



# Hunterdon Healthcare

*Your full circle of care.*

Diabetes and Endocrine Associates  
of Hunterdon  
9100 Wescott Drive, Ste 101  
Flemington, NJ 08822  
Phone 908-237-6990  
Fax 908-237-6995

**Dear Patient,**

**Thank you for choosing Diabetes and Endocrine Associates of Hunterdon for your medical care. In order to provide you the best care and timely service, we would like to share with you our office policies and procedures. Please read carefully.**

- **Appointments:**

**We see patients by appointment only.**

In order for our patients to be seen in a timely fashion, please arrive 15 minutes before your scheduled appointment time. If you are late, we will do our best to see you but you may have to wait several hours or reschedule the appointment to another day.

Our practice policy is to charge a "NO-SHOW" FEE of \$25.00 for the second time a patient has not shown up for his/her appointment without contacting our office within 24 hours of the scheduled appointment. We appreciate your efforts to be here on time for your appointment and for understanding the value of the time that has been set-aside for you.

Directions are available on our website. We are located in the Wescott Medical Arts Center. We are not located in the Doctors Office Building.. If you are unsure of the directions please call us.

- **Test Results:**

Please allow two weeks for us to receive all the results and contact you by phone or mail. If you do not hear from us two weeks after you have had a test, please call the office.

- **Phone Calls:**

**If you have a medical emergency, please call 911.**

**\*\* If you reach our voicemail we are busy assisting another patient. Please leave a message. Please speak slowly, spell your name and give your date of birth. We will try our best to get back to you that day.**

▪ **Prescriptions:**

**Prior to your first office visit**-please print or write down your prescription plans “approved medication list” (also know as your insurance formulary) for the diagnosis for which you will be seen. For example: if you are a diabetes patient you will need the approved list of diabetes medications and diabetes supplies.

Please ask your physician to refill your medications at the time of your visit. If a refill request is needed between visits, please check with your pharmacy for refills. The pharmacy will contact us if a new prescription is needed. Please allow at least two business days for us to print the prescription for pick up or five business days for you or your insurance company to receive by mail.

\*\* Please do not wait until you are at the end of your prescription to call.

**Please bring the following information to the visit with you:**

- **The completed registration form and your insurance card.** If your insurance requires a referral to see a specialist, please bring it with you to the visit or ask your doctor’s office to fax it to us. If you do not have your referral on the day of your visit we may have to reschedule your scheduled appointment. It is **your responsibility** to obtain the referral and make sure it is available at the time of your appointment.
- **A list of all your medications, supplements, herbs and any over the counter medications including dosages and what time you take them.** \*\* Please make a note of any prescriptions that need renewals.
- **Medical records** such as your most recent blood work, reports of any scans you have had done, a copy of your most recent office visit and a note from your doctor regarding your treatment. It is very important to your care that the doctor has as much information as possible. We ask that you contact your doctor’s office to make sure your records have been sent to us unless you are bringing them with you.
- **For our patients being referred for their diabetes:**  
Type 1 - Please bring your log book. You should be checking your blood sugar at least four times per day.  
Type 2 - Please bring your log book. You should be checking your blood sugar at least two times per day, once before breakfast and two hours after lunch or after your largest meal. If you are pregnant-you should be checking your blood sugar at each meal and one hour after each meal.

Thank you again for choosing Diabetes and Endocrine Associates of Hunterdon for your medical care.

# Diabetes And Endocrine Assoc Hunterdon

Wescott Medical Arts Center 9100 Wescott Drive Suite 101  
 Flemington, NJ 088224677  
 (908) 237-6990

**PLEASE COMPLETE / UPDATE YOUR ACCOUNT INFORMATION... THANK YOU!!!**

## INFORMATION ON FILE:

<b>PATIENT INFORMATION:</b>		<b>MRN:</b>		<b>PATIENT ID:</b>	
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
SOCIAL SECURITY #:		DATE OF BIRTH:	GENDER:	PRIMARY CARE PROVIDER:	PREFERRED PHARMACY (Name & City):
STREET/MAILING ADDRESS:				CITY:	STATE: ZIP:
HOME PHONE:		WORK PHONE:	EXT:	CELL PHONE:	E-MAIL:
RACE: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Other		ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		PREFERRED LANGUAGE:	
<input type="checkbox"/> Multiracial <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Prefer not to answer			

<b>CUSTODIAL PERSON WITH WHOM PATIENT LIVES (IF APPLICABLE):</b>					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		RELATIONSHIP:	

<b>PRIMARY INSURANCE INFORMATION:</b>					
NAME OF INSURANCE COMPANY:					COPAY:
GROUP NUMBER / NAME:			POLICY / IDENTIFICATION NUMBER:		
LAST NAME OF SUBSCRIBER (POLICY HOLDER):			FIRST NAME:		MIDDLE NAME:
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		GENDER:	RELATIONSHIP TO PATIENT:
STREET/MAILING ADDRESS:				CITY:	STATE: ZIP:
HOME PHONE:		DAY PHONE:		CELL PHONE:	

<b>SECONDARY INSURANCE INFORMATION:</b>					
NAME OF INSURANCE COMPANY:					COPAY:
GROUP NUMBER / NAME:			POLICY / IDENTIFICATION NUMBER:		
LAST NAME OF SUBSCRIBER (POLICY HOLDER):			FIRST NAME:		MIDDLE NAME:
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		GENDER:	RELATIONSHIP TO PATIENT:
STREET/MAILING ADDRESS:				CITY:	STATE: ZIP:
HOME PHONE:		DAY PHONE:		CELL PHONE:	

# Diabetes and Endocrine Associates of Hunterdon

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

In case of emergency, please contact:

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

Relationship to patient: \_\_\_\_\_

Do you have a living will or Advance Directive?      Yes      No  
If no, would you like one?                              Yes      No

We would like to confirm your appointment. Is this acceptable to you?      Yes      No  
If yes, at what phone number should we confirm your appointments? \_\_\_\_\_  
This number is your-      WORK      HOME      CELL      Other      \_\_\_\_\_

Who should we ask for at this number? \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_

What doctor referred you to our office?

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

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_

I acknowledge receipt of the Hunterdon Healthcare System's Patient Bill of Rights.      \_\_\_\_\_ initial  
I acknowledge receipt of the Hunterdon Healthcare System's Notice of Privacy Practices      \_\_\_\_\_ initial

## ASSIGNMENT/RELEASE/CONSENT TO TREAT

Permission is hereby granted to healthcare providers within this practice to administer such testing, examinations, treatment and procedures as are deemed necessary in the course of my care. Information about me necessary to substantiate my insurance claims may be released by the healthcare provider involved in my care. I authorize payment directly to the provider's office of all insurance benefits otherwise payable to me for services rendered. I understand I am financially responsible for all charges whether or not paid by my insurance, for all services rendered on my behalf or on my dependents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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of Hunterdon  
9100 Wescott Drive, Suite 101  
Flemington, NJ 08822  
Phone 908-237-6990  
Fax 908-237-6995

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list all of the doctors you see. Include primary care doctor and any specialists such as cardiologist, urologist, etc.

Name of doctor: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_



# Hunterdon Healthcare

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[www.hunterdonhealthcare.org](http://www.hunterdonhealthcare.org)

Diabetes and Endocrine Associates of Hunterdon

Wescott Medical Arts Center

9100 Wescott Drive, Suite 101

Flemington, NJ 08822

P: 908.237.6990

F: 908.237.6995

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

Date of Birth: \_\_\_\_\_

### Family History

Choose diagnosis:

	Mother	Father	Sister	Brother	Additional
Alive and Well	_____	_____	_____	_____	_____
Adrenal	_____	_____	_____	_____	_____
Alcoholism	_____	_____	_____	_____	_____
Alzheimer's Disease	_____	_____	_____	_____	_____
Asthma	_____	_____	_____	_____	_____
Coronary Artery Disease	_____	_____	_____	_____	_____
CAD-Premature	_____	_____	_____	_____	_____
Cancer:	_____	_____	_____	_____	_____
CVA (stroke)	_____	_____	_____	_____	_____
Depression	_____	_____	_____	_____	_____
Diabetes: <b>Type 1 or 2</b> (circle)	_____	_____	_____	_____	_____
Hyperlipidemia	_____	_____	_____	_____	_____
Hypertension	_____	_____	_____	_____	_____
Irritable Bowel Disease	_____	_____	_____	_____	_____
Kidney Stones	_____	_____	_____	_____	_____
Mental illness	_____	_____	_____	_____	_____
Obesity	_____	_____	_____	_____	_____
Osteoporosis	_____	_____	_____	_____	_____
Pituitary	_____	_____	_____	_____	_____
Peripheral Vascular Disease	_____	_____	_____	_____	_____
Renal Disease	_____	_____	_____	_____	_____
Thyroid Disease	_____	_____	_____	_____	_____
Cancer	_____	_____	_____	_____	_____
Hyperthyroid	_____	_____	_____	_____	_____
Hypothyroid	_____	_____	_____	_____	_____
Nodules	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Social History:**

Primary Language spoken at home \_\_\_\_\_

Country of Birth: \_\_\_\_\_

**Education/Employment/Occupation/Military experience:**

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employment Status: \_\_\_\_\_

**Marital Status:** Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Name of Spouse: \_\_\_\_\_

Children: Yes \_\_\_ No \_\_\_

**Tobacco Usage:** Current smoker? Yes \_\_\_ No \_\_\_ (required for Meaningful Use)

Tobacco Usage: \_\_\_\_\_

Type Used: \_\_\_\_\_

Total pack(s) (years) \_\_\_\_\_

Tobacco Cessation discussed: Yes \_\_\_ No \_\_\_

**Alcohol:** Weekly \_\_\_ Socially \_\_\_ How many? \_\_\_\_\_ Do not drink \_\_\_

Former drinker \_\_\_

**Past Medical/Surgical History:**

Disease/Disorder: \_\_\_\_\_

Onset/date: \_\_\_\_\_

Management: \_\_\_\_\_

**Advance Directives in place**

None \_\_\_ Declined \_\_\_ Do Not Resuscitate \_\_\_ Living Will \_\_\_

Do Not Place on Life Support \_\_\_ Organ Donation desired \_\_\_

Durable Power of Attorney \_\_\_\_\_

Healthcare Proxy \_\_\_\_\_



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

Date of Birth: \_\_\_\_\_

**Medication List**

**Medication name**

**Instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Non-Prescription Products**

**Type**

**How Often**

Vitamins \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Herbal products \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Over the counter \_\_\_\_\_  
Medications \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





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## Permission to Share Medical Information

This signed form allows Diabetes and Endocrine Associates of Hunterdon to give information (medical or billing) to the person you list on this form on your behalf. You may remove this authority at anytime in writing.

I, \_\_\_\_\_  
Patients Name Patients Date of Birth

give permission to share my medical (ie: labs, radiology, office notes) and financial information (ie: billing inquiries, problems) about this visit and all future visits to:

\_\_\_\_\_  
Name Relationship To Patient  
(for example: wife/husband, significant other, friend, etc.)

I may remove this permission on written notice

\_\_\_\_\_  
Print Patients Name

\_\_\_\_\_  
Patients Signature

\_\_\_\_\_  
Date



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***OUR "NO-SHOW" POLICY***

*Our practice has a policy to charge a "NO-SHOW" fee of \$25.00 for the second time a patient has not shown up for his/her appointment without contacting our office within a reasonable amount of time prior to the appointment.*

*We appreciate your efforts to be here on time for your appointment and for understanding the value of the time that has been set aside for you.*

---

*Patient/Guardian*

---

*Date*



## **A Great New Way to Communicate with your Doctor and their Staff**

### **Introducing NextMD**

NextMD is an electronic communication portal that is similar to email and is now being used at Diabetes and Endocrine Associates of Hunterdon as a way for patients to communicate DIRECTLY with their physician's office regarding NON-URGENT medical issues. The portal is secure and confidential and is an ideal way to get information to your physician or to ask simple questions. Your communication goes directly into the practices inbox and replies come directly back to you through a secure, web-based portal. Laboratory results, as well as, your medical information can be sent to you using NextMD.

Many issues previously handled by a telephone call can now be managed this way. However, not all issues are appropriate for this kind of communication such as:

1. Length, complicated or involved questions
2. New medical problems
3. Questions requiring a response in less than 48 hours
4. Urgent medical issues

The physicians and staff at Diabetes and Endocrine Associates of Hunterdon feel that this is a very valuable form of communication.

All Practices affiliated with Hunterdon Healthcare who utilize the NextGen product can each enroll the patient in NextMD. The patient will only have one user name and password and will have the ability to toggle to each practice they are affiliated with to receive or send information.

If you are interested in enrollment in NextMD, please contact our office at (908) 237-6990. Enrollment is free.

**HUNTERDON MEDICAL MANAGEMENT'S CENTRAL BILLING OFFICE**  
**FINANCIAL POLICY**

*Hunterdon Medical Management's Central Billing Office has developed the following payment policy to eliminate unnecessary confusion and billing costs. Adhering to this policy will better enable our physician practices to focus increased attention on providing quality medical care to the families they serve. This policy is effective for:*

- *Advanced Gastroenterology & Nutrition*
- *Center for Endocrine Health*
- *Diabetes and Endocrine Associates of Hunterdon*
- *Hunterdon Adult Hospitalist Service*
- *Hunterdon Breast Surgery Center*
- *Hunterdon Cardiology*
- *Hunterdon Center For Dermatology*
- *Hunterdon Center For Healthy Aging*
- *Hunterdon Family Medicine at Branchburg*
- *Hunterdon Family Medicine at Cornerstone*
- *Hunterdon Family Medicine at County Line*
- *Hunterdon Family Medicine at Delaware Valley*
- *Hunterdon Family Medicine at Highlands*
- *Hunterdon Family Medicine at Riverfield*
- *Hunterdon Family Medicine at Phillips Barber*
- *Hunterdon Family & Sports Medicine at Hopewell Valley*
- *Hunterdon Infectious Disease Specialists*
- *Hunterdon Internal Medicine Associates*
- *Hunterdon Neonatal & Pediatric Medicine*
- *Hunterdon Palliative Care*
- *Hunterdon Pediatric Associates*
- *Hunterdon Pulmonary and Critical Care*
- *Hunterdon Urological Associates*
- *Psychiatric Associates of Hunterdon*

*We appreciate your support and wish you and your family the very best of health!*

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**PRIVATE PAY:** Payment for services rendered in our offices is due at the time of service. This includes all insurance plans that we **do not** participate with. For self-pay patients with **no** insurance or with an insurance plan we don't participate with, a 15% discount is applied if payment in full is made at the time of service. In addition, medically necessary services not covered by your insurance plan are eligible for a 15% discount when paid in full at the time of service.

**MANAGED CARE INSURANCE CONTRACTS:** Patients enrolled in managed care health plans are **required** to pay their copays at the time of service. After insurance has paid for services, co-insurance amounts are due upon receipt of bill and can be made via phone calls to the billing department with Visa or Master Card.

**ACCEPTABLE METHODS OF PAYMENT\*:**

- Cash
- Check
- Money Order
- Visa
- Master Card

*\*A receipt should be provided to you for each payment made.*

**BILLING:** Any personal balance over 30 days old without current payments applied against it is considered an overdue balance resulting in delinquent status of the account. To avoid assignment to a professional collection agency, all payments due should be made promptly. If **genuine financial difficulties** exist, please **call**. We are happy to arrange a personalized monthly budget payment plan.

**MONTHLY BUDGET PLANS:** Monthly Budget Plans are available for families who do not qualify for the HMC Payment Assistance Program but demonstrate a need for special assistance. You may contact our Billing Representatives at 908-284-1125 to discuss this payment option.

**Hunterdon Medical Center Payment Assistance Program:** Hunterdon Medical Center has a payment assistance program for qualifying families with limited incomes and/or extenuating circumstances. To determine whether your family qualifies for this program, please call a Billing Representative and request an application. All requests for the payment assistance program will require the following:

- In Person Appointment with CBIZ
- A copy of your last income tax form
- All applicable W-2 forms
- Two most recent pay-stubs from each employed adult in the family
- A copy of the check-stub from the unemployment payment if either parent is collecting unemployment.

**PROFESSIONAL COURTESY AND CODE CHANGE REQUESTS:** We greatly value our privilege to provide medical care to all of our patients. In accord with state and federal regulations, it is potentially unlawful to accept "insurance only", to waive copays, and/or to alter codes that accurately depict medical services rendered. For these reasons, the practice of making "professional courtesy" adjustments is strictly prohibited for all Hunterdon Healthcare Practices, as is the practice to alter codes that accurately depict services rendered, as doing so would be considered **fraud**.

**RETURNED CHECK POLICY:** If we receive a *Non-Sufficient Funds (NSF)* returned check, we will immediately notify the patient or responsible party. We will request that exchange with cash for the *NSF* check is made at the appropriate office within 24 hours. If payment is not received within 24 hours, a \$30 returned check fee will be charged along with the check amount. If payment is not received within 30 days, appropriate legal action will take place.

**'NO-SHOW' POLICY:** Our physician practices have a policy to charge a 'No-Show' fee of \$25.00 (unless determined otherwise) when a patient has **not shown up** for his/her appointment without contacting our office within a reasonable amount of time prior to the appointment. In most cases, that reasonable amount of time is 24 hours. We appreciate your effort to call the practice in advance if you cannot keep your scheduled appointment.

**ROUTINE PREVENTIVE CARE:** Preventive care visits are very important. However, your insurance plan **may** have **limited coverage** on routine preventive services **or no coverage at all** for them. Please contact your carrier to become familiar with your routine preventive service benefits prior to your annual physical exam visit. If you receive non-covered preventive services, you will be held financially responsible for them. If you are a new Medicare beneficiary with Part B benefits, you are eligible for the **Initial Preventive Physical Exam (IPPE)** within the first twelve months of your coverage; be certain to let the office know this when you call to schedule your IPPE visit. As of January 1, 2011, Medicare also offers an **Annual Well Visit (AWV)**. A full 12 months must span between preventive visits. To find out more about additional preventive services allowed for Medicare beneficiaries, you may wish to call 1-800-MEDICARE (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov).

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**Again, we appreciate your ongoing support as we continue to make every effort to make the financial aspect of your healthcare as simplified and efficient as possible.**