BLANKENSHIP FAMILY MEDICINE

Today is your Medicare well visit!

Please complete the attached documents to **reflect any changes in the past year.**

Please return the completed documents to the Receptionist.

If you would like a copy of any of the attached documents, please let us know.

Thank you!

BLANKENSHIP FAMILY MEDICINE
John David Blankenship, D.O. – 204 Lowe Ave SE, Bldg 1, Suite 2, Huntsville, AL 35801
Office Phone: 256-534-7235 / Office Fax: 256-534-7268

Authorization to Release Protected Health Information

Date: _____

REGARDING YOUR CURRENT/PREVIOUS PATIENT:	**DOB:**
_____	_____

RELEASE INFORMATION FROM:	**RELEASE INFORMATION TO:**
_____	**BLANKENSHIP FAMILY MEDICINE**
_____	**204 Lowe Ave SE, Bldg 1, Suite 2**
Phone: _____	**Huntsville, AL 35801**
Fax : _____	**FAX: 256-534-7268**

INFORMATION REQUESTING TO BE RELEASED: ANY AND ALL

History & Physical	EKG's	Lab Reports	Hospital Notes	Immunization Records
Pathology Reports	Radiology	Operative Reports	Billing	Clinic Notes/Encounters

I understand the information to be released may include records related to behavior and/or mental healthcare, alcohol and drug abuse treatment, HIV/AIDS, and genetics. This authorization may be revoked at any time except to the extent that action has been taken in reliance upon it. Revocation must be made in writing to the provider/facility releasing the information. The provider/facility will not condition treatment on whether I sign the authorization. I may be charged for copies in accordance with state law. Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal law. This authorization will expire one year from the date of signing unless I indicate an earlier date or event here: _____.

ATTENTION: This is a legal document. Please read carefully. By signing, you agree that you understand and accept the terms on this form. If the patient is 18 years of age or older, the patient must sign and date the form. If the patient is 18 years of age or older and is incapable of signing, a legally authorized substitute may sign and date the form. Please indicate your legal authority and include documentation of your relationship:

__Legal Guardian or Conservator __Healthcare Agent (Healthcare Power of Attorney)

If the patient is 17 years of age or younger, the patient's parent or legal guardian must sign and date the form, unless an exception exists under the state or federal law. Please indicate your relationship to the patient.

__Parent __Legal Guardian

Signature (Required)	**Date Signed (Required)**
_____	_____
Printed Name of Person Signing	**Mailing Address**
_____	_____

Marital Status: Never Married: _____ Married: _____ Widowed: _____ Divorced: _____
Name of your Spouse: _____ Cell Phone #: _____
Spouses Employer: _____ Employer Phone #: _____
Emergency Contact: _____ Cell Phone #: _____
What is their relationship to you? _____
Primary Insurance: _____ Policy #: _____
Secondary Insurance: _____ Policy #: _____

Permission to Discuss My Medical Concerns

John David Blankenship, D.O., LLC, or his affiliates can discuss my medical information or needs with the following individuals:

_____ _____ _____

Name Relationship Phone #

_____ _____ _____

Name Relationship Phone #

_____ _____

Signature of Patient or Representative Date

YES NO
I give Blankenship Family Medicine and its affiliates permission to leave voicemail messages on any phone number listed within your New Patient Packet Paperwork regarding appointments, medication refills, or any other medical information.

YES NO
I only want a voicemail message requesting to return your phone call. (No other information will be provided).

Practice Information for Patients

Welcome to the family practice of John David Blankenship, D.O. We are truly honored and grateful that you have chosen to trust us with your medical care. Blankenship Family Medicine was established to provide individualized care for families.

Dr. Blankenship was raised in Huntsville, AL. However, he has lived in various locations since leaving for college in Nashville in 1988. He graduated from Kirksville College of Osteopathic Medicine in 1997 and finished his Family Practice Residency in Montgomery, AL in 2001. After eight years in a family practice group in Corbin, Kentucky, he moved his family back to Huntsville in 2009. He spent three years working in emergency medicine and urgent care clinics in North Alabama. His experiences motivated him to open a family practice that combines the best of modern technology with a comprehensive, individualized approach to care in July 2012. By putting relationships at

the forefront of the healthcare experience, BFM strives to produce high-quality integrative healthcare with measurable results and improved patient satisfaction. In order to provide this type of healthcare, it is essential that the practice limits cost, maintains a manageable volume of patients, and empowers patients to participate in all aspects of their healthcare.

APPOINTMENTS:

_____ Initial — It is important that you bring all your medicine bottles with you to each visit. All refills of daily medications should be handled at your visit. Please make your appointments 2 weeks prior to running out of your medications.

_____ Initial — To remain a patient at BFM, you must have an annual well visit at our office. Most insurances will pay for a yearly well visit, however, we encourage you to check with your insurance. Each insurance company has the right to deny services at any time, leaving the financial responsibility to the patient.

_____ Initial — Payment – Your co-pay or self-pay payments are expected at the time of your visit. For patients without insurance, you are considered a "Self-Pay" patient, and your office visit fee is $150.00 for each visit, plus any additional charges.

_____ Initial — For sickness or urgent complaints – We will try to see patients within 24 hours.

_____ Initial — Telemedicine – Will be performed phone visits when necessary, and standard co-payments will be required. It is your responsibility to verify with your insurance company regarding telemedicine coverage. You are financially responsible for any charges your insurance company does not cover. Self-pay patients will be charged $150.00 for telemedicine visits.

_____ Initial — Routine Visits for Chronic Problems – Are scheduled in a 3-6 month window.

_____ Initial — Cancelation/No Show – Please provide at least a 24-hour notice if you need to cancel your appointment. Failure to do so will results in a $50.00 fee. We have a 24/7 answering service that you can call and cancel your appointment.

_____ Initial — Please Be On Time – When an appointment is made for you, that slot is reserved for your health care. Being on time is crucial for the courtesy of our other patients and for Dr. Blankenship and his staff. If you are 15 minutes late for your scheduled appointment, we will ask that you reschedule. You will incur a $50.00 fee for a missed visit which will need to be paid prior to rescheduling your appointment.

_____ Initial — Please Silence Your Cell Phones – If you need to make or receive a call, please step outside for the courtesy of our other patients and the staff. Please do not partake in cell phone conversation, or speak on your speaker function, in the lobby, lab, exam rooms, or restrooms while you are in the clinic.

OFFICE HOURS: _____ Initial — Our Office Hours are as follows: (We are CLOSED for lunch daily from 12:00-1:00)
Monday's – 8:00 am – 5:00 pm
Tuesday's – 10:00 am – 12:00 pm, (our phones are on at 8:00 am, but we do not start seeing patients until 10:00 am. The second Tuesday of every month we are closed).
Wednesday's – 8:00 am – 5:00 pm
Thursday's – 8:00 am – 5:00 pm
Friday's – 8:00 am – 5:00 pm

John David Blankenship, D.O.
Family Practice

Name: _____ DOB: _____ Date: _____

MEDICINE POLICY: _____
Initial

If possible, generic medicines will be prescribed. Medications that require prior authorization or higher co-pays will be avoided. unless they are deemed necessary for your well-being.

If a medication needs to be changed for any reason, (i.e., a cost increase, insurance change, pharmacy transfer, etc.), an appointment will be required.

Your medication refills should be requested at your office visit. You will need to schedule an appointment to receive a refill(s) of your medication. Please do not wait until you are out of medication to contact us. Phone calls will be returned within a 24-hour period.

Dr. Blankenship will not call-in antibiotics, pain, sleep medications or refills of routine medications after our normal daily business hours.

FORMS: _____
Initial

Please advise us if you are bringing a form to be filled out prior to your appointment. Please bring all forms that need to be completed by Dr. Blankenship, preferably before your appointment. Fees for forms vary from $50.00 - $150.00. This includes, but is not limited to, short-term disability, life insurance, insurance applications, sports physical, college physicals, FMLA, subpoenas for lawsuits, free medicine applications, auto insurance, etc. Please contact the office for specific charges.

PATIENT PORTAL: _____
Initial

Take control of your health information with our Patient Portal. The Patient Portal allows us to communicate more effectively with our patients. To set up your Patient Portal, we will provide you with a temporary username and password. Please go to www.yourhealthfile.com to begin setting up your Patient Portal. Your Patient Portal allows you to have access to your important medical information such as, lab results, test results, appointment date/time, etc. New Patients will be sent a Registration Link to set up your Patient Portal. Please contact us if you do not have a computer or internet access and we will provide you with the necessary paperwork to be completed.

SOCIAL MEDIA: _____
Initial

For the privacy of all our patients and staff, please do not take any photos while in the clinic and post them on any social media platform.

Please follow us and like us on Facebook: Blankenship Family Medicine.

Our website is always open! Please visit our website for current information and important notifications: www.blankenshipfamilymedicine.com.