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### **New Patient Welcome Letter for Morehead City Office**

Thank you for choosing Crystal Coast Family Practice, PA as your medical home. Our health care team is committed to providing you and your family with the best healthcare possible. That's why we've adopted a proven framework called the "Patient Centered Medical Home".

#### **What is a patient-centered medical home?**

- **Patient-centered** means that **you** and your health care are at the center of your medical home.
- **Medical home** begins with our practice, where a team of professionals, led by your choice of a personal provider work together to provide you with comprehensive and coordinated care.
- **Patient-centered medical home** is an approach to providing total health care where you join a team that includes health care professionals, trusted friends or family members (if you wish), and most importantly.....you.

The first step is your selection of a personal clinician, which is documented in your medical record. Your personal clinician leads a team of individuals who collectively take responsibility for your ongoing care, including acute and chronic care, preventive services and sending you to a trusted specialist, if needed. Your care team will coordinate all your health care needs and is committed to making sure that you end every visit with clear instructions about expectations, treatment goals and future plans.

Your medical home provides a way for you to be **informed** about and **involved** in your health care decisions. What can **you** do to help?

- Be an active partner in your care.
- Learn what you can do to stay as healthy as possible.
- Follow the plan that you and your health care team have agreed is best for you. If you have questions, ask!

To prepare for your first visit, we recommend you use the "*New Patient Appointment Checklist*". If you have any questions about the Medical History Fact Sheet, please call our office at (252) 726-8414, press 2 for scheduling and our staff will be happy to assist you.

If your email was given to us when you made your new patient appointment, you will automatically receive an invitation to sign up for our secure patient portal, Follow My Health. (Information on our website or brochure enclosed)

The patient portal provides you with access to your health care team and your health information. You may send messages to your care team, view upcoming appointments and schedule your next appointment, request prescription refills, view test results, view notes about your visits, review your care instructions and view a list of all your

medications. There are also several apps you may utilize to help you track glucose levels, blood pressure and /or weight. These can be valuable tools in helping you reach your goals for improving your health.

You will also receive a secure email 3 days prior to your appointment date asking you to check-in online. Allowing you to use your personal device and save time when you arrive for your appointment.

Patient forms, information about our location and hours, biographical information about our providers, clinical staff and administrative staff and links to educational resources are posted on our web site: [www.crystalcoastfp.net](http://www.crystalcoastfp.net)

Information about Dr. Cader's and Dr. McCabe's affiliation with MDVIP is also posted on our web site. If this is a health care model that you may be interested in, please call the MDVIP receptionists as follows:

Dr. Cader's Receptionist is Melissa Jones (252) 247-1250

Dr. McCabe's Receptionist is Bridget Cominsky (252) 247-1230

(MDVIP brochure enclosed, if requested).

Again, thank you for the confidence and trust you have placed in us to provide your healthcare needs.

Sincerely,

Your Crystal Coast Family Practice Health Care Team

**Packet Includes:**

- Welcome Letter
- Practice Information Sheet
- PCMH Patient-Provider Agreement
- Financial Agreement (Informational Purposes only)
- Appointment Checklist
- Medical History Forms
- Practice Brochure (On our website or brochure enclosed)
- Patient Portal (FollowMyHealth) Brochure (on our website or brochure enclosed)



## **PRACTICE INFORMATION SHEET FOR THE MOREHEAD CITY OFFICE**

### **OFFICE HOURS**

Monday through Friday, 7:30am to 5:00pm.

Phones are answered from 7:30am to 5:00pm. (252-726-8414)

### **CONTACT US AFTER HOURS**

If you have a medical emergency, please call 911 or proceed directly to the emergency room. If you are calling with a non-urgent matter that can wait until regular office hours, press 1 to leave a message. If you have a more urgent matter and need to speak with the provider on call, press 2 and you will be transferred to the provider's cell phone.

### **OPTIONS FOR AUTOMATED PHONE SYSTEM (252) 726-8414**

When calling during regular office hours, you will be given a menu to select the option you need as follows:

- |  |         |
|--|---------|
| * Prescription Refills                           | Press 1 |
| * Appointments and Medical Records               | Press 2 |
| * Your Provider's Care team                      | Press 4 |
| * Billing and Insurance                          | Press 5 |
| * Referrals to Specialists or Outpatient Testing | Press 6 |
| * Patient Portal Assistance                      | Press 7 |
| * Lab and X-Ray                                  | Press 8 |
| Practice information: address, fax number, etc   | Press 9 |

### **APPOINTMENT SCHEDULING**

Crystal Coast Family Practice is committed to providing quality health care to all patients with the focus on the needs of the patient. Every effort will be made to schedule you with your preferred provider whenever possible. Appointments for routine wellness exams should be scheduled well in advance. Each provider's schedule has reserved same day appointment slots for acute, urgent and routine needs. We encourage you to call as early as possible.

Appointments are available Monday through Friday from 7:30am to the last appointment of the day at 4:10pm.

If you are unable to keep an appointment, please call 24 hours ahead of time so we may give that appointment time to another patient needing it.

### **SCOPE OF SERVICES & REFERRALS TO SPECIALISTS**

As your Patient Centered Medical Home, our Care Teams offer accessible first contact care that is personal, coordinated, and comprehensive and meets most or all of your health care needs, including behavioral health.

Our providers are board certified in Family Medicine and are trained in all areas of medicine. They can diagnose and treat the full range of problems people usually bring to their doctors. They know when to treat you and, if necessary, when to bring in another specialist you can trust.

### **FINANCIAL RESPONSIBILITIES**

Please read and familiarize yourself with our complete Financial Agreement so that future misunderstanding regarding our billing and payment policy can be avoided. We sometimes find ourselves in the awkward position of discussing finances with patients at the time of their visits. We feel the better you understand our policies, the better we will be able to serve you.

To avoid collection issues and unnecessary billing expenses, we collect copays, co-insurance and fees for services provided that will be applied to your outstanding deductible at the time of service. It is our policy to collect a deposit of \$195 for uninsured new patients and \$127 for uninsured established patients.

**WEB SITE AND FOLLOW MY HEALTH PATIENT PORTAL**

Our website provides complete information about our practice and the services we provide. Log on to:  
[www.crystalcoastfp.net](http://www.crystalcoastfp.net)

Click on the tab labeled “My Patient Portal” to launch access to the Follow My Health secure portal. We ask all our patients to register for an account as this will provide you with the ability to send and receive messages from your care team, schedule appointments, request medication refills, view your lab results and other medical information. The portal also provides the ability to download free apps to help track glucose levels, blood pressure, weight, etc. Using the patient portal for your questions and other healthcare needs listed above ensures a prompt response as well as time stamped, dated documentation of your communication. This is far superior to leaving a phone message.

**PRE-VISIT CHECK-IN**

We now offer Phreesia’s Pre-visit workflow, you will receive a secure email 3 days prior to your appointment date asking you to check-in online. This allows you to use your personal device and save time when you arrive for your appointment.



## **PCMH Patient-Provider Agreement**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

A Patient-Centered Medical Home is a trusting partnership between a provider-led healthcare team and an informed patient. It includes an agreement between the provider and the patient that acknowledges the role of each in the total healthcare program.

### **As your primary care provider we will:**

- Learn about you, your family, life situation, and health goals and preferences. We will remember your health history every time you seek care and suggest treatments that make sense to you.
- Take care of short-term illness, long-term chronic disease, and your all-around well-being.
- Keep you up to date on all your vaccines and preventive screening tests.
- Connect you with other members of your care team (specialists, behavioral healthcare, etc.) and coordinate your care with them.
- Be available to you after hours for your urgent needs (per Practice Information sheet)
- Notify you of test results in a timely manner.
- Communicate clearly with you so you understand your condition (s) and your care plan.
- Listen to your questions and feelings. CCFP will respond promptly to you in a way you understand.
- Help make the best decisions for your care.
- Give you information about classes, support groups, or other services that can help you learn more about your condition and stay healthy.

### **We trust you, as our patient, to:**

- Know that you are a full partner in your care.
- Come to each visit with any updates on medications, dietary supplements, or remedies you're using and questions you may have.
- Let us know when you see other health care providers so we can help coordinate the best care for you.
- Keep scheduled appointments or call to reschedule or cancel as early as possible.
- Understand your health condition, ask questions about your care, and tell us when you don't understand something.
- Learn about your condition (s) and what you can do to stay as healthy as possible.
- Follow the plan that we have agreed is best for your health
- Take Medications as prescribed.
- Call if you do not receive your test results within 2 weeks.
- Contact us after hours only if your issue cannot wait until the next day.
- If possible, contact us before going to the emergency room or urgent care.
- Learn about health insurance coverage and contact CCFP if you have questions about your benefits.
- Pay your share of any fees.
- Give us feedback to improve our care for you.

We look forward to working with you as your primary care provider in your patient-centered medical home.

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Provider Signature

Date

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Patient/Parent/Guardian Signature

Date

Med. Rec #



## **Financial Agreement**

**INSURANCE:** We participate with Medicare, Medicaid, Tricare, FEP-BCBS, BCBS of NC, and State Employee Plans as well as several other commercial carriers, including Aetna, CIGNA, PHCS/Multi-Plan and others. Since insurance policies vary greatly in what they cover, it is **YOUR** responsibility to:

- Verify that the provider you are scheduled with is actively participating with your insurance carrier.
- Know your benefits, what services are covered and what is non-covered.
- Know your financial responsibility in terms of co-pay, percentage of co-insurance and deductible not met.
- Ensure that all pre-approval requirements are met to avoid denials or out-of-network benefits.

Your insurance policy is a contract between **YOU** and your insurance company. In the event that our provider is not currently participating with your plan, perhaps some or all of the services provided may be non-covered and you will be 100% responsible for the charges. Our fees are not based on the amount your insurance company will pay. The amount approved by your insurance company on a particular procedure may be more or less than our standard fee.

According to NC Statute 58-3-225, insurers are required to pay a properly submitted claim within 30 days. It is **YOUR** responsibility to provide the correct information to our office so a claim can be properly submitted. Most often, errors in billing are related to incorrect information. It is **YOUR** responsibility to promptly furnish requested information to your insurance company. Many time claims are delayed because the subscriber has failed to respond to a request for information from their carrier. If either the practice or the plan fails to receive accurate information to process your claim, you will be held responsible for the charges. **Payment not received in 60 days from your insurance company may transfer to patient responsibility and you will be responsible for payment.**

If we receive payment at a later date, you will be refunded by Crystal Coast Family Practice.

**CO-PAYMENTS, CO-INSURANCE AND DEDUCTIBLES:** Many plans require that a patient pay a co-pay at each visit. We will collect your co-pay at check in. If your co-pay or deductible is not paid at check-in, a fee of \$10.00 will be added to your account. If your visit is for a non-urgent reason, you may be asked to reschedule your appointment. To avoid collection issues and unnecessary billing expenses, we will collect at the time of service any percentage co-insurance or deductible not met. The amount calculated is based on our negotiated fee schedule with the carrier or our standard rates if we are out of network.

**CREDIT CARD ON FILE:** We now offer credit card on file for flexibility and convenience. This allows you to store your credit card, HSA and FSA information in an encrypted and PCI-compliant manner.

**UNINSURED:** If you do not have health insurance, payment in full is expected at the time of service. It is our policy to collect a deposit of \$195 for new patients at **check-in**. If at the time of check-out, your charges were less than the \$195, you will be immediately refunded. If your charges at check-out exceed the amount of your deposit, payment will be due at that time. We collect a deposit of \$127 for established, uninsured patients.

**DELINQUENT ACCOUNTS:** An account is considered delinquent if the statement is not paid by the next billing cycle. (Just like your electric, cable and cell phone bills.) We will make attempts to contact you by phone and mail. Failure to pay will result in your account being turned over to an outside collection agency and a \$35 administrative charge will be added to your account. If your account is referred to a collection agency, we will no longer offer medical care to the guarantor of the account or any family members for whom that guarantor is responsible.

**BANKRUPTCY:** Accounts written off due to bankruptcy will also result in termination from our practice. However, you may work with your Bankruptcy attorney to draft a letter expressing your intent to pay our bill and continue as a patient.

**RETURNED CHECKS:** We charge a \$25 fee for returned checks. In addition, future payments must be made by cash, credit card or money order. Failure to redeem a returned check within 5 days will result in the same action as a delinquent account.

**SMALL BALANCES:** We do not send statements for balances \$10.00 or less. However, we will notify you at your next appointment and will expect payment at that time.

**Crystal Coast Family Practice, PA Financial Agreement, page 2**

**MISSED APPOINTMENTS:** No-show and appointments cancelled less than 24 hours in advance may result in a \$50 charge posted to your account. This will not be filed, nor will it be paid by your insurance company. This is your responsibility.

**PAYMENT METHODS:** We accept cash, checks, American Express, Discover, Visa and Master Card. You may use the convenience of our patient portal to make an on-line payment. We also offer a service that will enable you to ALWAYS keep your account current, without the hassle of statements by mail, etc. AUTO-PAY allows us to charge your credit card account when a balance is due. For more information, call our billing office at (252) 247-1200. Or you may send a secure message through the patient portal to "Ask a Biller".

**MOTOR VEHICLE AND LIABILITY CLAIMS:** We do not file with third party payers for motor vehicle or other accidents. We do not make arrangements with any attorneys to hold your billing until a court case is settled. Payment in full is expected at the time of every visit.

**ACKNOWLEDGEMENT & ACCEPTANCE OF FINANCIAL AGREEMENT:**

*The acknowledgement and acceptance of the financial agreement will be displayed on the Phreesia pad used at check in with your signature required at that time. This copy is for informational purposes only. I understand I am financially responsible for all charges not paid by my insurance, including non-covered services, out of network charges, co-pays, co-insurance, and deductibles. I understand that it is my responsibility to keep my insurance and demographic information current. I understand that my payments on any balance due must be paid within 45 days of the statement date. Failure to do so will result in my account being delinquent. I understand that delinquent accounts past due 90 days or more may be sent to an outside collection agency, unless prior arrangements have been made with a Patient Account Representative.*

**Authorization and Assignment of Insurance Benefits:**

*I authorize Crystal Coast Family Practice to release any and all of my medical records or the records of my minor child(ren) and/or any other information and records required by my insurance company or its designated review agents who provide benefits on my (our) behalf needed to process claims on my (our) behalf. This includes, if applicable, my employer and/or employer's workmen's insurance company in the case of a work related illness, the Social Security Administration or the Centers for Medicare & Medicaid Services. I request that payment made for medical services for myself and/or dependents be made on my behalf to Crystal Coast Family Practice, PA. I permit a copy of this authorization to be used in place of the original.*

**Medicare Assignment of Benefits Statement:**

*I request that payment of authorized Medicare and/or any other government sponsored insurances of which I may be covered, be made on my behalf to Crystal Coast Family Practice, PA. I also assign any Medigap benefits to be paid directly to my provider.*

*This authorization and assignment of benefits will be displayed on the Phreesia pad used at check in with your signature required at that time. This copy is for informational purposes only.*



## Patient Centered Medical Home

### Appointment Checklist

\_\_\_ Complete the Medical History Fact Sheet and bring with you to your appointment. Be sure to include the names, addresses and phone numbers of other health care providers you have visited. The practice functions most effectively as a medical home if patients provide a complete medical history and information about care obtained outside the practice.

\_\_\_ Make a list of your health questions. Ask a friend or relative for help if you need it. Put the questions that are most important at the top of the list. Your provider may not be able to address everything at one visit, but will prioritize based on your current health and medical conditions.

\_\_\_ Bring all of your medicines, in their original containers to your appointment. Be sure to include prescription, over the counter, natural, and herbal medicines and vitamins.

\_\_\_ Bring your current insurance card(s) and photo ID with you.

\_\_\_ If you wish, ask a family member or trusted friend to go to your appointment with you.

\_\_\_ Plan to arrive at least 15-20 minutes prior to your scheduled appointment time to complete the new patient check-in process.







Name: \_\_\_\_\_

Please circle and date all prior procedures you have had performed			
PROCEDURE	Date/Finding if known	Any Other Procedures	Date/Findings if known
Colonoscopy			
Upper Endoscopy			
Heart Studies (Cath., Echo, Stress test)			
Mammogram			
Pap Smear			

SOCIAL HISTORY									
(Circle the appropriate answers)									
Do you EXERCISE?	NO	1-2x/week	3-4x/week	daily	How long?	20/30 min	1-2hrs	3+hrs	
Do you drink ALCOHOL?	NO	1-2x/week	3-4x/week	daily	How much?	1-2 drinks	3-4 drinks	5+ drinks	
Do you use TOBACCO?	NO	if yes, what age did you start? ____			How often do you use tobacco?				
Cigarettes	1-5/day	6-12/day	1pack	2+ packs/day	1-2x/week	3-4x/week	daily		
Pipes	1-2/day	3-5/day	6+/day		1-2x/week	3-4x/week	daily		
Cigars	1-2/day	3-5/day	6+/day		1-2x/week	3-4x/week	daily		
Chewing tobacco/snuff	How many cans or bags do you use per week →				1-2x/week	3-4/week	7+/week		
Any recreational DRUGS?	If <u>yes</u> , list below the names of the drugs and circle the frequency of use								
YES	NO								
rarely	1-2x/year	3-4x/year	6-12/year	monthly	1-2x/month	3-4x/week	daily		
Do you have any concerns about underlying anxiety or depression?							YES	NO	
Do you have any concerns of a sexual nature you would like to discuss today?							YES	NO	

