

Registration Form



Asheville Arthritis & Osteoporosis Center

4 Vanderbilt Park Drive • Suite 200 • Asheville, NC 28803

Tel. 828-258-9533 • Fax 828-253-4434 • www.ashevillearthritis.com

New Patient Registration Form

PATIENT INFORMATION

Last Name

First Name

Middle Name

Mailing Address

City

State

Zip

Home Phone

Cell Phone

Work Phone

Date of Birth

Age

Gender at time of birth

Social Security Number

Marital Status

Email Address

Employer Name

Employer Phone

Spouse Name

Spouse Date of Birth

Spouse Social Security Number

IN CASE OF EMERGENCY

Name of Emergency Contact Person

Relationship to Patient

Home Phone

Cell Phone

Work Phone

RESPONSIBLE PARTY (GUARANTOR)

The guarantor is the person responsible for the patient's bill. If the patient is responsible for his/her own bill, please skip this section. If the patient is a minor (under the age of 18), the parent or guardian bringing the patient to the visit is usually the guarantor for the patient.

Guarantor's Name

Date of Birth

Mailing Address

City

State

Zip

Guarantor's Phone

Relationship to Patient

Guarantor's Social Security Number

INSURANCE INFORMATION

(INSURANCE CARDS ARE REQUIRED AT EACH VISIT)

Primary Insurance Company

Policy Subscriber's Name

Policy Number

Group Number

Policy Subscriber's Employer

Policy Holder's Date of Birth

Patient's Relationship to Subscriber

Secondary Insurance Company

Policy Subscriber's Name

Policy Number

Group Number

Policy Subscriber's Employer

Policy Holder's Date of Birth

Patient's Relationship to Subscriber

OTHER INFORMATION

Primary Care Physician

Address

Referring Physician

Address

Pharmacy Name

Pharmacy Location

Pharmacy Phone Number

Pharmacy Card Number

INSURANCE AUTHORIZATION AND ASSIGNMENT

*I hereby authorize Asheville Arthritis & Osteoporosis Center, P.A. to furnish information to Insurance Carriers concerning my illness and treatments and I hereby assign to Asheville Arthritis & Osteoporosis Center, P.A. all payments for medical services rendered to myself or my dependents, if not paid in full at the time of service. I understand that I am responsible for any amount not covered by insurance on assigned claims.

Signature

Signature on File

ASSIGNMENT OF BENEFITS and ASSIGNMENT OF RIGHTS TO PURSUE ERISA

I hereby assign and transfer to Asheville Arthritis Center, any and all rights to payment for medical services rendered to me by Asheville Arthritis Center. I authorize my insurance carrier, including any and all supplemental insurance, to make payment directly to Asheville Arthritis Center.

I understand that I am financially responsible for any services not covered by my insurance. I also understand that I am responsible for any deductible, co-payment, or co-insurance amount as specified by my insurance policy.

I further authorize the release of any medical or other information necessary to process claims.

ASSIGNMENT OF BENEFITS, ASSIGNMENT OF RIGHTS TO PURSUE ERISA AND OTHER LEGAL AND ADMINISTRATIVE CLAIMS ASSOCIATED WITH MY HEALTH INSURANCE AND/OR HEALTH BENEFIT PLAN (INCLUDING BREACH OF FIDUCIARY DUTY) AND DESIGNATION OF AUTHORIZED REPRESENTATIVE.

Asheville Arthritis and Osteoporosis Center

I hereby assign and convey directly to the above-named health care provider, as my designated authorized representative, all medical benefits and/or insurance reimbursement, if any, otherwise payable to me for services, treatments, therapies, and/or medications rendered or provided by the above-named health care provider, regardless of its managed care network participation status. I understand that I am financially responsible for all charges regardless of any applicable insurance or benefit payment. I hereby authorize the above-named health care provider to release all medical information necessary to process my claims. Further, I hereby authorize my plan administrator fiduciary, insurer, and/or attorney to release to the above-named healthcare provider any and all Plan documents, summary benefits description, insurance policy, and/or settlement information upon written request from the above-named health care provider or its attorneys in order to claim such medical benefits.

In addition to the assignment of the medical benefits and/or insurance reimbursement above, I also assign and/or convey the above named health care provider any legal or administrative claim or chose an action arising under any group health plan, employee benefit, health insurance or tortfeasor insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, and/or medications I received from the above-named care provider (including any right to pursue those legal or administrative claims or chose an action). This constitutes an express and knowing assignment of ERISA breach or fiduciary duty claims and other legal and/or administrative claims.

I intend by this assignment and designation of authorized representative to convey to the above-named provider all of my rights to claim (or place a lien on) the medical benefits related to the services, treatments, therapies, and/or medications provided by the above-named health care provider, including rights to any settlement, insurance or applicable legal or administrative remedies (including damages arising from ERISA breach of fiduciary duty claims). The assignee and/or designated representative (above-named provider) is given the right by me to (1) obtain information regarding the claim to the same extent as me; (2) submit evidence; (3) make statements about fact or law; (4) make any request including providing or receiving notice of appeal proceedings; (5) participate in any administrative and judicial actions and pursue claims or chose in action or right against liable party, insurance company, employee benefit plan, health care plan, or plan administrator. The above-named provider as my assignee and my designated authorized representative may bring suit against any such health care benefit plan, employee benefit plan, plan administrator or insurance company in my name with derivative standing at provider's expense.



This lifetime assignment will remain in effect until revoked by me in writing. It is valid for all administrative and judicial reviews under PPACA (health care reform legislation), ERISA, Medicare, and applicable federal and state laws. A photocopy of this assignment is to be considered valid, the same as if it were the original.

I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Patient Name

Patient Signature

CONSENT FORM

ASHEVILLE ARTHRITIS AND OSTEOPOROSIS CENTER

PATIENT INFORMATION CONSENT FORM

I have received a copy of Asheville Arthritis and Osteoporosis Center's (AAOC) Notice of Privacy Practices. AAOC may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment (TPO). With this consent, AAOC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls pertaining to my clinical care. AAOC may also mail to my home or other alternative location any items that assist the practice in carrying out TPO. I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations. AAOC will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

With this consent, I grant AAOC permission to obtain information from external sources (Pharmacy) regarding medications that have been prescribed to me.

I retain the right to revoke this consent by notifying the practice in writing at any time.

Patient Name

Date of Birth

Legal Guardian

Signature of Patient

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Please list any other persons that you authorize to have access to your medical records:

Name	Relationship



Medical History

Date:

First Name:

Middle Name:

Last Name:

Mailing Address:

City:

State:

Zip:

Age:

Race:

Do you currently reside in a skilled nursing facility? Yes / No

Does your office visit require an interpreter? Yes / No

Do you reside in another state part of the year? Yes / No

Primary Care Physician: _____

Other Physicians you CURRENTLY see:

Please indicate who referred you here: _____

Please give a brief reason for your visit here:

Do you have any family members who are presently being treated at Asheville Arthritis?

Yes / No

Please list vaccinations that you may have had and record the date the vaccination was given next to it if possible:

Vaccinations	Date(s) Administered

Current Medications

Please review your current daily medication bottles before filling this out.

Please list all medications you are currently taking (please include over the counter medications such as Tylenol, Advil, Aleve, BC, Goody Powders, vitamins, supplements, etc...):

NAME OF MEDICINE	DOSE (mg, ml, cc, etc.)	HOW MANY TIMES A DAY

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[illegible]

Pharmacies: Please list your pharmacies. Review your insurance card for pharmacy coverage:

Your Medical History

Please circle all that have been diagnosed, now or in the past:

Fibromyalgia	High Blood Pressure/Hypertension	Heart Disease	Gout or Pseudogout
Kidney Stones	Skin Disease	Blood Clots requiring medication	Cancer
Sleep Apnea	Hearing Impaired	Miscarriage	Loss of Balance
Eye Disease	Osteoporosis/Osteopenia	Diabetes	Stomach Ulcers
GERD	Kidney Disease	Lung Disease	Positive TB Test
Liver Disease/Fatty Liver	Shingles	Anemia	Vertigo
High Cholesterol	Stroke	Anxiety requiring medication	Depression requiring medication
Seizure Disorder	Neurologic Disorder	Thyroid Disease	Obesity
Osteoarthritis	Neuropathy	Sjogren's	Fainting when having blood drawn

Any other medical problems that have been diagnosed?

List any broken bones you have had and at what age:

List the last time you had a steroid injection or took oral prednisone or other steroid:

Allergies to medications, medical products or any other intolerances or sensitivities (please list):

NAME OF MEDICINE/MEDICAL PRODUCT/INTOLERANCE/SENSITIVITY	TYPE OF REACTION

Surgical History

List any orthopedic surgeries. Include dates, who performed them, what hospital and what state:

Orthopedic Surgery	Date(s)	Surgeon	Hospital	State

List any surgical procedures you have had, please give dates and who performed them, what hospital and what state:

Surgery	Date(s)	Surgeon	Hospital	State

Have you been hospitalized in the last year? Yes / No

Have you had any falls inside or outside of your home in the last year? Yes / No

Circle any that you have had:

Physical Therapy

Water Therapy

Chiropractor

Acupuncture

Family History

Mother: Living / Deceased **Father:** Living / Deceased (please circle one)

How many siblings do you have? ____ Brothers ____ Sisters

Are your siblings healthy? _____

How many children do you have? ____ Sons ____ Daughters

Are your children healthy? _____

Please place letters in the appropriate box below, if any family members have had any of the following.

M-Mother **F**-Father **MM**-Maternal Grandmother **MF**-Maternal Grandfather

PM-Paternal Grandmother **PF**-Paternal Grandfather **B**-Brother

S-Sister **S**-Son **D**-Daughter

Disease	Parents	Grandparents	Siblings	Children
General Osteoarthritis				
Rheumatoid Arthritis				
Connective Tissue Disease				
Gout				
Stroke				
Breast Cancer				
Heart Disease				
High Blood Pressure				
Diabetes				
Crohn's or Ulcerative Colitis				
Osteoporosis (thin bones)				
Psoriasis, Eczema Type of Rash:				
Cancer Type:				
Other Disease Processes If other, please explain:				

Social History

Do you currently use tobacco, electronic cigarettes – vaping, smokeless tobacco?

Never Current Former (circle one)

Have you ever used illicit drugs? Yes / No

Have you had a drink containing alcohol within the past year? Yes / No

Do you drink any caffeine? Yes / No

Do you exercise? Yes / No

Who lives with you? _____

Number of adults and children in household: ____Adults ____Children

Marital Status: Married Divorced Separated Single Windowed Partnered

Occupation: _____ Full Time / Part Time

Have you traveled outside of the United States in the past year? Yes / No

Highest level of education: _____

If you are a student: what school do you go to? _____

What grade are you in? _____

Estimated date of graduation: _____ **What is your major?** _____

Check the appropriate box and add additional explanation needed for symptoms you are CURRENTLY having:

Symptom	YES	NO	Explanation if needed
Significant change in appetite			More or Less?
Decreased energy level			Up or Down?
Recent fever			
Recent infections			
Currently taking antibiotics			
Significant change in weight (unintentional)			
Environmental allergies			
Eye dryness			
Eye pain			
Recent vision changes			
Eye redness			
Mouth dryness			
Ulcers in our mouth, nose			
Headaches or recent change in headaches			Migraines?
Pain in temples or jaw			
Coughing			
Shortness of breath			When?
Chest pain			
Increased swelling in lower legs			
Stomach pain			
Diarrhea or constipation			Which one?
Difficulty swallowing			
Swollen lymph nodes			
Blood in your urine			
Painful urination			
Patchy hair loss			
Fingers and toes that get cold and turn blue, white or red			
Rash			
Skin rash caused by sunlight			
Muscle weakness, numbness and /or tingling			Which one?
Seizures			
Symptoms of depression			
Problems going to sleep or staying asleep			Which one?

Notice of Privacy Practices

Asheville Arthritis and Osteoporosis Center, P.A.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review carefully.

If you have questions about this Notice, please contact the Privacy Officer at (828) 258-9533 or by mail at 4 Vanderbilt Park Dr, Suite 200 Asheville, N.C. 28803

Effective Date: April 14, 2003 Revised: 10/7/2021

We are committed to protect the privacy of your protected health information (PHI).

This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations. We may also share your information for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI.

We are required by law to maintain the privacy of your PHI. We will follow the terms outlined in this Notice.

We may change our Notice, at any time. Any changes will apply to all PHI. Upon your request, we will provide you with any revised Notice by:

- Posting the new Notice in our office.
- If requested, making copies of the new Notice available in our office or by mail.
- Posting the revised Notice on our website at www.ashevillearthritis.com

Uses and Disclosures of Protected Health Information

We may use or disclose (share) your PHI to provide health care treatment for you.

Your PHI may be used and disclosed by your physician, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you.

EXAMPLE: Your PHI may be provided to a physician to whom you have been referred for evaluation to ensure that the physician has the necessary information to diagnose or treat you. We may also share your PHI from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

We may also share your PHI with people outside of our practice that may provide medical care for you such as home health agencies.

We may use and disclose your PHI to obtain payment for services. We may provide your PHI to others in order to bill or collect payment for services. There may be services for which we share information with your health plan to determine if the service will be paid for.

PHI may be shared with the following:

- Billing companies
- Insurance companies, health plans
- Government agencies in order to assist with qualification of benefits
- Collection agencies

We may use or disclose, as-needed, your PHI in order to support the business activities of this practice which are called health care operations.

EXAMPLES:

- Training students, other health care providers, or ancillary staff such as billing personnel to help them learn or improve their skills.
- Quality improvement processes which look at delivery of health care and for improvement in processes which will provide safer, more effective care for you.
- Use of information to assist in resolving problems or complaints within the practice.

We may use and disclose your PHI in other situations without your permission:

- If Required by Law: The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- Public Health Activities: The disclosure will be made for the purpose of controlling disease, injury or disability and only to public health authorities permitted by law to collect or receive information. We may also notify individuals who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition.
- Health Oversight Agencies: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- Legal Proceedings: To assist in any legal proceeding or in response to a court order, in certain conditions in response to a subpoena, or other lawful process.
- Police or Other Law Enforcement Purposes: The release of PHI will meet all applicable legal requirements for release.
- Special Government Purposes: Information may be shared for national security purposes, or if you are a member of a military, to the military under limited circumstances.
- Correctional Institutions: Information may be shared if you are an inmate or under custody of law which is necessary for your health or the health and safety of other individuals. Other uses and disclosures of your health information.
- Business Associates: Some services are provided through the use of contracted entities called "Business Associates". We will always release only the minimum amount of PHI necessary so that the business associate can perform the identified services. We require the business associate(s) to appropriately safeguard your information.
- Health Information Exchange: We may make your health information available electronically to other healthcare providers outside of our facility who are involved in your care.
- Treatment Alternatives: We may provide you notice of treatment options or other health related services that may improve your overall health.
- Appointment Reminders: We may contact you as a reminder about upcoming appointments or treatment.

We may use or disclose your PHI in the following situations UNLESS you object.

- We may share your information with family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. For example, we may discuss post procedure instructions with the person who drove you to the facility unless you tell us specifically not to share the information.
- We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.
- We may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts.

AAOC participates in the North Carolina Health Information Exchange Network, called NC HealthConnex, which is operated by the NC Health Information Exchange Authority (NC HIEA). We will share your protected health information, or PHI, with the NC HIEA and may use NC HealthConnex to access your PHI to assist us in providing health care to you. We are required by law to submit clinical and demographic data pertaining to services paid for with funds from NC programs like Medicaid and State Health Plan. We may also

share other patient data with NC HealthConnex not paid for with State funds. If you do not want NC HealthConnex to share your PHI with other health care providers who are participating in NC HealthConnex, you must opt out by submitting a form directly to the NC HIEA. Forms and brochures about NC HealthConnex are available in our office and online at NCHealthConnex.gov. You may also contact our Privacy Office at (828)210-8758. Again, even if you opt out of NC HealthConnex, we still will submit your PHI if your healthcare services are funded by State programs. Your patient data may also be exchanged or used by the NC HIEA for public health or research purposes as permitted or required by law. For more information on NC HealthConnex, please visit NCHealthConnex.gov/patients

The following uses and disclosures of PHI require your written authorization:

- Marketing
- Disclosures of for any purposes which require the sale of your information
- Release of psychotherapy notes: Psychotherapy notes are notes by a mental health professional for the purpose of documenting a conversation during a private session. This session could be with an individual or with a group. These notes are kept separate from the rest of the medical record and do not include: medications and how they affect you, start and stop time of counseling sessions, types of treatments provided, results of tests, diagnosis, treatment plan, symptoms, prognosis.

All other uses and disclosures not recorded in this Notice will require a written authorization from you or your personal representative.

Written authorization simply explains how you want your information used and disclosed. Your written authorization may be revoked at any time, in writing. Except to the extent that your doctor or this practice has used or released information based on the direction provided in the authorization, no further use or disclose will occur.

Your Privacy Rights

You have certain rights related to your protected health information. All requests to exercise your rights must be made in writing. Request should be addressed to the Practice Administrator at Asheville Arthritis & Osteoporosis Center, 4 Vanderbilt Park Dr., Suite 200, Asheville, N.C. 28803.

You have the right to see and obtain a copy of your protected health information.

This means you have the right to review or obtain a copy of your protected health information. If requested we will provide you a copy of your records in an electronic format. There are some exceptions to records which may be copied and the request may be denied. We may charge you a reasonable cost based fee for a copy of the records.

You have the right to request a restriction of your protected health information.

You may request for this practice not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. We are not required to agree with these requests. If we agree to a restriction request we will honor the restriction request unless the information is needed to provide emergency treatment.

Here is one exception: we must accept a restriction request to restrict disclosure of information to a health plan if you pay out of pocket in full for a service or product unless it is otherwise required by law.

You have the right to request for us to communicate in different ways or in different locations.

We will agree to reasonable requests. We may also request alternative address or other method of contact such as mailing information to a post office box. We will not ask for an explanation from you about the request.

You may have the right to request an amendment of your health information.

You may request an amendment of your health information if you feel that the information is not correct along with an explanation of the reason for the request. In certain cases, we may deny your request for an amendment at which time you will have an opportunity to disagree.

You have the right to a list of people or organizations who have received your health information from us.

This right applies to disclosures for purposes other than treatment, payment or healthcare operations. You have the right to obtain a listing of these disclosures that occurred after April 14, 2003. You may request them for the previous six years or a shorter timeframe. If you request more than one list within a 12 month period you may be charged a reasonable fee.

Additional Privacy Rights

- You have the right to obtain a paper copy of this notice from us, upon request. We will provide you a copy of this Notice the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible.
- You have a right to receive notification of any breach of your protected health information.

Complaints

If you think we have violated your rights or you have a complaint about our privacy practices you can contact:

Asheville Arthritis & Osteoporosis Center

Attn: Practice Administrator

4 Vanderbilt Park Dr., Suite 200

Asheville, N.C. 28803

You may also complain to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

If you file a complaint we will not retaliate against you for filing a complaint.

This notice was published and becomes effective on September 17, 2013.

General Information

Asheville Arthritis & Osteoporosis Center

is a full-service rheumatology practice caring for adults and children with arthritis osteoporosis, and systemic autoimmune and rheumatic diseases. Services available include: a certified laboratory; radiology including digital x-ray ultrasound, and bone density testing; and an infusion center for treatment of autoimmune disease and osteoporosis.

Systemic autoimmune and rheumatic diseases are conditions that occur when the immune system sends inflammation to areas of the body when it is not needed. This inappropriate inflammation causes symptoms and damage. These diseases can affect the joints, muscles, and bones causing pain, swelling, stiffness, and deformity. These diseases can also affect the eyes, skin, nervous system and all other internal organs. Educational materials about conditions we treat are available at www.ashevillearthritis.com under health information.

Professional Staff

The physicians at Asheville Arthritis & Osteoporosis Center are all rheumatologists. A rheumatologist is a physician who received training in the diagnosis and treatment of musculoskeletal disease and systemic autoimmune conditions commonly referred to as rheumatic diseases. The training for a physician to become a rheumatologist involves an additional 3 years of training in internal medicine, and 2-3 years of fellowship training in rheumatology. Common diseases treated by rheumatologists include rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, lupus, scleroderma, Sjogren's vasculitis, gout, osteoarthritis, and osteoporosis. A short biographical sketch of our physicians is available on our website at www.ashevillearthritis.com.

Your Initial Visit

On your initial visit, please bring the completed medical forms we send you, medical records including labs or x-rays that relate to your visit with us, as well as a list of your current medications, dosages, and how they are taken. This information is always valuable and may save you and your family an additional trip. During your initial evaluation your previous medical records, x-rays, and laboratory results will be reviewed, and a history and physical exam pertinent to your problems will be done. Additional tests will be ordered if necessary to help with your diagnosis. The initial evaluation will generally take 1-2 hours depending on the nature and complexity of your condition. Therapy will be individualized. In some cases, a probable diagnosis can be made, and therapy started on the first visit. In other instances, a specific diagnosis can be made only after the results of additional tests are available. If this is the case, our doctors may feel it is in your best interest to delay starting treatment until all the results are available. Will I Still Need My Family Doctor? It is best to have a family doctor or general internist in charge of your overall care. We will be working with this primary care physician, and he or she will direct your overall health care. Your primary care physician will be kept informed of the results of exams, studies, and treatment plans. Appointments To serve our patients more effectively, our doctors see patients only by appointment. If you have not been seen at this practice before, or if it has been more than three years since your last appointment, please obtain a referral from your primary care physician or another physician. If you have been seen at our office in the last three years, and are signed up for our patient portal, you may request an appointment by logging in to the portal and sending a request. You can also make an appointment by calling 828-258-9533 between 8:00 am and 4:30 pm Monday through Thursday, and 8:00 am until 11:30 pm on Friday. If you are unable to keep your appointment, please inform us at least 24 hours in advance so that other patients may be scheduled. While we make every effort to remain on schedule, occasionally events occur that are unavoidable and can result in schedule delays. True emergencies of a life-threatening nature take priority over existing appointments. If the physician with whom you are scheduled is unavoidably detained by an emergency, you will be notified, if possible, so that you are not inconvenienced and will be offered the opportunity to reschedule as soon as possible.

Telephone Calls

If problems arise with your rheumatic disease, please contact us via the patient portal, or call our office at 828-258-9533 during office hours. Calls will be received by our automated attendant which will give you direct access to your nurse's voicemail. Our nursing staff can answer many of your questions. If the doctor's opinion is necessary to answer your question,

the nurse will return your call after speaking with the doctor. If it is necessary for one of the physicians to return your call, this may be done after 5:00 p.m. when the last scheduled office patient has been seen. If you feel your problem requires a quicker response, please explain the circumstances to the nurse. You may be charged for some types of phone calls. If an emergency arises after office hours, contact your regular physician, or seek care at your local emergency room or urgent care center.

Prescription Refills

Please bring a list of your current medications, dosages, and how they are taken to each visit. We encourage you to request refills for any medications from your physician at the time of your follow-up visits. This allows the doctor to thoroughly review your medications with you and to discuss potential side effects. You may also ask your pharmacy to electronically request refills via our e Prescription network. If you have signed up for our patient portal, you may request refills via the portal. When absolutely necessary, prescription refills can be requested by calling your doctor's nurse at 828-258-9533 during regular office hours. When calling about medications, please have your pharmacy's telephone number available. We feel that it is not good medical practice to renew routine medications without access to a patient's medical record. For this reason, prescription refills should not be requested except during regular office hours. Certain medications, including pain medications and others to which Federal Drug Control regulations apply, will not be refilled outside of our regular office hours.

Asheville Arthritis Medication Dispensing

Let us fill your specialty prescription! Our new in-office dispensing option offers a seamless method of collaboration between doctors, pharmacists, and clinical staff, who work as one care team to fill your specialty medication prescriptions in-house. Our team will verify all coverage options for you to include co-payment assistance programs before dispensing. Make sure you have provided your prescription benefit card to the receptionist for our files, speak with your provider and/or nurse and we'll do the rest.

You Have the Right to Choose where You Obtain Your Medications

There are many rights under both federal and state laws, as well as specific insurance programs, such as Medicare, Medicaid, TRICARE, and commercial and employer health insurance. These rights can help to protect you, and ensure you get the best, timely, and most affordable treatment. At AAOC, that is our goal! To that end, we wanted to make sure you are aware of some of your basic rights as a patient.

Freedom of Choice in Pharmacy

Just like you get to choose your doctor, you get to choose where you fill your prescriptions. Our in-office dispensary is an option if your current pharmacy provider is no longer convenient. Your healthcare provider can provide you with information about available pharmacies and their services, allowing you to make an informed decision based on your preferences and needs.

Fees & Billing

Fees are based on the time and complexity of your evaluation. The physician's fee for your treatment varies, depending on the time spent both with you and with your records. Our fees are in keeping with the usual and customary charges for internal medicine subspecialty evaluations in this area. At the end of each visit, you will receive an itemized bill containing the physician's fees plus any other charges.

We expect our patients to pay their bills at the time services are rendered. If you have any questions regarding your charges, or would like to discuss terms of payment, our office manager is always willing to discuss these matters with you. For your convenience we do accept MasterCard and Visa.

Asheville Arthritis does charge a fee to patients who do not keep a scheduled New Patient appointment.

Insurance

We currently participate with Medicare and most private health insurance plans utilized in our area. A list of private health insurance plans in which we participate is available at www.ashevillearthritis.com under Insurance, but please verify with your

health insurance company to be sure we participate with them. Please bring your health insurance identification card with you to each visit. You are responsible for paying your co-pay at the time of service. If we do not participate with your plan, you must contact your health insurance company to obtain authorization for your visit. Please be aware of your out-of-network benefits.

Our doctors do not evaluate workers compensation cases.

Responsibility for payment is your obligation, and unless prior arrangements have been made, payment is expected at the time of your visit. Any financial benefits that you may receive from a third party, insurance company, or governmental agency are strictly a matter of settlement between you and the health insurance carrier or governmental agency. Third party benefits are not determined by our office. Any monies received by us from those agencies will be applied to your account balance or refunded to you.

Certain forms regarding proof of disability require the evaluation of the patient's chart by the physician in order to answer specific questions. Such forms also often require completion by our staff. A fee for the completion of these forms will be charged based upon the complexity of the form.

Our Location

Asheville Arthritis and Osteoporosis Center is located at 4 Vanderbilt Park Dr., Suite 200, Asheville, N.C. 28803, off Hendersonville Rd.

Parking and the patient entrance is located at the rear of the building, known as Historic Biltmore School.

Directions



From 40 West (Black Mountain): Take EXIT 50A. Go to 2nd traffic light and turn right (Vanderbilt Park Dr.). Our office is on the left, second floor.

From 40 East (Canton): Take EXIT 50. Turn right at traffic light onto Hendersonville Rd (South). Turn right at next light (Vanderbilt Park Dr.). Our office is on the left, second floor.

From Arden/Skyland: Take Hendersonville Rd, North. Before reaching I-40, turn left at traffic light just past Atlanta Bread Co (Vanderbilt Park Dr.). Our office is on the left, second floor.

From Hendersonville: Take I-26 North to I-40 East. Follow directions from I-40 East

From Mars Hill/Burnsville: Take 19/23 to Patton Ave exit, go to 5th traffic light & turn right (between hotel & First Citizens Bank) onto Asheland Ave. Go through 12 traffic lights (stay in right hand lane). Turn right at light (Vanderbilt Park Dr.). Our office is on the left, second floor.