



LEE E. HERMAN, M.D.
Board Certified Internal Medicine

MICHAEL F. CONLIN, M.D.
Board Certified Internal Medicine
Board Certified Clinical Lipidologist

PAMELA WATSON, R.N., MSN, FNP-C
Family Nurse Practitioner Certified

4365 Johns Creek Parkway, Suite 400 • Suwanee, Georgia 30024 • (678) 957-1910 • Fax: (678) 957-1911

Dear New Patient,

Welcome to our Practice. In order to help make your first visit productive and satisfactory, we have several requests:

Please obtain your **old records** prior to your visit. These records should include a health summary, immunization record, recent office visits, last complete physical, last Specialist's office visit notes, and any recent blood work/diagnostic tests (such as X-rays, CTs, and MRIs). You can obtain your records by sending a written request to your prior doctors. It should be done as soon as possible as it usually takes 2 to 4 weeks to receive records. You may obtain record request forms in our office or on our website at www.jcpcp.com. It is your responsibility to make sure the information is made available to our office in a timely manner. Our providers like to review this information before your visit so we can start deciding on how to best take care of you.

Assisted Living Facility residents or Geriatric patients are encouraged to have their **caregivers** accompany them for their first office visit.

We request you provide us with your **pharmacy** information (Local and Mail order if pertinent) at the time of your first visit so that refill requests may be promptly addressed.

Bring a list of your **medications**. If you take several medications, we encourage you to follow the "brown bag" policy - put them all in a bag and bring them with you so that the information may be accurately updated.

We would like good communication with any **other physicians** you may be seeing, and hence request a list of your other care providers with their contact information.

Please **arrive** at our office **at least 30 to 45 minutes earlier** than your scheduled appointment time so you can fill out necessary forms and give our staff the time they need to prep your visit with the provider. Our staff spends an average of 45 minutes scanning in your old records, and thoroughly entering in your entire medical profile in our electronic records. As you can imagine, it would be much easier for our staff to accurately enter this information 1 to 2 weeks before your visit during a convenient time when patients are not waiting to be seen. This is another reason we stress the importance of providing us with your medical

information before your visit day.

Please make sure you have **accurate directions** by calling our office or looking on our website. Mapquest and GPS units are not always correct as our small street was built only a few years ago. You may want to drive by our office on a day prior to your first visit to learn your way, as most of the medical buildings in our area look alike. Many new patients do have trouble finding their way.

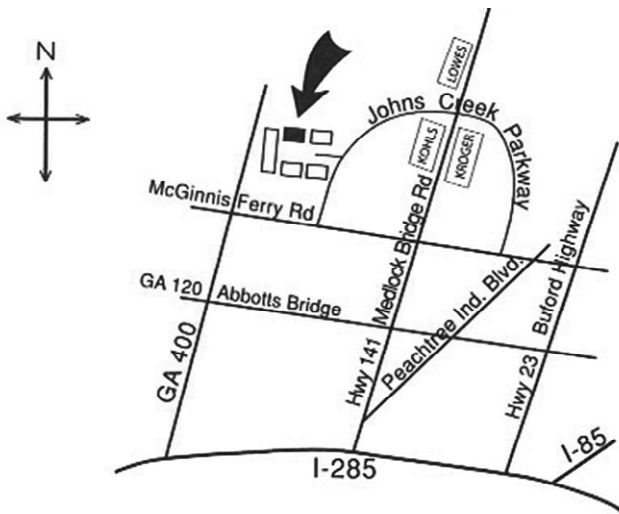
We hope you will be pleased with our **service**. We are dedicated to give you the best possible healthcare in a pleasant caring environment. Please let us know if we fail in these efforts so we will know how to improve your experience. Keep in mind it can be challenging to meet this goal at times due a lot of the frustrations in our current healthcare system. We try our best to stay on time, but delays sometimes cannot be avoided. Our providers may have to spend extra time on patients before you if their health condition warrants it. Quality care has to be our top priority. If you are pleased with your service, please tell your friends and family as we are trying to grow our practice. All of our providers are accepting patients who are at least 13 years old.

Thank you for your cooperation. We look forward to helping you take care of your health.

Sincerely,

Johns Creek Primary Care Staff

DIRECTIONS TO JOHNS CREEK PRIMARY CARE



Our address is 4365 Johns Creek Pkwy, Suite 400, Suwanee, GA 30024

Phone: 678-957-1910/ fax: 678-957-1911

Driving Directions:

From the South: Drive North on Medlock Bridge Rd (Hwy 141) towards Johns Creek, turn left on McGinnis Ferry RD, go 2 blocks, turn right on Johns Creek Pkwy. Turn left near Goddard school into a medical office complex. We are in the far right corner building at the bottom of the hill.

From the North: Drive South on Peachtree Pkwy (Hwy 141), turn right on McGinnis Ferry RD, go 2 blocks, turn right on Johns Creek Pkwy. Turn left near the Goddard School into a medical office complex. We are in the far right corner building at the bottom of the hill.

From the East: Drive on McGinnis Ferry Rd West towards Johns Creek, go straight through the intersection with Hwy 141. Go 2 blocks and turn right on Johns Creek Pkwy, turn left near Goddard School into a medical office complex. We are in the far right corner building at the bottom of the hill.

From the West: Drive East on McGinnis Ferry Rd towards Johns Creek. You will see Emory Johns Creek Hospital on the right and Johns Creek Baptist Church on the left. Go one more block, turn left on Johns Creek Pkwy, turn left near the Goddard School into a medical office complex. We are in the far right corner building at the bottom of the hill.



Patient Information Sheet

Date ___/___/___

NAME: LAST _____ FIRST _____ MIDDLE INITIAL _____ NICKNAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____ EXT. _____

PERMISSION TO LEAVE MESSAGE: HOME YES NO CELL YES NO WORK YES NO
PREFERRED CONTACT NUMBER: HOME PHONE CELL PHONE WORK PHONE

REFERRING PHYSICIAN _____ REFERRAL SOURCE: How did you find out about our practice? _____

DATE OF BIRTH ___/___/___ SEX F M
RACE: American Indian or Alaska Native ASIAN NATIVE Hawaiian BLACK OR AFRICAN AMERICAN WHITE
 HISPANIC LATINO OTHER RACE _____ PACIFIC ISLANDER UNREPORTED / REFEUSED TO REPORT

MARITAL STATUS: SINGLE DIVORCED LEGALLY SEPARATED PARTNER MARRIED (SPOUSE NAME _____)
 WIDOWED UNKNOWN

EMPLOYER NAME _____ ADDRESS _____

EMPLOYMENT STATUS: FULL TIME NOT EMPLOYED RETIRED PART TIME SELF EMPLOYED ACTIVE MILITARY
STUDENT STATUS: FULL TIME PART TIME NOT A STUDENT
RESPONSIBLE PARTY: SELF GUARANTOR RELATIONSHIP TO PATIENT: _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ DOB ___/___/___

EMERGENCY CONTACT:
NAME LAST _____ FIRST _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____ EXT. _____

I AUTHORIZE THE FOLLOWING PERSON/PERSONS TO RECEIVE INFORMATION ABOUT MY HEALTH:

NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____

I WILL NOTIFY THE PRACTICE IN WRITING IF I CHOOSE TO MAKE CHANGES TO THE ABOVE NAMED PERSON/PERSONS.

EMAIL ADDRESS FOR PATIENT: _____

PHARMACY:
NAME _____ LOCATION/CITY _____ PHONE (____) _____ - _____

PRIMARY INSURANCE _____ POLICY HOLDER NAME _____
POLICY HOLDER SEX F M POLICY HOLDER DOB ___/___/___ RELATIONSHIP TO PATIENT _____
ID# _____ GROUP # _____

SECONDARY INSURANCE _____ POLICY HOLDER NAME _____
POLICY HOLDER SEX F M POLICY HOLDER DOB ___/___/___
POLICY HOLDER RELATIONSHIP TO PATIENT _____
ID# _____ GROUP # _____

I authorize and consent to examination and treatment including procedures by Johns Creek Primary Care Providers. I understand that I am financially responsible for charges not covered by my insurance company. I hereby authorize photocopies of this form to be as valid as the original. I have received a copy of Johns Creek Primary Care Physicians, LLC, Notice of Privacy Practices. I hereby grant permission to Johns Creek Primary Care to view my prescription history from external sources.



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Our Financial Policy

We are dedicated to providing the best possible medical care for you, and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance by your carrier. We accept Visa, MasterCard, American Express and Discover.
2. As a service to you, we will file your insurance claim if you assign the benefits to the doctor. Please be sure that we have all accurate information to do so. We will need a copy of your current insurance card. You are responsible for any unpaid balances due to lack of information.
3. Keep in mind that your insurance policy is basically a contract between you and your insurance company. If your insurance company does not pay the practice within a reasonable period (within 30-45 days is usual), we will have to look to you for payment. If we later receive a payment from your insurer, we will refund any overpayment to you.
4. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are responsible for a copayment at the time of service.
5. Not all insurance plans cover all services. In the event your insurance plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
6. If you have special circumstances that require a payment plan, arrangements may be discussed with our practice manager while you are here. Once your insurance company does pay, we expect you to settle your account with us within 30 days.

I have read and understand the practice's financial policy and I agree to be bound by its terms.

Signature of patient (or responsible party if minor)

Date



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Authorization for Use/Release of Protected Health Information

This form applies only to the release/disclosure of information. It is not consent for treatment or intended for any other purpose. By signing this form, I authorize the below named physician or facility to release or disclose the protected health information described below. Please provide the following for the physician/facility:

****Please fill in the following information for the physician or facility that currently holds your medical records:**

Name of physician or facility: _____

Address: _____

Phone: _____

Fax: _____

Purpose of disclosure: Patient Request Employment Life Insurance
 Other, please specify: _____

Information to be faxed or mailed to: **Johns Creek Primary Care**
4365 Johns Creek Parkway
Suite 400
Suwanee, GA 30043

Phone: (678)-957-1910 Fax: (678)-957-1911

I authorize the following information to be sent to the address above:

- Copies of all medical records (since you became a patient in this office)
- Only include specific information:
 - History & Physical Exam Lab, X-Ray, etc. Other, please specify: _____

I understand that Johns Creek Primary Care assumes no responsibility for the use or misuse by others of my health information disclosed under this authorization. I release Johns Creek Primary Care from all legal liability that may arise from this authorization.

PATIENT NAME: LAST _____ FIRST _____ MIDDLE INITIAL _____

DATE OF BIRTH: _____ SEX: _____

ADDRESS _____

HOME PHONE: _____ WORK PHONE: _____

My relationship to the patient is: _____

PATIENT SIGNATURE: _____ DATE: _____

Expiration Date: One year from date of signature.

Name: _____

Date: _____

PAST MEDICAL HISTORY/ FAMILY HISTORY

Please check the appropriate box if you or your family members have any of the following medical problems. Write which family has the problem (father, mother, etc.).

Medical Problems	You	Family	Which Family Members?
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart disease/Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	_____
Congestive Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Colon Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ovarian Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prostate Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Cancers? Type _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Cancers? Type _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strokes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>	_____
Depression	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Illnesses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Illnesses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Illnesses	<input type="checkbox"/>	<input type="checkbox"/>	_____

Father Alive? _____ If not, age and cause of death _____

Mother Alive? _____ If not, age and cause of death _____

Hospitalizations: Please list reasons _____

Surgeries: _____

If Form was updated, write date:

- | | | |
|-----------|-----------|-----------|
| 1.) _____ | 4.) _____ | 7.) _____ |
| 2.) _____ | 5.) _____ | 8.) _____ |
| 3.) _____ | 6.) _____ | 9.) _____ |

Complete Physicals

Dear Patient,

Insurances vary on what they pay for on Complete Physicals. Most insurance plans provide full coverage for physicals, but it depends on what plan you or your employer purchased. Since we accept over a thousand insurance coverage options, it is impossible for us to track what services your insurance pays. We will help guide you when we can, but it is your responsibility to know what your insurance covers. You may ask us not to perform certain non-covered tests or services if you do not want to pay for them yourself. Please remember you are responsible for any charges that your insurance does not pay.

Our Physicians and Nurse Practitioners try to be cost effective, but they focus on providing you with the best possible care. They make recommendations based on your health, standard of care practices, and national guidelines for preventative services. Please let them know if you cannot afford a recommended test or treatment. They will work with you to find a more economical solution.

Our providers recommend these preventative services based on national preventative guidelines:

Patients younger than age 40 should have a complete physical every 2 to 5 years, or every year if you have certain chronic medical problems such as diabetes, cancer, or hypertension. A typical physical includes:

- Preventative medical evaluation and management code for Provider's fee: new patient 99384 (\$187) or 99385 (\$192), established patient 99394 (\$134) or 99395 (\$160)
- Venipuncture fee for blood draw 36415 (\$15)
- CBC 85025 (\$25) screens for anemia, polycythemia, and leukemia
- CMP 80053 (\$50) screens for diabetes, kidney disease, liver disease, and electrolyte abnormalities
- Lipid Profile 80061 (\$36) screens for high cholesterol
- TSH 84443 (\$64) screens for thyroid disease
- Urinalysis 81002 (\$15) screens for kidney disease, kidney stones, bladder infections, and bladder/kidney cancer
- Pap smear (females) 88175 (\$50) screens for cervical cancer

Patients that are age 40 or older are advised to have a complete physical every year. A typical physical includes:

- Preventative medical evaluation and management code for Provider's fee: new patient 99386 (\$198) or 99387 (\$200), established patient 99396 (\$165) or 99397 (\$170) (Medicare does not currently pay for physicals beyond 1 year after a patient joins Medicare, but Physicals are supposed to be covered every year starting in 2011 according to the new health care reform bill).

- Venipuncture fee for blood draw 36415 (\$15)
- CBC 85025 (\$25) screens for anemia, polycythemia, and leukemia
- CMP 80053 (\$50) screens for diabetes, kidney disease, liver disease, and electrolyte abnormalities
- Lipid Profile 80061 (\$36) screens for high cholesterol
- TSH 84443 (\$64) screens for thyroid disease
- Urinalysis 81002 (\$15) screens for kidney disease, kidney stones, bladder infections, and bladder/kidney cancer
- Pap smear (females) (Medicare pays for it every 2 years) 88175 (\$50) screens for cervical cancer
- PSA (males) 84153 (\$77) screens for prostate cancer
- EKG 93000 (\$77) (United Health Care and Medicare only pays if it is medically necessary) screens for heart disease and arrhythmias
- Mammogram (females) (Radiology Center bills it) screens for breast cancer
- Please be aware that Medicare will not pay for most labs or diagnostic tests that are not medically necessary.

Other preventative tests or vaccines that may be recommended are:

- Bone Density Test (every 2 to 3 years over age 60) (Radiology Center bills it) screens for osteoporosis
- TDAP (every 10 years from age 18 to 64) 90715 (\$75) prevents Tetanus, Diphtheria, and Pertussis (Whooping Cough)
- Tet/Dt (every 10 years from last Tet/Dt or TDAP over age 65) 90718 (\$34) prevents Tetanus and Diphtheria (Medicare does not pay for it)
- Pneumovax (age 65 or earlier with certain medical problems) 90732 (\$45) prevents Pneumococcal pneumonia
- Zostavax (age 60 or older) 90736 (\$225) prevents Shingles
- Influenza (every Fall for all patients unless it is contraindicated) 90658 (\$15) prevents the Flu
- Gardasil 90649 (\$200) prevents cervical cancer and genital warts
- Cervarix (\$200) (ages 13 to 26) prevents cervical cancer
- Menactra 90734 (\$140) prevents Meningococcal meningitis
- Administrative fee for giving vaccine 90471 (\$32)

The extent and focus of a complete physical is for the provider to do a preventative medical evaluation and management of a patient to try to prevent diseases, or try to find a disease in an early stage that may be easier to treat. It does not include evaluating and treating an abnormality that is encountered, or treating a pre-existing problem that is above the scopes of the preventative evaluation. Examples include:

- adjustment of medications to treat diabetes, hypertension, and depression
- evaluating and treating a sinus infection, bronchitis, influenza, vaginal infection, or bladder infection

- evaluating new or worsening symptoms by ordering additional testing such as Vitamin B12/Folate levels for fatigue, Testosterone levels for erectile dysfunction, or Diagnostic Mammogram with Ultrasound to evaluate breast lumps
- referrals to Sub-Specialists for newly diagnosed problems such as hernias, prostate nodules, or suspicious moles for skin cancer

If an abnormality is encountered or a pre-existing problem is addressed that is additional work above the scope of the preventative evaluation, then you will also be charged a problem visit code (99201-99215). It would be the same type of charge if these extra problems were treated on a different day during a problem focused visit. Some examples for established patients are:

- 99211: MA visit (5 min) such as checking PT/INRs for medication adjustments on Coumadin patients
- 99212: Provider visit (10 min) for 1 slightly difficult problem such as evaluating a "cold" and advising over-the-counter medications
- 99213: Provider visit (15 min) for 1 mildly difficult problem such as evaluating and treating acute bronchitis, or increasing your blood pressure medication if your blood pressure has been too high
- 99214: Provider visit (25 min) for evaluating and treating you for 2 or more mildly difficult problems, or 1 moderately difficult problem such as evaluating and treating pneumonia or diverticulitis
- 99215: Provider visit (40 min) for 2 or more moderately difficult problems, or 1 highly complex problem such as evaluating, treating, and counseling you on a probable cancer diagnosis or a condition that requires immediate hospitalization

Providers typically spend 30 minutes on Preventative Physicals. We schedule Complete Physicals for 60 minutes to allow extra time to evaluate and treat you for any illnesses that need to be addressed.

Patient Consent Options for Complete Physicals

Please choose one of the 2 following options:

- 1. I consent to having a complete physical exam that is focused on preventing disease and diagnosing diseases at an early stage. I agree to pay for this service if my insurance does not cover the charges. I am aware that we will not know for sure what insurance will pay until services are rendered, charges are submitted to insurance, and insurance decides what charges they will pay based on my particular policy.
- 2. I refuse to have a complete physical exam. I am aware that my provider recommends it to help prevent diseases or diagnose diseases at an early stage. I want to have a problem focused visit with my provider to address any concerns I have today. I agree to pay for this service if my insurance does not cover the charges. I am aware that we will not know for sure what insurance will pay until services are rendered, charges are submitted to insurance, and insurance decides what charges they will pay based on my particular policy.

Patient Consent Options for Evaluation and Treatment of Medical Problems beyond Scope of Complete Physical

Please choose one of the 2 following options:

- 1. I consent to being evaluated and treated for any medical problems that arise beyond the scope of the complete physical. I accept responsibility for payment for any charges that are not covered by my insurance.
- 2. I refuse to be evaluated and treated for any medical problems that arise beyond the scope of the complete physical. I realize that a delay in evaluating and treating these medical problems could be harmful to my health and could sometimes result in serious injury or death. I will schedule another visit as soon as possible to have these medical problems evaluated and treated.

Patient Consent Options for Billing Method of Diagnostic Testing or Treatment during Complete Physical

- 1. I want my labs, diagnostic tests, immunizations, and in-office treatments billed under an appropriate problem based diagnosis code such as diabetes, hypertension, hyperlipidemia, etc. Most insurances pay for these tests more often if it is medically necessary instead of for screening purposes.
- 2. I do not want any labs, diagnostic tests, immunizations, or in-office treatments billed under a problem based diagnosis code. I want everything billed on this physical under the routine exam code v70.0. I think my insurance will pay more of the charges in this manner. Some high deductible plans do not apply charges billed under v70.0 routine exam code towards their deductible.

Please be aware that you must choose an option under each of the above 3 categories in order to be seen during your scheduled Complete Physical. You may cancel your Physical up to 1 business day prior to your scheduled time. Same day physical cancellations are subject to a \$50 same day cancellation fee.

We developed this consent form to help you understand the complexities of Physical billing and to make you aware of your potential financial responsibilities.

Printed Patient's Name: _____

Patient or Patient Representative's Signature: _____

Date: _____