name: ______________________ Relationship: ______________

Phone #1: __________________ Phone #2: __________________

Release of Information

Patient health is confidential and private. The patient or legal representative must give permission to include others in discussion about their health. These discussions include things such as health history, explanations about the treatment or tests to be done, results of treatments or test, discharge care needs, etc. Confidential information or discussions will not be shared with others without the patient's authorization.

Persons the patient allows to enter the examination room will have implied authorization for the above.

If you wish to include specific people in discussion of your healthcare and allow them to contact Shenandoah Nephrology on your behalf, please list them below:

Name	Relationship	Phone Number

Signatures

I, ______________________________, have read or have had explained to me the following documents. I understand them and agree to abide by them.

Please initial in the box:

☐ Financial Policy

☐ Patient Policy

☐ Notice Of HIPAA Compliant Privacy Policy

______________________________ Signature of Patient/ Guarantor

______________ Date (mm/dd/yyyy)

______________________________ Name & Relationship to Patient (if signed by representative)

______________________________ Name of Patient (please print)

Shenandoah Nephrology

4057 Quarles Ct
Rockingham, VA 22801
540.208.7002

New Evaluation - Intake

NAME : ____________________ DATE : __________

DATE OF BIRTH : __________ PROVIDER : __________

Current Medication Dose: Frequency:

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________
7. ____________________
8. ____________________
9. ____________________
10. ____________________
11. ____________________
12. ____________________
13. ____________________
14. ____________________

Allergies (include medications and other allergies.)

Allergic To: Reaction:

1. ____________________
2. ____________________
3. ____________________
4. ____________________
5. ____________________
6. ____________________

Immunizations

Immunization	Date	Immunization	Date
☐ Polio		☐ Hepatitis	
☐ Small Pox		☐ Pneumovax	
☐ Tetanus		☐ Other	
☐ Measles		☐ Other	

Ever transfused blood or blood products? Y N

MEDICAL HISTORY

Recurrent or Significant Medical Problems ____________________

Hospitalizations/Surgeries (Specify When and the Reason/Procedure) ____________________

Other illnesses or major injuries?

Type	When

Any unusual childhood illnesses?

Issue	When	Outcome

What diseases run in your family? ____________________

Any environmental risks, chemicals or hazards present at your job or home? How do they concern you?

Ever Been Referred to a Specialist?

Type Name Reason

____

____

____

MILITARY SERVICE

Branch of Service ____________________

Dates ____________________

If overseas, where? ____________________

Any illnesses or Injury While Serving? ________

(specify) ____________________

IF APPLICABLE

Menstrual Periods: Age of Onset __________ Regular? __________

Date of Last Period __________ Age at Menopause __________

Difficulty with periods? (specify) ____________________

Number of Pregnancies/Children: ______ Born Alive ______ Vaginal Delivery ______ Cesarean

______ Premature ______ Miscarriage ______ Stillborn ______ Elective Termination

PERSONAL HABITS

Smoking and Chewing Tobacco (Specify When/If Quit, Type and Quantity) ____________________

Alcohol Use (Type, How Much per Day) ____________________

Drug Use (Type, Frequency, When) ____________________

Stress (How Much, Where, Why) ____________________

Exercise (Type, How Often) ____________________

Other Recreational Activities (Type, How Often) ____________________

____

Coffee or Caffeine-Containing Drinks (Type, How Much per Day) ____________________

FAMILY HISTORY

Relation	Alive	Age	Health Issues
Father			
Mother			
Siblings			
Other			

SYSTEM REVIEW

Do you have or have you had: Yes No Year

Arthritis ____________________

Asthma ____________________

Back Problems ____________________

Depression ____________________

Fainting/ Dizziness ____________________

Blood Pressure Problems ____________________

Heart Disease ____________________

Jaundice ____________________

Indigestion ____________________

Yes No Year

Kidney Stones ____________________

Rectal Problems/Hemorrhoids ____________________

Rheumatic Fever ____________________

Swollen Joints ____________________

Insomnia ____________________

Tuberculosis ____________________

Asbestos Exposure ____________________

Venereal Disease ____________________

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Financial Policy

Thank for entrusting us with your health. As always, we are committed to providing you with exceptional care. We have made a few changes to our financial policy, and, because some of our patients have had questions regarding patient and insurance responsibility for services rendered in the past, we ask you to go over the terms of our service and payment. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be given to you upon request or may be found at www.shenandoahnephrology.com.

New Appointment Rescheduling Fee: Starting June 15, 2020, patients who fail to arrive at their scheduled appointment time without 24-hour notice of cancellation will be billed a rescheduling fee. Established Patients will be charged $50.00, while New Patients will be charged $75.00. **This charge must be paid prior to scheduling the next appointment.** This fee is non-refundable and will not be applied to any other balance. Patients who miss more than two appointments without 24-hour notice may be dismissed from the practice.

Insurance Carriers & Copays: Shenandoah Nephrology participates with Medicare, Medicaid, Tricare, Valley Health Plan Network and several other commercial insurance carriers. Ask us about your plan. *Participates* means we agree to their recommended fee schedule and will make a contractual write-off for any differences.

Your copay is due at the time of service, as per the contract we have with insurance carriers. **Failure to pay your copay at the time of service will result in the rescheduling of your appointment until it can be paid**

Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must also obtain a copy of your social security number, government issued ID and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you will be responsible for the balance of a claim.

Deductibles & Co-Insurance: Many insurance carriers, including Medicare, charge deductibles that are reset at the start of each year. These deductibles, as well as any fees charged by your co-insurers, are your responsibility.

Out-of-Network Charges: If we do not participate with your insurance carrier, you are required to pay for your visit at the time of service. As a courtesy, we file all charges to your insurance carrier. Ultimately, however, the contract is between you and your carrier and, therefore, you are responsible for all balances. If you are part of a network with which we do not participate, you could be responsible for your balance in full. Please discuss your insurance with us before your appointment.
Our fees are set to the customary rates for this area. Your insurance carrier may recommend different rates, but if we do not participate with your carrier, our fees apply.

Self-Pay: Self-pay patients are required to pay at the time of service. The deposit rates already include a “cash discount” and are as follows. Any extra procedural charges not covered by the deposit will be billed at a later date.

New Patient Consults and Evaluations: $175.00
Follow Up Visits: $100.00

Other Types of Insurance: We do not bill auto or homeowners insurance.

<u>Documentation- Fees & Timeline:</u> We understand various forms or letters may be required to assist you with your healthcare needs, and are happy to complete these for you. However, because this can be time consuming work, **a charge of $25.00 applies for each form this office completes. Please allow at least ten (10) business days from the time you submit your form for completion.** Additional time may be needed, depending on the request and the providers' schedule.

<u>Types of Payment & Returned Checks:</u> We accept cash, credit cards, and checks as payment. Unfortunately, we are not able to bill through our patient portal, but we are able to accept payment over the phone by credit card from the hours of 8:30am to 4pm, Monday through Friday.
If you pay by check and it is returned for any reason, you will be charged a return check fee as allowed by law. You also agree to allow us, our agent, successors or assignees to turn your check into an electronic transaction at our discretion and to debit your checking account for any return check fees.

<u>Collecting Information:</u> Shenandoah Nephrology and its employees and volunteers collect data through a variety of means, including, but not necessarily limited to, letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law or necessary to process applications or other requests for assistance through our organization. We will use this information to collect non-payment if necessary. We do not keep credit card information, and will not use a credit card for payment without permission.

<u>Payment Plans & Nonpayment:</u> While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered. If temporary financial hardships affect timely payment of your account, it is your responsibility to contact us promptly for assistance. We will do our best to work with you. However, payment plans are a privilege and not a guaranteed right.

We will attempt to offer a payment plan on balances that cannot be paid in full when you receive your first statement. We will not charge interest on past due fees, but if you do not respond to a bill within 90 days of issuance, we will send your bill to a collections agency, possibly incurring additional fees from that agency

A patient may not receive care unless their balance is less than $300.00 or a payment plan is in place and current.

<u>Collections on Past Due Accounts & Dismissal</u>**: If, after ninety (90) days upon issuance, you fail to pay your bill, fail to set up a payment plan, or become delinquent on your payment plan once it is established, we will send your bill to collections.** In addition to the principle account on balance, you will be responsible for the 25% fee incurred by the collection agency and/or an attorney's fee.

As part of the doctor/patient relationship, it is your responsibility to pay your account balance. If it becomes necessary to send your account to collections, if your account is continuously delinquent or has to be written off due to bankruptcy, or you repeatedly disregard the terms of this policy, you may be dismissed from our care.

<u>Signature & Attestation</u>

I,__________________________ having read and understood this document, will adhere to its policies.
Printed Name of Patient or Guarantor

______________________________________ ____________________
Signature of Patient or Guarantor Date (dd/mm/yyyy)

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Patient Policy

Thank you for choosing us as your medical providers. Please read and review the following. We will do everything in our power to ensure that you have the best medical care possible. In return, we ask that you follow our patient guidelines. Patients found not adhering to our patient policy may be subject to dismissal. You may review this policy at any time at www.shenandoahnephrology.com.

Patient Access – YOU HAVE THE RIGHT TO:

· Receive medically necessary treatment and the appropriate level of care regardless of age, race, ethnicity, religion, culture, color, national origin, language, physical or mental disability, socioeconomic status, sex, sexual orientation, and gender identity or expression, or source of payment for care. (You can find the Patients' Rights and Notice of Non-Discrimination Act at https://www.hhs.gov/civil-rights/index.html.)

· Receive in-hospital consultative care. We will continually strive to assure that one of our nephrologists is available at the hospital for consultation, either at the request of a hospital physician or the patient themselves. Due to our constraints as a smaller group, however, we may not be able to admit all patients to our service at the hospital.

· Receive post-hospital care as expeditiously as possible. We believe that our involvement in hospital care is especially important for patients with chronic health issues. As such, we will strive to schedule all post-hospital discharge appointments as promptly as each physician's schedule allows.

· View your medical and billing records within a reasonable time frame as permitted by law and access, request amendment to and obtain information on the disclosures of your medical records according to law and regulations.

· Accept or refuse medical care and be informed of the possible consequences of any such decision.

· Privacy. We will follow and enforce guidelines as set forth by HIPAA (which you can find at https://www.hhs.gov. We can also provide you with a paper copy upon request.)

· Safety. You will be cared for in a safe and clean environment, protected from all forms of abuse, neglect and harassment.

· Voice Concerns. If you feel we have not honored your rights as a patient, please notify your doctor or any other medical professional on staff. You may also call us at 540-208-7002.

Your Responsibilities as a Patient:

· **Please inform us of changes in your schedule.** Patients who miss two (2) consecutive or a total of three (3) appointments without advance notice may be dismissed from the practice. Notice given on the day of the scheduled appointment is not considered to be advanced notice. Any new patients who fail to show up to their first scheduled evaluation may not be rescheduled. All patients counted absent will be subject to a rescheduling fee ($50.00 for Established Patients, $75.00 for New Evaluations.)

· **Be prompt.** Patients should plan to arrive 15 minutes prior to their appointment so that we can care for everyone in a timely manner. Be aware that any delay may result in extra waiting time for other patients. Patients more than 15 minutes late may be rescheduled so as to avoid inconveniencing our other patients. These patients may also be counted as absent without advanced notice.

· **Be patient.** Despite our best efforts, physicians encounter emergencies which may interfere with our schedules. In these circumstances, we will do all we can to see our remaining patients as expeditiously as possible and appreciate their understanding.

· **Be courteous and diligent.** Patients who use abusive language with or behave uncivilly toward our staff or other patients are likely to be dismissed from our care. Those who repeatedly fail to follow their healthcare plan as prescribed by our physicians may also be asked to leave our practice.

· **Please call us during business hours.** If a patient should need to contact us for any reason (including prescription refills,) they should do so between the hours of 8:00 am to 4:00 pm, Monday-Friday when our nursing staff is available to help. Also, patients should call us at least three (3) business days before they wish to refill medications, thus ensuring they will not run out. Any medical emergencies that occur after business hours should be dealt with by emergency services.

· **Be prepared to show us your insurance information at every appointment. Please pay your copay upon arrival.**

· **Bring your prescription bottles to every appointment.** It is essential our nurses be able to record information directly from your prescription labels and into your charts, so that your records are as accurate and up to date as possible. Failure to do so may result in prescription errors for which we will not be responsible.

· **Our policy of prescribing controlled medications will follow the most recent guidelines as set by the Commonwealth of Virginia. Patients who are prescribed narcotics may be asked to sign a Narcotics Contract.**

Thank you and we wish you the best on your journey to wellness.

Terry L. Overby, M.D.
Andrew Waligora, M.D.
& the entire staff at Shenandoah Nephrology

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Terry L. Overby, M.D.
Andrew Waligora, M.D.
& the entire staff at Shenandoah Nephrology

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Notice of HIPAA Privacy Practices

How We Collect Information About You: Shenandoah Nephrology, its employees and volunteers collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, and from the submission of applications that is either required by law or necessary to process applications or other requests for assistance through our organization.

What We Do Not Do With Your Information: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, on the phone (including information left on voice mails), contained in or attached to applications, or directly or indirectly given to us, is held in strictest confidence.
We do not give out, exchange, barter, rent, sell, lend, or disseminate any information about applicants or clients who apply for or actually receive our services that is considered patient confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Do Use Your Information: Information is only used as is reasonably necessary to process your application or to provide you with health or counseling services which may require communication between Shenandoah Nephrology and health care providers, medical product or service providers, pharmacies, insurance companies, and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices, medications, insurance,
If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or un-willful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

Information We Do Not Collect: We do not use cookies on our website to collect date from our site visitors. We do not collect information about site visitors except for one hit counter on the main index page (www.shenandoahnephrology.com) that simply records the number of visitors and no other data. We do use some affiliate programs that may or may not capture traffic date through our site. To avoid potential data capture that you visited a diabetes website simply do not click on any of our outside affiliate links.

Limited Right to Use Non-Identifying Personal Information From Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of Shenandoah Nephrology. We reserve the right to use non-identifying information about our clients (those who receive services or goods from or through us) for fundraising and promotional purposes that are directly related to our mission.
Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used without client's express advance permission.
You may specifically request that NO information be used whatsoever for promotional purposes, but you must identify any requested restrictions in writing. We respect your right to privacy and assure you no identifying information or photos that you send to us will ever be publicly used without your direct or indirect consent.