SHERIDAN MEDICAL GROUP, LLP.
GET WELL • BE WELL • STAY WELL

OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing *Sheridan Medical Group*. 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 Sheridan Medical Group 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 an 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-Friday 8:00am to 5:00pm, and may be reached at **716-332-4476.** Our Physicians 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.**

URGENT CARE

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

APPOINTMENTS

Sheridan Medical Group 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, *Sheridan Medical Group*, 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.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of our patients please be courteous and call Sheridan Medical Group 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 in advance. Appointments are 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 $35.00 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

Sheridan Medical Group accepts most insurance plans. If you have specific questions regarding your insurance, please contact our billing department at 332-4476 extension 318.

It is patient 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

Sheridan Medical Group accepts cash, personal checks, MasterCard, Discover, Visa and American Express. Checks can be made out to *Sheridan Medical Group*.

It is the policy of Sheridan Medical Group 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 outsourced 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. The staff at Sheridan Medical Group 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.

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 Sheridan Medical Group of which Pharmacy you use and update us if this should change. Please allow one to two business days for refill requests. 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 or order Antibiotics over the phone. Our Practice does not routinely order Narcotic Pain Medicine, therefore you may be required to obtain these medications through Pain Management.

SHERIDAN MEDICAL GROUP

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 *Sheridan Medical Group* OFFICE POLICIES & PROCEDURES FOR PATIENTS form.

_____
Printed Name

_____ _____
Signed Name Date

THANK YOU!
Sheridan Medical Group, LLP

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NEW PATIENT MEDICAL HISTORY FORM

Date: _____

Name: _____

Address: _____

DATE OF BIRTH: _____ AGE: _____ PRIMARY PHYSICIAN: _____

WHY ARE YOU LEAVING YOUR PHYSICIAN? _____

HOW WERE YOU REFERRED TO OUR OFFICE: _____

INSURANCE: _____ ID#_____GROUP#_____EFFECTIVE DATE_____

MEDICATION LIST (use separate page if needed)

PLEASE BRING ALL OF YOUR CURRENT MEDICATION BOTTLES WITH YOUR TO YOUR FIRST APPOINTMENT

MEDICATION	DOSE	TIMES PER DAY	MEDICATION	DOSE	TIMES PER DAY

ALLERGIES/SIDE EFFECTS

MEDICATION ALLERGY	REACTION/SIDE EFFECT

PAST MEDICAL HISTORY

MEDICAL CONDITION	DATE OF ONSET	TREATING DOCTOR (if different from Primary Physician)	DETAILS
Aneurysm			
Anxiety			
Arrythmia			
Atrial Fibrillation			
Bleeding Problems			
Blood Clots			
Cancer			
Circulation Problems			
Congenital Heart Disease			
Coronary Heart Disease			
Depression			
Diabetes			
Digestive Problems			
Fainting/Syncope			
Hearing Impaired			Hearing Aid YES or NO Interpreter requested YES or NO
Heart Attack			
Heart Failure			
Heart Murmur			
Heart Valve Problems			
Heartburn			
High Blood Pressure			
High Cholesterol			
Kidney Disease			
Rheumatic Fever			
Seizures			
Sleep Disorders			
Stroke			
Thyroid Problems			
Varicose Veins			
Vision Problems			Glasses/Contacts? YES or NO

OTHER PAST MEDICAL HISTORY: _____
_____
_____
_____

PAST SURGICAL HISTORY

OPERATION	DATE	DETAILS

FAMILY HISTORY

YES or NO	MEDICAL HISTORY	FAMILY MEMBERS	AGES OF ONSET
	Aneurysm		
	Arrythmia		
	Bleeding Problems		
	Blood Clots		
	Circulation Problems		
	Coronary Heart Disease		
	Diabetes		
	Fainting/Syncope		
	Heart Attack		
	Heart Failure		
	Heart Murmur		
	Heart Surgery		
	Heart Valve Problems		
	High Blood Pressure		
	High Cholesterol		
	Kidney Disease		
	Rheumatic Heart Disease		
	Stroke		
	Sudden Death		
	Thyroid Problems		
	Other:		
	Other:		

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	Packs Per Day	# Years	Year Quit
CIGARETTES							
PIPE							
CIGAR							

ALCOHOL/CONTROLLED SUBSTANCES

TYPE	AMOUNT	FREQUENCY	QUIT

WHAT IS THE NAME ADDRESS AND PHONE NUMBER OF YOUR PHARMACY?_____
_____

WHERE DO YOU GO FOR BLOODWORK? **____**Quest ____ Labcorp ____ Hospital _____
____ Other _____

RECENT HOSPITALIZATION: ____ NO ____YES, Location/Dates: _____
Details: _____

Signature of Patient/Guardian _____

Relationship to Patient _____

Date _____

PATIENTS UNDER 18

Father/Guardian Name: _____

Mother/Guardian Name: _____

Has patient begun puberty? ____YES ____ NO

If Patient is a girl, has menstruation begun? ____ YES ____ NO

If Patient is a boy, has their voice changed or have facial hair? ____ YES ____ NO