

### ABOUT OUR PRACTICE

*In an effort to keep things running smoothly as possible, we would like to share with you some of our policies. These policies are put in place so that we can provide our patients with the best possible care. We ask that you read them carefully and sign below acknowledging that you understand our guidelines.*

*We thank you in advance for your cooperation.*

- **Prescription Refills:** Kindly give at least a 48-72 (business) hour notice for prescription refills. Sometimes the doctors are not always in the office to sign the prescriptions on the day you call.
- **Medication Lists:** For *ALL* visits we now ask that you bring your medicine bottles and a list of medications that you currently take (including strength and how you take the medicines). To help keep track of your refills, you may want to include this information on your list. This will help you keep track of your refills needed and will also help the doctor to see what prescriptions you may need before your next scheduled appointment.
- **Keeping/canceling appointments:** We do our best to confirm appointments two days before your appointment and ask that you keep track of them also. Kindly give us a courtesy call 24 hrs in advance if you are unable to keep your appointment. This gives us the opportunity to offer other patients these appointments. If we do not receive a 24-hr notice you may be assessed a "No Show" fee. (see below)
- **Co-pays/Deductibles/Unpaid Balances:** Co-pays are expected at the time of service. If you are financially unable to pay your unpaid balance in full, we will be happy to set up a payment schedule. Payments will need to be made on a regular monthly basis to avoid any "Rebill" charges. (\$5.00/each occasion)
- **Forms:** If you have any forms to be filled out by the doctor, you may be required to make an appointment to do so. If you are dropping off a form for the doctor to fill out, there will be a \$5.00 fee and the turnaround time can be up to 10 business days.
- **No shows:** If you no show for a regular appointment twice, your account will automatically be charged an additional \$35.00 "No Show" fee. This you are responsible to pay.(insurance does not cover this)

\*For other appointments that require additional time, the following fees will be assessed for "No Show" on the first "No Show" occasion

• Physical Exam:	\$50.00
• Pap/Pelvic Exam	\$50.00
• Minor Surgical Procedure	\$50.00
• Echocardiogram	\$75.00
• Carotid Doppler	\$75.00
• Diabetic Education	\$50.00
• New patient Appointment	\$50.00

(If your account is assessed a "No Show" fee, you will need to clear up your balance before another appointment can be scheduled.)

**PLEASE KEEP THIS FORM FOR YOUR RECORDS  
THANK YOU!!**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Northway Medical Associates, PLLC

21 North 2<sup>nd</sup> St.  
Fulton, NY 13069  
(315) 598-7105

3070 Belgium Road  
Baldwinsville, NY 13027  
(315) 635-5700

**Patient Agreement for Payment**

DATE: \_\_\_\_\_

I, \_\_\_\_\_ agree to pay \$ \_\_\_\_\_ per \_\_\_\_\_ until my

balance is paid in full to NORTHWAY MEDICAL ASSOCIATES,

PLLC. The total balance to be paid is \$ \_\_\_\_\_. If I can not make these payments, I will make the office staff aware immediately and make new arrangements.

## New Patient Questionnaire

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

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

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

(Work): \_\_\_\_\_

Insurance: (Primary) \_\_\_\_\_

(Secondary) \_\_\_\_\_

Provider requested: \_\_\_\_\_

How did you here of our practice: \_\_\_\_\_

Who was your previous/current PCP: \_\_\_\_\_

What current medical conditions are you being treated for:

_____	_____
_____	_____
_____	_____
_____	_____

What medications do you use:

_____	_____
_____	_____
_____	_____
_____	_____

Why are you looking to establish with our practice: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you currently see any other Dr.'s/specialists and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# **The New York State Smokers' Quitline**

**1-866-NY-QUITS (1-866-697-8487)**

**Quitline Call Hours**

**M-W 9am-12:00am, Th-F 9am-9pm, Sat & Sun 9am-1pm**

**Taped Messages and Tips  
24 hours / 7 days a week**

**Deaf, Hard of Hearing and Speech Disabled  
Call the NY Relay Service at 7-1-1  
(Voice or TTY)  
give the operator the Quitline number.**

Please list all specialists you see below:

Patient name: \_\_\_\_\_

Please list specialists name/medical suppliers, address, phone number and what you see/use them for on the lines below.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

If you need more space just ask the front desk for an additional page.

Thank you for your assistance.