Stephen F. Paulus, DO, MS

145 Pine Haven Shores Road, Suite 2061
Shelburne, VT 05482-7163
Phone: 802-489-5470

New Patient Orientation Letter

Welcome . . .

Enclosed you will find important information that I need when I see you as a new patient. Included are essential documents that must be completed before your initial consultation. *Please complete and sign the:*

- **Patient Information for Medical Records**
- ***Financial Agreement, Consent for Treatment, and Release of Information***.
- **Consent for Osteopathic Manipulative Treatment.**
- Also, try to be as thorough as possible in completing the **Health History Questionnaire** in advance of your office visit.

- When you arrive, I will give you our privacy statement and consent (HIPAA) to sign.
- ***Bring your insurance card to the first office visit*** *so a copy can be made.*

If you can hand-deliver these materials to the office before your appointment, that would help in preparing your chart giving me additional time to review your *Health History Questionnaire*. Or, just bring them when you come in for your first office visit.

I do not audio record office visits.
I do not use AI in any format for any aspect of the office visit.

You should know that I work without office staff *and*
I don't utilize text or email medicine with patients.

Please review my website before your office visit: www.stevepaulus.com

Your initial appointment is scheduled for one hour.
Please arrive 15 minutes before your scheduled appointment

Your initial consultation with Dr. Paulus is: Date: _____ Day: _____

Scheduled appointment Time: _____ Please arrive by: _____

If you have any questions before your appointment, please call me at **802-489-5470**.

Thank you,

Steve Paulus, DO, MS

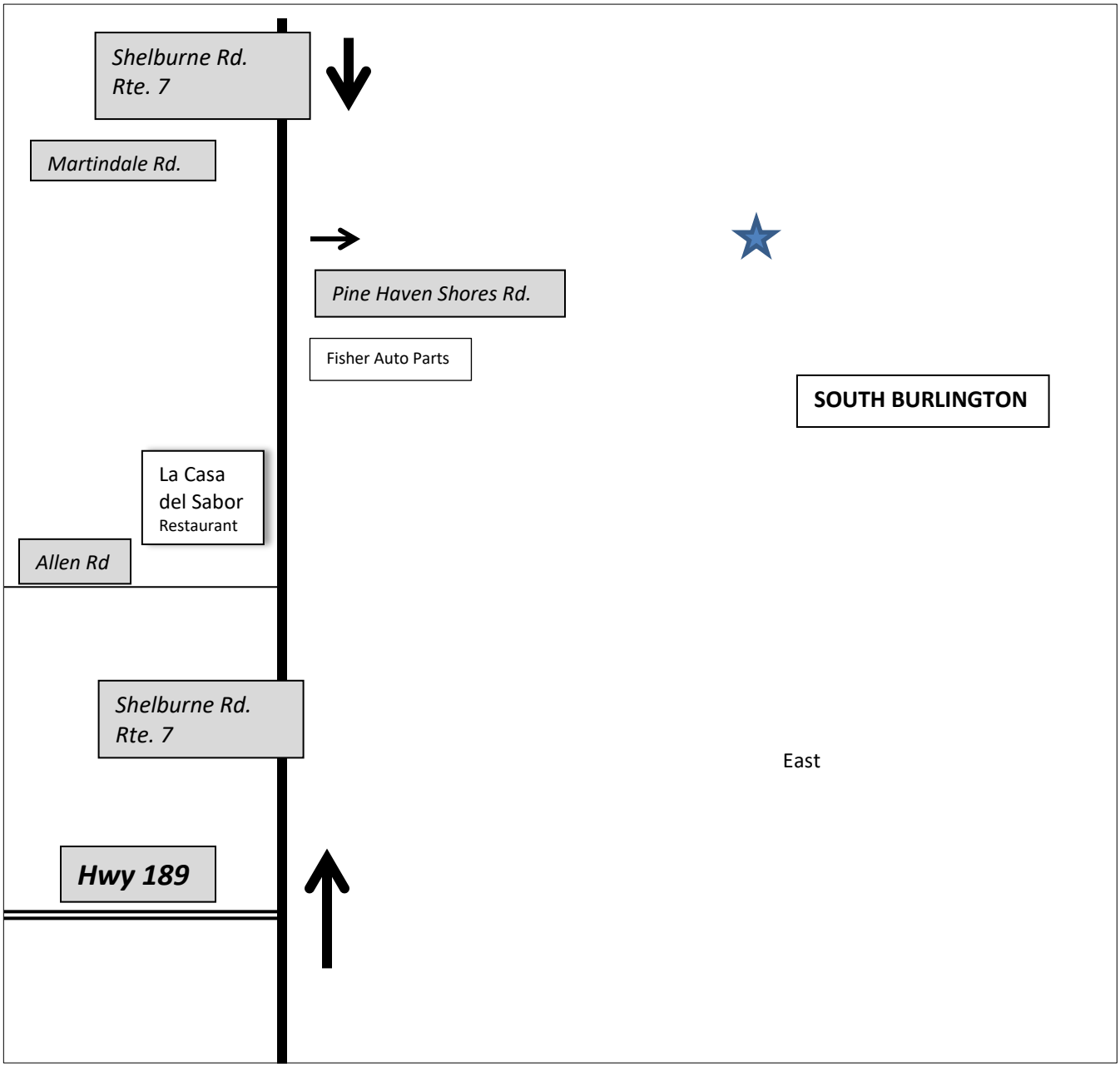
What to Bring for your First Office Visit with Dr. Paulus

- **Up to date Insurance Card.**
- Completed ***Patient Information for Medical Records, Financial Agreement, Consent for Treatment, and Release of Information*** **and the** ***Health History Questionnaire.*** Unless you have hand delivered or mailed these documents in advance.
- Pertinent old Records (Please hand carry—do not fax previous medical records).

****The main entrance is at the North side of the building—use the center doors.***
The office is on the second floor, Suite 2061.
The side entrance (West side) has a wheelchair accessible lift to the second floor.

Bluewater Center ♦ 145 Pine Haven Shores Road, Suite 2061 ♦ Shelburne, VT 05482

Located at the border of South Burlington and Shelburne.



Steve Paulus, DO, MS

145 Pine Haven Shore Road, Suite 2061 ♦ Shelburne, VT 05482 ♦ 802-489-5470 ♦ Fax 802-497-0867

▼ PATIENT INFORMATION FOR MEDICAL RECORDS

☞ *Please Print*

LEGAL NAME: _____
LAST FIRST MIDDLE

MAILING ADDRESS: _____

CITY: _____ STATE:____ ZIP: _____

HOME PHONE: ( ) _____ WORK PHONE: ( ) _____

CELL PHONE: ( ) _____ OTHER PHONE NUMBER: ( )_____

WHAT IS YOUR PRIMARY PHONE NUMBER? ❑ Home ❑ Cell/Mobile ❑ Work ❑ Other #

BIRTH DATE: _____

WHAT NAME DO YOU PREFER TO BE CALLED? _____

WHO REFERRED YOU TO OUR OFFICE? _____

▼ FINANCIAL INFORMATION: CO-PAYMENTS

We require that all CO-PAYMENTS be paid for on the same day of an office visit. We do not bill for co-pays.

HOW DO YOU INTEND TO PAY FOR YOUR CO-PAYMENT? ❑ Check ❑ Cash ❑ Debit Card ❑ Credit Card (Visa or MasterCard)
(We do not accept American Express or Discover Cards)

▼ FINANCIAL INFORMATION: INSURANCE *(Make sure to bring your insurance card to your appointment)*

PRIMARY INSURANCE COMPANY: _____

HOW MUCH IS YOUR YEARLY DEDUCTIBLE? $_____ ❑ *My plan does not have a yearly deductible.*

HOW MUCH IS YOUR OFFICE COPAYMENT? $_____ ❑ *My plan does not have an office copayment.*

ID#: _____ GROUP #: _____

❑ *I am the subscriber of my medical insurance policy*
❑ *My spouse/partner/parent/other is the subscriber.*

SUBSCRIBER'S LEGAL NAME: _____
(*Holder/Owner of Policy*)

SUBSCRIBER'S DATE OF BIRTH: _____ RELATION TO PATIENT: _____

FINANCIAL AGREEMENT, CONSENT FOR TREATMENT, AND RELEASE OF INFORMATION

RELEASE OF INFORMATION TO INSURANCE COMPANIES AND AUTHORIZATION FOR PAYMENT

I authorize Dr. Paulus to submit my insurance claims on my behalf and to release to my insurance company any information needed for the processing of a claim, including my medical record. I authorize that insurance payment is to be paid directly to Stephen Paulus, DO.

CO-PAYMENTS & CO-INSURANCE

All **co-payments** and **co-insurances** must be paid on the same day as the office visit. I understand that no exceptions are made for this policy. There may be a different and separate **co-insurance** for the Osteopathic Manipulation procedure portion compared to the medical office visit portion of the office visit. *A co-insurance is a fee above and beyond the co-payment.*

DEDUCTIBLE

The deductible is that portion of the office visit allowed by your insurance carrier but unpaid by them. Some plans have no deductible and others have a large deductible. If I have a deductible, I agree to pay the deductible portion on the day of service or within 30 days of receiving the invoice. Some plans have a different deductible for the medical portion vs. Osteopathic Manipulation procedure portion of the office visit.

INSURANCE CARDS

I understand that if I forgot my insurance card for my first office visit, that I must make payment for the full amount of the office visit via check or credit card. Once the card is brought in, a refund of the deposit will be mailed to me.

MISSED APPOINTMENTS

There will be a charge for any missed appointment unless 24 hours advanced notice is given prior to the scheduled appointment. This charge is not covered by insurance. The charge for a missed appointment is $130.

CHECKS WITH INSUFFICIENT FUNDS

If payment is made by check, and the check bounces there will be a $35 service charge to cover our bank fees.
If you need to post-date a check, please let us know.

SERVICE CHARGE

A service charge of 1.5% per month (18% per year) will be charged on the unpaid balance (deductible, co-pay, or co-insurance) on all accounts exceeding 60 days, unless previous written financial agreements have been made.

ACCESS TO MY RECORDS

By law, you have full and unlimited access to your entire medical record. My electronic medical record system does not have an online portal allowing you to access your patient records via your computer. Printed chart notes are available upon verbal request, without the need for a signed release of records, without a fee, and can be **picked up at the office** on the next business day in-person. I can mail extensive records to patients or to a third party, but there is a fee for mailed records.

FEE FOR RECORD COPYING

There is a minimum fee of $5 to copy records less than 10 pages, and for records greater than 10 pages there is an additional fee of $0.50 per page plus postage and handling. A records release form must be signed before paper records can be sent to a third party. Allow 3 weeks for processing. **Records cannot be emailed or provided on a CD or a flash drive.**

FEES FOR FORMS AND LETTERS

There is a $25 fee to fill out insurance forms or legal documents that require chart review. Complicated forms will require an office visit to complete. If a medical letter is required to summarize your care from Dr. Paulus, the fee for this letter is based upon the complexity of the letter, the number of pages required, and the amount of time needed to create the document.

OSTEOPATHIC MANIPULATIVE MEDICINE

Dr. Paulus is an Osteopathic Physician and provides **specialty care** in Osteopathic Manipulative Medicine. He is not a primary care physician. I understand that I still need to have a primary care practitioner to provide ongoing family medical care.
If hospital care is required, Dr. Paulus will make a referral to the UVM Hospital to the on-call hospital specialist via the ER.

CONSENT FOR TREATMENT:

I consent to receive medical examination and treatment offered by Dr. Paulus for myself, or my child/dependent.

I HAVE READ THE ABOVE CONDITIONS, I UNDERSTAND THEM, AND I WILL COMPLY WITH THIS AGREEMENT .This consent will remain in effect until revoked by me in writing.

SIGNATURE _____ DATE: _____

Name of patient if under 18: _____ Signed by: ☐ Parent ☐ Guardian

Stephen F. Paulus, DO, MS

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Shelburne, VT 05482
802-489-5470

Consent for Osteopathic Manipulative Treatment

Osteopathic Manipulation is a hands-on form of medical treatment that is used by DOs or Osteopathic Physicians. Osteopathic Manipulation is a standard medical procedure covered by nearly all insurance companies including Medicare, Blue Cross Blue Shield, and Cigna. Osteopathic Manipulation is taught at all Osteopathic Medical Schools in the United States and is considered a standard part of the medical curriculum for Osteopathic Physicians. Dr. Paulus has a specialty practice in Osteopathic Manipulative Medicine and is Board Certified by the American Osteopathic Association—Bureau of Osteopathic Specialties.

During an Osteopathic Manipulative Treatment Dr. Paulus addresses issues that affect the entire body, all the physiologic systems, and treats using a philosophy of holism.

During an Osteopathic Manipulative Treatment, Dr. Paulus will touch your body—using a medical/therapeutic contact—to the head, neck, upper back, lower back, sacrum/tailbone, sacroiliac joints, hips, gluteal region, legs, feet, collar bone, shoulders, arms, hands, as well as the abdomen—depending upon your presenting medical condition.

For Women: Dr. Paulus does not perform pelvic examinations or breast examinations. For that part of medical care referral is made to your gynecologist or family physician.

For Men: Routine prostate exams to screen for prostate cancer are referred to your family physician. However, for men with pelvic floor dysfunctions he does offer Osteopathic Manipulative Treatment for that region of the body.

I have read the information provided above and agree to receive Osteopathic Manipulative Treatment for my medical condition.

_____ _____

Signature Date