

# MILLBROOK INTERNAL MEDICINE REGISTRATION FORM

(Please Print)

Today's date:				Last Primary Care Physician:					
PATIENT INFORMATION									
Patient's last name:		First:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):			Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Social Security no.:		Home phone no.:		( )	
Cell Phone no:		City:			State:		ZIP Code:		
Occupation:		Employer:				Employer phone no.:			
Chose clinic because/Referred to clinic by (please check one box):				<input type="checkbox"/> Dr.		<input type="checkbox"/> Insurance Plan		<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Other				
Other family members seen here:									

INSURANCE INFORMATION									
(Please give your insurance card to the receptionist.)									
Person responsible for bill:		Birth date: / /		Address (if different):		Home phone no.:			
						( )			
Is this person a patient here? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Occupation:	Employer:	Employer address:				Employer phone no.:			
						( )			
Is this patient covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Please indicate primary insurance		<input type="checkbox"/> Medicare		<input type="checkbox"/> Blue Cross		<input type="checkbox"/> Blue Cross State		<input type="checkbox"/> Blue Choice	<input type="checkbox"/> Blue Cross Fed.
<input type="checkbox"/> Cigna	<input type="checkbox"/> United Healthcare	<input type="checkbox"/> Aetna	<input type="checkbox"/> Other:			<input type="checkbox"/> No health insurance			
Subscriber's name:		Subscriber's S.S. no.:		Birth date: / /		Group no.:		Policy no.:	Co-payment: \$
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other				
Name of secondary insurance (if applicable):			Subscriber's name:			Group no.:		Policy no.:	
Patient's relationship to subscriber:		<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other				

IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone no.:	Work phone no.:
			( )	( )
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.				
_____ <i>Patient/Guardian signature</i>			_____ <i>Date</i>	

## **2009 Office Policies for Patients: Millbrook Internal Medicine**

### **Appointment Cancellations, No Show Charge**

If you need to reschedule or cancel your doctor's appointment, we kindly request that you notify our office **24 hours in advance**. **Patients are charged \$50 for a no show**. **Canceled your appointment the same day is considered a no-show**. Patients who repeatedly fail to show for appointments will be dismissed from the practice. Dr. Marler sees a limited number of patients a day. Our office does not overbook. As a courtesy to all patients we do give remainder calls the day before your appointment, but ultimately it is a patient's responsibility to remember their designated appointment time.

### **Lab and Test Results Notification**

You will be notified by phone if a lab or other test result is critically abnormal, typically however, all blood tests results are left on a voicemail system (Patient Link) dictated by Dr. Marler entered under a patient's social security number. For example, if your blood is drawn at the office on Monday, Dr. Marler will dictate the results on Patient Link **5-10 business days later**. You simply dial Patient Links toll free number (**877-877-8927**), then a security code (provided by our office to you) then your social security number, and you will then retrieve a message left by Dr. Marler about your blood tests.

### **Medication Refills**

Our office requests that all patients allow **2 business days** to process any medication refill requests. It is a patient's responsibility to call in advance when refills are anticipated. Refills will not be called in, if a patient is not following up with Dr. Marler as advised on your last appointment. Instead, a patient may be asked to return for an appointment to obtain medication refills.

### **After Hours, Weekend, and Hospital Coverage**

Dr. Marler is **not available for patients after hours by phone**. If you feel you have an urgent medical problem you are advised to dial 911, and go the nearest hospital. If you have a non-urgent medical problem you are requested to go to an urgent care facility, such as Doctor's Care. Dr. Marler provides inpatient care at Providence Northeast. If you go to an emergency room make sure Dr. Marler is notified. If you go to any other area hospital and require admission Columbia hospitals have hospitalists to take care of you.

### **What Happens When Our Office Is on Vacation or Dr. Marler is Sick?**

When our office is on vacation, or if Dr. Marler is sick, you are advised to go to the nearest urgent care facility (Doctor's Care, Lexington Urgent Care) for non-urgent health problems, or go to the nearest hospital for emergencies. The office will be closed during vacations, however you can still leave voicemail messages regarding prescription refills, or appointment requests. Our office is typically closed for no more than 5-7 business days during vacations. Our staff will regularly check voicemail, and under certain circumstances contact Dr. Marler directly.

### **Checks with Insufficient Funds, Copies of Records, Forms Needing Completion**

Patients will be charged **\$30** for checks written with insufficient funds. Requests for medical records from Millbrook Internal Medicine take **10 or more business days to process**.

Patients are typically charged **\$50** or more depending on the size of your record.

Refer to our medical record release form for details. Patients must prepay for their record in order to be released. If you require forms or applications to be completed by our office or physician you may be charged **\$15** for processing.

I have read the above policies: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

## **Important Office Policy Revisal (3/1/2009)**

All patients are advised that prescription refills must be obtained by appointment only. No refills will be called or faxed to your pharmacy.

\*Exceptions will be made for:

1. Patients who consistently follow-up for appointments.
2. Patients who were recently seen for an appointment.
3. Seniors living in nursing homes, or debilitated patients.
4. Unforeseen circumstances expressed by the patient on a case by case basis.

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Doctor's offices are more frequently asked over the phone by insurance companies how often a patient is being seen by the doctor for their medical condition. Insurances are trying to measure if you are compliant patient!

If you have a chronic medical condition, and/or are taking any prescription medications your medical condition needs to be monitored regularly. It is in your best health interest to return for monitoring of your health. How often should you be returning to the doctor's office? Please read on.

### **Recommended Follow-Up With Dr. Marler**

-Patients with **controlled blood pressure**-follow-up at least every 4 months with the physician.

-Patients with **uncontrolled blood pressure**-at least every month until it is controlled.

-Patients with **controlled diabetes**-follow-up every 3-4 months.

-Patients with **uncontrolled diabetes**-follow-up every month until controlled.

-Patients on **antidepressants, or anxiety medication** every 3 months-4 months.

-Patients on **controlled substances**-sleeping medication, pain medication, ADD medication-follow-up every 3 months.

-Patients on medications for **erectile dysfunction**-follow-up every 3 months.

-Patients on **cholesterol medication**-follow-up every 3-4 months if not controlled. Follow-up every 6 months if controlled.

-Patients on **thyroid medication**-follow-up at least every 4 months.

-Patients on **at least one medication** are expected to follow-up at least every six months or earlier.

**All patients are advised to return yearly for a physical**

### **What do these new policies mean for our patients?**

Most of our patients are excellent patients, and don't need to make any changes. However, there are some who rarely come to the office despite having chronic medical conditions, and typically take several

medications. With our new policies taking effect, all patients are expected to show responsibility for your health. Patients will be expected to follow-up to continue receiving their prescriptions!

### **What if a patient requires a mail in 90 day supply?**

Dr. Marler will provide you with prescription refills on your follow-up appointment. If you require a 90 day supply this will be provided on your appointment, however no refills will be given unless you have demonstrated consistent follow-up with Dr. Marler based on suggested follow-up intervals.

If you require numerous refills on a follow-up appointment you may be requested to return specifically for this purpose, since Dr. Marler has a limited amount to time for appointments to address your health concerns.

**Acknowledgement of Receipt of Privacy Notice**

If you would like a copy of Millbrook Internal Medicine’s Notice of Privacy Policies detailing how your medical information may be disclosed as permitted under federal and state law (HIPPA), please request a copy from our receptionist, or download a copy from [www.drmarler.com](http://www.drmarler.com)

Please specify any amendments to the use of your personal medical information below:

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**Signed:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**If the patient has a guardian please sign below:**

**Guardian:**\_\_\_\_\_ **Witnessed by:**\_\_\_\_\_