East Alabama Arthritis Center

1536 Professional Parkway
Auburn, AL 36830
Phone :(334) 501-4424
Fax :(334) 501-1223

Patient Information – Rheumatology

Name: _____

Date of birth: ___/___/_____ Age: _____ Phone: (_____) _____-_____

Family Doctor: _____ Referred By: _____

Doctor's Phone: (_____) _____-_____ Ref. Phone: (_____) _____-_____

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING? CHECK ALL THAT APPLY:

_____JOINT SWELLING

_____STIFFNESS OF JOINTS WHEN YOU WAKE

If yes, how long until you limber up? _____

_____PROLONGED MUSCLE WEAKNESS

_____SKIN RASHES

_____PERSISTENT DRY MOUTH

_____DIFFICULTY SWALLOWING

_____CHEST PAIN OR PLEURISY

_____VOMITING, RASHES, OR SICKNESS FROM SUN

_____COLOR CHANGE OF FINGERS/HANDS WHEN COLD

_____BLOOD OR PROTEIN IN URINE

_____KIDNEY STONES

_____HEART ATTACK

_____ASTHMA/EMPHYSEMA

_____THYROID DISEASE

_____DIABETES

_____HIGH BLOOD PRESSURE

_____STROKE/ MINI STROKE

_____JOINT PAIN OR MUSCLE PAIN

_____UNEXPLAINED WEIGHT LOSS

_____UNEXPLAINED FATIGUE

_____MOUTH SORES

_____DRY, GRITTY EYES WITH USE OF ARTIFICIAL TEARS

_____HAIR LOSS

_____SWOLLEN GLANDS

_____LOSS OF VISION

_____RECENT CHANGES IN VISION

_____GOUT

_____HEPATITIS

_____STOMACH ULCERS

_____BLOODY BOWEL MOVEMENTS

_____CANCER

_____BLOOD CLOTS

_____HEART MURMURS

_____SEIZURES

WHAT MEDICATIONS (including over-the-counter) DO YOU TAKE?

NAME	DOSE	FREQUENCY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Rheumatology Consultation

Patient Name: _____

1. Where is your pain?

_____

2. Have any of the following labs been performed or ordered?

   ESR _____

   FANA _____

   RF _____

3. Do you have morning stiffness? _____Yes _____No

   If yes, how long does it take you to limber up? _____

*Please complete all forms and mail or fax to the address above before your scheduled appointment on:

_____ @ _____ at the _____ office

Patient Name:_____

List any medicines to which you are allergic:

Name of medication:	**Reaction:**
_____	_____
_____	_____
_____	_____

Number of children	**Job type**
_____	_____

Surgeries	**Date (Year)**
_____	_____
_____	_____
_____	_____

Have you ever had a bone density performed?_____ **Date:**_____

. **THIS COPY IS PATIENTS COPY TO KEEP**

Prescription Refills: Refills will be processed at the time of your visit. A fee of **$10.00** will be billed to the patient when prescriptions are called in after a visit. Your insurance ***will not*** be filed for this service. Patients should have your pharmacy fax a refill request to 334-501-1223. All refills done by phone will have a fee of **$10.00** assessed to the patient's account. Your insurance will not be filed for this service.

Insurance Forms/Disability Forms: All forms completed by the staff will be assessed a fee based on the complexity of each form. This fee is to be paid prior to mailing, faxing or picking up these forms.

We no longer complete personal disability forms.
Dr. Massey does not prescribe narcotics for chronic pain unrelated to inflammatory diseases. Those patients will be referred to a pain treatment clinic.

Medical Records: There will be a fee for copying, mailing or faxing any and all medical records. The fee is based on the State of Alabama guidelines, as follows:

$5.00 Search Fee
$1.00 per page (for the first 25 pages)
$ .50 per page (25 pages and over)

All fees for medical records must be remitted ***prior*** to the release of records.

I have read and completely understand the financial polices of East Alabama Arthritis Center. I also understand that the policies may change and that I will be notified of any financial policy changes. I have been informed and understand that I am responsible for any charges that may properly assess to my account.

Patient Signature: _____ **Date:** _____

Our physician and staff are here to provide you with quality healthcare and assist with any and all problems you may incur. If you have any issues please feel free to talk with the office manager.

Thank you for choosing Dr. Massey and the staff for your care.

Dr. Adahli E. Massey
The Staff of East Alabama Arthritis Center.

THIS COPY IS OFFICE COPY

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Dr. Adahli E. Massey

The Staff of East Alabama Arthritis Center

East Alabama Arthritis Center
Financial Policy

Revised 06/2013

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We want to welcome you to our clinic and thank you for the opportunity to provide quality medical care for you and/or your family. So we want to start off with our policies:

Appointments: Please understand that if you are more than15 minutes late for your appointment, the appointment will be rescheduled

We also require a 48-hour confirmation and/or cancellation notice.
If not confirmed, your appointment slot will be filled and you will be billed a fee. This fee is $10.00 for any Follow-Up appointment and $40.00 for any New Patient appointment.

Copays/Coinsurance: Copays are to be paid at the time of visit. If you are unable to pay your copay, we will reschedule your appointment. There will be no exceptions.

Deductibles: You are expected to remit your unsatisfied deductible amounts at the time of appointment. If you are unable to remit this deductible, we will reschedule your appointment. If you have a large deductible amount, we *may* be able to set up a monthly arrangement. This must be arranged through the billing office, prior to seeing the doctor.

Non-Covered Charges: Payment for any non-covered services is expected at the time of service. If your insurance deems not medically necessary and is non-covered after filing, we will expect payment at that time.

Account Balances: If your account has a balance of $250 or more, a payment of at least $50 a month must be made until balance is paid in full. If you are unable to do so, we **may** be able to set up a monthly arrangement. This can be discussed with our billing office.

Returned Checks: All returned checks will be picked up with cash, money order, or cashier's check. There will also be a **$35.00** NSF fee assessed to your account. Your account will then be placed on ***cash only***.

Phone Calls: Any and all phone calls to the physician after hours will have a **$20.00** fee that is billable to the patient. If you, a spouse, or family member wish to speak to the physician on the phone you will be assessed the above fee. This will be expected to be remitted promptly. Your insurance ***will not*** be filed for these services.