



Name(s) of Physicians you are currently seeing and telephone number:

____ () _____
____ () _____
____ () _____

Medical Conditions (List with dates and locations):

Surgery(s) (List with dates and locations):

Allergies: _____

Current Medications (name, dosages, and times per day):

Dates of:

Last menstrual cycle: ____ / ____ / ____ Date of last PAP: ____ / ____ / ____ Date of Last Mammogram: ____ / ____ / ____

Are you disabled? Yes No If yes, Date Disability Began: ____ / ____ / ____

Do you have any outside agencies helping in your home (visiting nurse, clergy, etc)? Yes No

Name: _____ Phone: () _____
Name: _____ Phone: () _____
Name: _____ Phone: () _____



How did you hear about us? _____

Who can we thank for referring you to us? _____

Please fill in your email address if you would like to receive emails from LCMG: _____

Which of the following will we see you for? ___ Internal Medicine/PCP ___ Cardiology ___ Gynecology

Preferred Physician:

Cardiology: ___ Dr Chronos ___ Michele Lamm, AGNP ___ First Available

Internal Medicine: ___ Kim Warnock, NP-C ___ Amy Hayes, AGNP-C

___ Jessica Coleman, FNP-C ___ First Available

Gynecology: ___ Dr Silver ___ Jessica Coleman, FNP-C

PATIENT NAME _____

DOB ___ / ___ / ___



PAYMENT POLICY & PATIENT FINANCIAL RESPONSIBILITIES

Notify us immediately if you obtain new insurance or your insurance changes. You will be asked at every visit to provide Insurance cards (Healthcare Coverage, Pharmacy coverage, Supplemental Coverage, and Photo Identification).

We accept Cash, Check, Credit Card or Debit Card. Please be prepared to make payment on the date of your visit. Payment is due at the time of services, unless other arrangements have been made in advance. Self-Pay patients are responsible for the entire amount of the bill which is due prior to services being rendered. Patients in health plans are responsible for any amounts not covered by their insurance company including copayments, coinsurance, deductibles, and non-covered services. If you have a deductible, we will verify with the insurance company and the amount remaining will be due at the time of the visit. In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs and participate with Medicare. We have contracts with these insurance carriers, as you do with your carrier, which obligates us both to certain requirements...

If you are enrolled in Medicare, we are obligated by law to collect your co-insurance. Medicare has a fee schedule that we must abide by. Medicare reimburses us 80% of the allowed amount and expects you to pay the other 20%. If you have a Medigap plan, the secondary will pay 20%. You are also expected to pay your deductible at the beginning of the year. Patient Authorized

Patient or Authorized Person Initials: _____

If you are enrolled in a managed care plan, you are required to pay a copayment at the time you receive services. The amount varies by insurance plan and the type of service you are receiving. As we are a specialty service, you must be referred to us by your primary care physician, who must provide us with a referral number. Many of the plans also require that we obtain a pre-certification number authorizing us to perform services other than a normal office visit, such as chemotherapy and hospital services. Unless these referral and pre-certification numbers are obtained prior to providing services, no payment will be made. To assist you, Lake Country Medical Group provides a department that makes calls to verify your Insurance requirements and to obtain these numbers, but it is often very difficult to get a response. Please assist us by requesting a referral number from your primary care physician ensuring that we have these numbers prior to your visit. Be aware that there are also Medicare and Medicaid Managed Care Programs available that also have these requirements.

Patient or Authorized Person Initials: _____

If you have a Secondary Insurance Plan, we will file on copy for your benefit. However, we will NOT follow-up to see if they have received the claim or to ensure that the company pays us. Please keep your primary *Explanation of Benefits* to refile the claim to your secondary insurance should there be problems. In 90-days we will turn this balance over to you if we have not received payment.

Patient or Authorized Person Initials: _____

In order to optimize our care, we will be using emerging technologies during encounters to improve the quality of care we deliver.

Patient or Authorized Person Initials: _____

Note: If you have a unique financial situation and need to set up payment arrangements, you must inform the receptionist when you first arrive for your appointment so that you can meet with the Financial Representative prior to going back into the clinic for treatment. The typical payment arrangement is up to 90-days unless extenuating circumstances occur in which you must communicate with the Financial Representative. The Financial Representative can be reached during normal business hours Monday through Friday at (706) 485-4004, ext. 407.

Failure to comply with this payment policy could result in a clinical dismissal; which means that you would have to seek treatment with another practice. We will work with you in every possible manner, but we need your cooperation at all times concerning this policy.

Lake Country Medical Group utilizes the services of a billing agency, *CareCloud*. If you have questions regarding your bill, please contact them at (877) 342-7517; leave your full name and a brief message regarding the questions you have. They will review your account and call you with a response to your questions. The billing office can also assist in setting up a payment plan for self-pay patients and for patients with balances on their account.



NO-SHOW & LATE FEES

Whenever an appointment is scheduled, you will receive a reminder a few days in advance. If for any reason you must cancel or reschedule your appointment, YOU MUST contact our office at least 24-hours in advance in order to avoid a NO-SHOW fee of \$75; for a normal office visit. For Nuclear Medicine patients; the NO-SHOW fee is \$450. Please refer to the Nuclear Medicine paperwork.

Please be sure to arrive for your appointment at or before your designated time. If you are late by 15 minutes or more, there will be a \$50 LATE FEE and we will ask you to reschedule.

Note: If the office personnel do not answer the telephone or if the office is closed; you must leave a detailed message stating your full name, date of birth, the date and time of your scheduled appointment, your return telephone number, and the reason you need to cancel or reschedule. Failure to do so will result in a NO-SHOW fee of \$75. I have read and understand my financial responsibilities as stated above and agree to accept them as described.

| | | |
|---------------------------------------------------------------------|---------------------------|------------|
| SIGNATURE OF PATIENT or LEGAL GUARDIAN / LEGAL REPRESENTATIVE _____ | RELATIONSHIP _____ | DATE _____ |
| PATIENT NAME _____ | DOB _____ / _____ / _____ | |

HIPAA Notice of Privacy Practices Acknowledgement and Disclosure Form

I have reviewed this practice’s Notice of Privacy Practices written in plain language. The notice provides in detail the uses and disclosures of my protected health information that may be made by this practice, my individual rights and the practice’s legal duties with respect to my protected health information.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain this practice’s current Notice of Privacy Practices on request.

I further understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), or hepatitis. It also may include information about behavior of mental health services, and treatment for alcohol and drug use.

Lake Country Medical Group is allowed to discuss your medical care and billing/insurance as needed with the following individuals...

| | | |
|---------------|-----------------------|--------------------|
| _____ NAME | _____ RELATIONSHIP | _____ TELEPHONE |
| _____ NAME | _____ RELATIONSHIP | _____ TELEPHONE |
| _____ NAME | _____ RELATIONSHIP | _____ TELEPHONE |

If you have concerns, suggestions, or believe your privacy has been violated, please contact your Privacy Liaison at 119 Harmony Xing STE 1, Eatonton, GA 31024 or call (706) 485-4004.



ADVANCED DIRECTIVES

The physicians and staff of Lake Country Medical Group, LLC believe that it is important for all of us to consider our wishes for extraordinary medical care in the event of an unexpected, life threatening medical problem. This decision is best considered when we are well. Our state legislature understands that it is important for us to make our own decisions about medical care even when we become unable to make or communicate decisions. The Georgia Legislature has provided a way to indicate our wishes called the Georgia Advance Directive for Health Care. We have included information about Advance Directives in our Patient Information booklet. We will be happy to provide you with a sample of the Georgia Advance Directive for Health Care form upon your request. In addition, your nurse and physician are available to discuss any information, questions, or concerns you may have about Advance Directives.

As a new patient to Lake Country Medical Group, LLC, our staff will ask you whether you have signed an Advance Directive. Your response on this form will be recorded in your medical record. If you have already signed legal documents that explain your Advance Directives, our staff will request a copy of the documents for your medical record. These documents will help your family and our staff to make sure that your wishes are carried out in the event of a sudden problem, which prevents you from expressing your wishes at the time. Of course, your decision to sign an Advance directive will in no way change the care that anyone at Lake Country Medical Group, LLC provides to you and your family.

Please indicate your current choice regarding Advance Directives:

_____ I have signed an Advance Directive and will provide a copy to Lake Country Medical Group, LLC. I understand that the staff and physicians of Lake Country Medical Group, LLC will not be able to follow the terms of my Advance Directive until I provide them with a copy of a legal document.

_____ I have not signed an Advance Directive, but would like additional information.

_____ I have not signed an Advance Directive and do not wish further information at the time.

SIGNATURE OF PATIENT or LEGAL GUARDIAN / LEGAL REPRESENTATIVE

RELATIONSHIP

DATE

PATIENT NAME _____

DOB ____ / ____ / ____



HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION

TO: _____
Name of Healthcare Provider/Physician/Facility/Medicare Contractor

Street Address

City, State, and Zip Code

RE: Patient Name: _____

Date of Birth: _____ Social Security Number: _____

I authorize and request the disclosure of all protected information for the purpose of review and evaluation. I expressly request that the designated record of custodian of all covered entities including the following:

X All medical records, meaning every page in my record, including but not limited to: office notes, face sheets, history and physical consultation notes, inpatient and outpatient and emergency room treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social worker records, clinical records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, correspondence, photographs, videotapes, telephone messages, and records received by other medical providers. All physical, occupational, and rehab requests, consultations, and progress notes.

All billing records including all statements, insurance claim forms, itemized bills, and records of billing to third party payers and payment or denial of benefits for the period _____ to _____.

I understand the information to be released or disclosed may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information.

This protected health information is disclosed for the following purposes: _____

You are authorized to release the above records to the following representatives of defendants in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records:



Name of Representative

Representative Capacity (e.g. attorney, records requestor, agent, etc.)

Street Address

City, State, and Zip Code

I understand the following:

- a. I have the right to revoke this authorization in writing at any time, except to the extent information has been released in reliance upon this authorization.
- b. The information released in response to this authorization may be re-disclosed to other parties.
- c. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records request herein. This authorization shall be in force and effect until two years from the date of execution at which time this authorization expires.

Signature of Patient or Legally Authorized Representative

Date

Name and Relationship of Legally Authorized Representative to Patient

Witness Signature

Date

Please Fax All Records to 706-262-2986

or mail to

119 Harmony Crossing, Suite 3

Eatonton, Ga

31024

MEDICATION REFILL REQUEST PROTOCOLS for NEW/ ESTABLISHED PATIENTS:

ROUTINE MAINTENANCE MEDICATIONS: MEDICATIONS THAT MUST BE TAKEN EVERY DAY. (EX: BLOOD PRESSURE, CHOLESTEROL, DIABETES, ANTIDEPRESSANTS, BLOOD THINNER, DIURETICS) ****NO CONTROLLED SUBSTANCE REFILL REQUESTS WOULD BE SUBJECTED TO THESE GUIDELINES. THESE ARE MONITORED MUCH MORE CLOSELY AND HAVE GUIDELINES OF THEIR OWN****

- Last in-office or telehealth visit over 1 year:

-Schedule the patient an appointment and refill the medication with enough medication to last until the appointment ONLY.

-If labs are required, instruct the patient that labs need to be completed 3-5 days via hospital or 2 weeks via Quest/CHL before the appointment to prevent the patient from having to schedule another appointment to go over results. Schedule lab appointments (Quest/CHL) on Clinical Assistant schedule so an order for labs can be placed or obtain order for labs via hospital for patient.

- If the patient does not keep the follow up appointment (no-show), medication will not be refilled again.

*** If the patient needs to reschedule his/her appointment, ask the patient to abide by our cancellation policy to avoid charges for no show appointments. Medication refills may be extended one time due to a reschedule but will not be extended again.

- Last in-office or telehealth visit 6 mos-1 year:

-Most people requiring routine meds need follow ups every 6 months. Schedule the patient an appointment and give them a 30 day supply (may give enough to last until appointment if no avail appointments within 30 days).

-If labs are required, instruct the patient that labs need to be completed 3-5 days via hospital or 2 weeks via Quest/CHL before the appointment to prevent the patient from having to schedule another appointment to go over results. Obtain written order for labs (via hospital) or schedule lab appointment (Quest/CHL) on Clinical Assistant schedule so an order for labs can be placed.

- If the patient does not keep the follow up appointment (no-show), medication will not be refilled again.

*** If the patient needs to reschedule his/her appointment, ask the patient to abide by our cancellation policy to avoid charges for no show appointments. Medication refills may be extended one time due to a reschedule but will not be extended again.

- Last in-office or telehealth visit 3 to 6 months:

-Check the patient's last office visit notes for the timeframe of next follow up or the number of refills received.

-0-3 Month Follow up: schedule an appointment and refill medication with enough to last until appointment.

-0-6 Month Follow Up: refill enough medication to last until the time frame he/she is due for an appointment only. Encourage the patient to make an appointment while on the phone.

-If labs are required, instruct the patient that labs need to be completed 3-5 days via hospital or 2 weeks via Quest/CHL before the appointment to prevent the patient from having to schedule another appointment to go over results. Obtain written order for labs (via hospital) or schedule lab appointment (Quest/CHL) on Clinical Assistant schedule so an order for labs can be placed.

-If the patient does not keep the follow up appointment (no-show), medication will not be refilled again.

*** If the patient needs to reschedule his/her appointment, ask the patient to abide by our cancellation policy to avoid charges for no show appointments. Medication refills may be extended one time due to a reschedule but will not be extended again.

-NEW MEDS PRESCRIBED REQUIRE A 3MO FOLLOW UP WITH A PROVIDER TO DETERMINE EFFICACY AND REQUIRE AN APPOINTMENT PRIOR TO REFILL.

- **PRN (AS NEEDED) MEDICATIONS:** MEDICATIONS THAT ARE NOT REQUIRED TO BE TAKEN EVERYDAY OR WERE PRESCRIBED FOR ACUTE SYMPTOMS/CONDITIONS. EX: MUSCLE RELAXANTS, ANTI-INFLAMMATORIES/PAIN CONTROL MEDS (THAT ARE NOT CONTROLLED SUBSTANCES), NAUSEA MEDS (ANTIEMETICS) STEROIDS, COUGH MEDICATIONS, ETC.
- Last in-office or telehealth visit 6 months-1 year:

-Patient will need a follow up visit to get these types of medications filled again. If the patient can't wait until an appointment with a Licensed Provider is available, he/she may seek help at Urgent Care. Explain to the patient that a long term prescription for these medications requires an exam to re-evaluate, determine effectiveness, and it is up to a provider whether the patient should continue use. This visit can be in-person or via telemed.

-Refer to patients' last office visit notes. If a follow up was required within this period, they must schedule an appointment to come in. If they schedule the appointment we will then put in a written request to the provider to request enough of the medication until their appointment. This should be done via "Refill Request Form", uploaded to pt's chart documents in Carecloud, and "tasked" to the appropriate provider who can email or direct chat a response. Please let patients know refill requests take 72 hours to complete. Patients also need to be advised that failing to keep their appointment will result in no more refills.

CONTROLLED SUBSTANCES: ANY MEDICATION THAT IS A CONTROLLED SUBSTANCE II-V IN THE STATE OF GEORGIA. THESE MEDICATIONS ARE MONITORED CLOSELY BY THE DEA AND REQUIRE VISITS WITH A PROVIDER EVERY 1-3 MONTHS AND MUST BE LOGGED INTO THE GA PDMP.

- Patients must sign and follow the Controlled Substance Agreement stating: "I agree that refills of my prescriptions will be made only during regular office hours. No refills will be available during evenings or on weekends. Prescription requests may take up to 72 hours to complete and it is the patient's responsibility to contact Lake Country Medical Group prior to being out of medication to allow time for a provider to approve their refill request. Patients are required to have an appointment for controlled substance refills; same day appointments are not guaranteed. I understand that a licensed medical provider needs to prescribe the medication(s). In the event my provider is unavailable, any refills authorized by another provider will follow these guidelines: Prescriptions will not exceed 30 days. No dosage or frequency adjustments may be made."

- Commonly Used Controlled Medications: When in doubt, look it up! Clue words include “anxiety meds”, “ADD/ADHD meds”, “sleeping pills”, “seizure meds”, “pain pills”, “weight loss pill”, ETC. These always, but ALWAYS, require an appointment to be refilled and are up to provider discretion for safe treatment.

Amphetamines: Adderall (Amphetamine salts/dextroamphetamine) Vyvanse, Ritalin, Concerta, Focalin (dexamethylphenidate) ETC

Benzodiazepines: Alprazolam (Xanax), Chlordiazepoxide (Librium), Clonazepam (Klonopin), Diazepam (Valium), Lorazepam (Ativan), Midazolam (Versed), Oxazepam (Serax), Temazepam (Restoril) ETC.

Sleep Aids: Ambien (Zolpidem), Restoril, Halcion, Sonata, Belsomra, Lunesta, Doxepin, Quviviq, Trazodone, ETC

Barbiturates: Butalbital (Bupap), Phenobarbital, Pentothal, Brevital, ETC

Opioid Analgesics: Hydrocodone, Hydrocodone/APAP (Lortab, Norco), Oxycodone, Oxycodone/APAP (Percocet), Tramadol (Ultram), Oxycontin,

Morphine, Oxymorphone, Fentanyl, Methadone, Dilaudid, Hycodan Syrup, Tylenol 3, Codeine, Buprenorphine, Pentazocine (Talwin), ETC

Non-Opioid Analgesic/Antidepressants/Muscle Relaxants: Carisoprodol (Soma), Pregabalin (Lyrica), Antidepressants, ARIs, muscle relaxants (Skelaxin, Cyclobenzepine (Flexeril) etc, Ketamine or other paralytics, and sedatives ETC should all be evaluated by a provider!

CHECK NOTES, CHECK APPOINTMENT HX, CHECK WITH PROVIDER. REFILLS SHOULD PRIMARILY BE HANDLED VIA APPOINTMENT AND REFILLS FOR NEW MEDS AND CONTROLLED SUBSTANCES ARE LIMITED FOR A REASON. MAKE THE PATIENT AN APPOINTMENT TO DISCUSS CARE WITH A LICENSED PROVIDER.

When discontinuing a medication, providers and clinical staff should make the med “inactive” in Carecloud to avoid confusion with routine, PRN/acute tx meds, and ESPECIALLY controlled meds.



Please only return signature page

Policy received by _____

(Patient's Name)

on the _____ **day of** _____, _____

(day)

(month)

(year)

By signing below I acknowledge the receipt of this policy and accept responsibility as the patient and will adhere to Refill Requests both written or verbalized to Lake Country Medical Group. I affirm I will uphold this policy as it is safe, best practice for both the care of patients and the liability of the licensed medical providers.

Signature: _____





**Connected Care
Institute**

Connected Care Institute (CCI) can provide numerous benefits for you the patient with chronic conditions:

1. Improved health outcomes: By receiving ongoing care and support, patients can better manage their chronic conditions, leading to improved health outcomes such as reduced hospitalizations, complications, and mortality.
2. Better coordination of care: CCI involves a team of healthcare professionals who work together to provide coordinated care. This approach can help to ensure that patients receive timely and appropriate care, reducing the risk of gaps in care or missed opportunities for intervention.
3. Increased access to care: CCI can provide patients with greater access to healthcare services, including regular check-ups, medication management, and self-care education. This approach can help to address disparities in healthcare access and ensure that all patients have access to the care they need.
4. Improved patient satisfaction: By receiving more personalized and comprehensive care, patients may be more satisfied with their healthcare experiences and feel more engaged in their care.
5. Reduced healthcare costs: By preventing complications and hospitalizations, CCI can help to reduce healthcare costs for patients and the healthcare system overall. Ask about our Patient Assistance Program to reduce drug costs.
6. Enhanced Patient-Provider communication: CCI involves regular communication between patients and their healthcare providers, which can help to build trust and enhance the patient-provider relationship. Same day or next day availability for appointments when applicable.
7. Medication reconciliation is indeed a valuable benefit for CCI patients. It involves a thorough review of all medications a patient is taking to ensure that they are safe, effective, and free of interactions. Prevent medication errors, such as duplicate prescriptions or harmful drug interactions.
8. Increased availability to the patient by calling 706-229-6655 during office hours and after hours/weekend care.

Please call 706-229-6655





Dear Lake Country Medical Group Patient,

MA INITIALS _____

Welcome to Connected Care Institute! Being a member of Connected Care Institute enables you to have access to our Chronic Care Management (CCM) team, Remote Patient Monitoring (RPM) team, and Transitional Care Management (TCM) team. Each team helps the providers at Lake Country Medical Group oversee your chronic medical conditions and help to improve your overall wellness.

Connected Care Institute and Medicare are partners in assisting with Chronic Care Management, Remote Patient Monitoring, and Transitional Care Management. Your chronic conditions must be managed effectively in partnership between your healthcare teams and you, the patient, to maintain the absolute best overall health and wellness outcomes. CCM is a Medicare funded program and paid for at 80% by your primary insurance carrier (MCR) with the remaining 20% possibly covered by your secondary insurance. If your Medicare Replacement policy or supplemental insurance does leave you an out of pocket copay or coinsurance we will gladly adjust off as a courtesy upon your request.

What is Chronic Care Management? *Chronic Care Management (CCM) includes a comprehensive care plan that lists your health problems and goals, other providers, medications, community services you have and need, and other information about your health. It also explains the care you need and how your care will be coordinated.*

What is Remote Patient Monitoring? *Remote Patient Monitoring (RPM) enables healthcare providers to monitor and manage patients outside of conventional clinical settings. RPM uses connected medical devices to measure and collect data from patients in a remote location, such as their home. The data is transmitted electronically to the RPM software that allows the patient's care team to view it, instantly. All of this empowers the care team to proactively assist their patient's health and intervene when it really matters most.*

What is Transitional Care Management? *Transitional Care Management (TCM) covers if you are returning to your home in the community from the hospital or from a skilled nursing home facility. We, your TCM team make sure you receive an in person/in office visit within 10 days of your discharge. We also will make sure your medications are reconciled and your patient chart is up to date with the most recent patient summary from your hospitalization.*

Please know that Lake Country Medical Group and Cardiology Care Clinic are compliant with HIPAA and all the laws related to patient privacy and security of Protected Health Information (PHI).

Thank you again for your consideration of this very successful program we have partnered with Medicare on. I am confident you will find the value as I do in all of the areas of Connected Care Institute.

Best Regards,

Nicolas Chronos MD, FRCP, FACC, FESC

I agree to participate in Connected Care: YES NO

Patient Signature: _____ Date: _____

PATIENT NAME _____ DOB ____ / ____ / ____