

**PLEASE READ  
CAREFULLY!!!**



## **OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS**

Thank you for choosing Jones Family Practice Clinic. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at Jones Family Practice Clinic strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so we have implemented certain policies and procedures and appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care. Please feel free to contact our office if you have any questions regarding our policies.

### **OFFICE HOURS**

Our office is available Monday-Thursday 8:00am to 5:00pm, Friday 8:00am to 12:00pm, CLOSED DAILY FOR LUNCH 11am-12pm and may be reached at 918.912.5372. Our Providers are available after hours 24 hours per day/365 days per year by calling our phone number and following the prompts. ***If you need an appointment, prescription refill or test results, please call during regular business hours. These are NOT handled by our answering service.***

### **PHONE CALLS**

If you receive no answer, please **leave ONE message**: please provide your name, telephone number, chief complaint/reason for call, as well as any updated contact or insurance information and we will get back with you. Do **NOT** keep redialing.

### **ACUTE CARE**

We have a convenient **WALK-IN acute care available** for our patients. This service is available **Monday-Friday 8:00am-4:30pm**. Our goal is to provide acute medical care within one hour for acute illness.

### **APPOINTMENTS (Please bring ALL medications to every appointment)**

Jones Family Practice Clinic is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information. While we strive to schedule appointments appropriately, emergencies can and do occur in Primary Care. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date.

To ensure quality care, Jones Family Practice Clinic, does not treat patients we have not seen (i.e., we will not call in prescriptions or offer medical advice for patients prior to their initial visit). Follow up

may be required to be scheduled after testing has been completed, so that results may be reviewed together, so an effective and appropriate plan for your healthcare can be determined.

We encourage you to schedule appointments for preventative health visits, physicals, pap exams, chronic medical conditions, prescription renewals and sick visits.

### **NEW PATIENTS**

New Patient appointments are scheduled as quickly as possible. If you are Medicaid, please contact Medicaid/SoonerCare hotline prior to your appointment to put us as your PCP (Primary care physician). You will NOT be seen until Jones Family Practice Clinic shows as PCP on Medicaid's Website. New patient appointments are not scheduled on Friday's these are reserved for Follow-ups and Sick Visits ONLY.

### **SICK VISITS**

Sick visits are for **ONE** specific complaint. If you have other questions about your plan of care or a chronic medical condition, medication refills, etc. please schedule a longer appointment time to discuss this at another time.

### **CANCELLATION OF AN APPOINTMENT**

In order to be respectful of the medical needs of our patients please be courteous and call our office promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in need of treatment. This is how we can best serve the needs of our patients.

If it is necessary to cancel your scheduled appointment we require that you call one (1) working day (24hr) in advance. Appointments are often in high demand, and your early cancellation will give another person the ability to have access to timely medical care.

### **NO SHOW POLICY**

A "no show" is someone who misses an appointment without canceling it within one (1) business day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a "no show". An administrative fee of \$20.00 will be billed to your account. You will be sent a letter alerting you to the fact that you failed to show for a scheduled appointment and did not cancel the appointment within one (1) business day in advance along with the bill for the administrative fee. A copy of the letter will be placed in your medical record. Three (3) "no-shows" within one (1) calendar year will result in a temporary suspension of services. In order to reinstate services, you will be required to meet with your Primary Care Physician within 30 days of the third no show letter to evaluate your situation. In the event you do not respond and/or schedule an appointment within 30 days, we will consider your patient status as terminated.

\*\*Please note that No-Show charges are patient responsibility and will not be billed to your insurance company.

## **INSURANCE**

Jones Family Practice Clinic accepts most insurance plans. If you have specific questions regarding your insurance, please contact Sherrice at 918.912.5372.

It is patient's responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment.

Patients are responsible for co-pays at time of service. If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract) by our billing department.

## **PAYMENTS**

Jones Family Practice Clinic accepts cash, personal checks, MasterCard, Discover, Visa and American Express. Checks can be made out to Jones Family Practice Clinic.

It is the policy of Jones Family Practice Clinic to make all reasonable attempts to collect outstanding balances should they accrue, including, convenient payment arrangements.

Following these attempts, accounts in poor standing will be out-sourced to a third party for the purpose of collection.

## **FORMS/LETTERS**

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. It is up to Providers discretion upon whether or not they will provide letters and forms. The staff at Jones Family Practice Clinic will be happy to complete forms and write medical letters as necessary upon your request. However, because this can be time consuming, please **allow 7-10 days** for completion of requested forms/letters. ***They may also be subject to an administrative fee of \$20 for completion.***

## **REFERRALS**

We are a Primary Care Office, meaning that we are here to develop a plan of care, educate you on your health care needs and preventive services. Our Providers will determine if referrals are deemed medically necessary. Referrals are not provided on a first-time appointment basis. A Medical Plan of Care and a relationship must be established first. Please come with all the information of where you are wanting referral sent (name of clinic, name of physician, address, phone and fax numbers). It is YOUR responsibility to find out if they take your insurance and are In-Network.

## **MEDICAL RECORDS**

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical records one time, free of charge. Additional copies may be requested at a **cost of \$0.75 per page**. The law allows Medical Offices **30 days** to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner.

**PRESCRIPTION REFILLS & PHARMACY INFORMATION**

Please inform Jones Family Practice Clinic of which Pharmacy you use and update us if this should change. Please allow **72 HOURS** for refill requests, so please **PLAN AHEAD**. When possible, have your **pharmacy** **ESCRIP**T them to us so that they come straight to our Practitioner. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed.

Please note that *we do not fill Narcotic Medications, Controlled Substances or order Antibiotics over the phone*. Our Practice does not routinely order Narcotic Pain Medicine or Controlled Substances, therefore you may be required to obtain these medications through Pain Management. If you prescribed a control substance, it is required that you follow up monthly to obtain refill. These may be provided via Tele-Health if you have smart phone, email address and video capability.

**PERSONAL HYGIENE**

We, at Jones Family Practice Clinic, strive to make our office inviting and provide a pleasant atmosphere. Patients and those accompanying them are expected to be clean and without offensive body odors. ***This includes: the smell of marijuana, tobacco, urine, feces and other offensive body odors.*** We ask that respect our staff and others around you. If need be, please reschedule to a time that will allow you to shower and change clothes prior to your appointment time.

**KINDNESS & LANGUAGE**

Show Kindness ALWAYS when dealing with staff in office or on the phone. Please and thank you goes a long way. No foul language - at ALL! Please keep all 4-letter words elsewhere, it will not be tolerated. Unkindness and foul language are grounds for dismissal.

**JONES FAMILY PRACTICE CLINIC  
OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS**

**RECEIPT ACKNOWLEDGMENT FORM**

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Jones Family Practice Clinic OFFICE POLICIES & PROCEDURES FOR PATIENTS form.

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

**Signed Name**

**Date**

THANK YOU!

Jones Family Practice Clinic, PLLC



**NEW PATIENT MEDICAL HISTORY FORM**

**Please answer Questionnaire Completely. Thank you!**

Date: \_\_\_\_\_ What are you needing to be seen for today? \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ Responsible Party: (if self, write self) \_\_\_\_\_

**Insurance / Patient Email Address:** \_\_\_\_\_

Primary: \_\_\_\_\_ ID# \_\_\_\_\_ GROUP# \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_ GROUP# \_\_\_\_\_

POLICY HOLDER NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ DOB \_\_\_\_\_

Policy holder Cell Number (if not self): \_\_\_\_\_

**Emergency Contact**

(Person we call if something happens to you in the Clinic): (Related? Friend, spouse, child, mother, etc.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ How related? \_\_\_\_\_

Marital STATUS (**circle**): SINGLE | MARRIED | DIVORCED | WIDOWED | LIFE PARTNER | LEGALLY SEPARATED

ETHNICITY \_\_\_\_\_ RACE \_\_\_\_\_ Hispanic or Latino? Y or N \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have an **Advanced Directive** (please circle): **Y or N**

Do you want to be a **DNR** (DO NOT RESUSCITATE), **DNI** (DO NOT INTUBATE) or a **FULL CODE** (Do everything you can to save my life)? (either circle one or write in your wishes): \_\_\_\_\_

If you'd like a family member to make the decision, please list their name and relationship:  
\_\_\_\_\_

WHY ARE YOU LEAVING YOUR Current PHYSICIAN (if you have one)? \_\_\_\_\_



OTHER PAST MEDICAL HISTORY: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ALLERGIES/SIDE EFFECTS: NO KNOWN DRUG ALLERGIES (**circle**): NKDA

MEDICATION ALLERGY	REACTION/SIDE EFFECT

PAST SURGICAL HISTORY / HOSPITALIZATIONS

OPERATION / HOSPITALIZATION	DATE Month & Year	DETAILS

**Female Patients Only:**

Date of Last Menstrual Cycle: \_\_\_\_\_ Regular | Heavy | Light (please circle one)  
 Hysterectomy: Yes / No (if Yes) Month \_\_\_\_\_ Year \_\_\_\_\_  
 Date of Last Mammogram: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Date of last Pap Smear: Month \_\_\_\_\_ Year \_\_\_\_\_

FAMILY HISTORY: (Please check column of they have/or had medical condition.)

	LIVING OR DECEASED L OR D	TYPE 2 DIABETES	HIGH BLOOD PRESSURE	HIGH CHOLESTEROL	HEART DISEASE	THYROID DISEASE/ CANCER	OTHER CANCER/ MALIGNANCY
Father							
Mother							
Paternal Grandfather							
Paternal Grandmother							
Maternal Grandfather							
Maternal Grandmother							
Brother							
Sister							
Son							
Daughter							

**SIBLINGS**

Brothers \_\_\_\_\_, How Many? \_\_\_\_\_, Healthy? \_\_\_\_\_

Sisters \_\_\_\_\_, How Many? \_\_\_\_\_, Healthy? \_\_\_\_\_

**CHILDREN**

Sons \_\_\_\_\_, How Many? \_\_\_\_\_, Healthy? \_\_\_\_\_

Daughters \_\_\_\_\_, How Many? \_\_\_\_\_, Healthy? \_\_\_\_\_



**SOCIAL HISTORY:**

Primary Language: \_\_\_\_\_ Translator Needed? YES or NO

Do you have any cultural or religious customs that we should be aware of? YES or NO

If yes, explain \_\_\_\_\_

TOBACCO	Never	Current	Former	Age of Onset	#cigarettes per day	# Years that you smoked?	Year & Month Quit
CIGARETTES							
PIPE							
CIGAR							

**ALCOHOL/CONTROLLED SUBSTANCES**

Do you use any drugs other than for their intended purpose? YES or NO (IF YES please answer questions below)

Do you drink alcohol? YES or NO (IF YES please answer questions below)

TYPE of Drug Use	AMOUNT	FREQUENCY	Month /Year QUIT

DO YOU DRINK CAFFINE? YES or NO IF Yes, how many cups per day? \_\_\_\_\_

Do you smoke Marijuana? YES or NO

Do you feel safe in your home? YES or NO

**Signature of Patient/Guardian** \_\_\_\_\_

**Relationship to Patient** \_\_\_\_\_

**Date** \_\_\_\_\_