

**Eugene Rheumatology**

132 E Broadway Suite 830 Eugene OR 97401

Phone: 541-687-0816 Fax: 541-687-1086

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ Updates: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_

Current Primary Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent to Leave Messages / Share Information with Others**

I understand that my health information is protected. I understand that, for Eugene Rheumatology to leave detailed messages containing specific medical information on my voicemail or answering machine, I need to grant permission for Eugene Rheumatology to do so.

**Consent for Leaving Messages:**\_\_\_\_ YES, I give my permission for messages to be left on my PRIMARY phone number above and/or Alternative# below:

Alternative # \_\_\_\_\_

Regarding the following (mark all that apply):

\_\_\_\_ Appointment reminders and/or changes

\_\_\_\_ Accounts Payment/Balances

\_\_\_\_ Cost Estimates

\_\_\_\_ Needed Treatment / Completed Treatment

\_\_\_\_ Diagnostic Test Results

\_\_\_\_ Prescription Information

\_\_\_\_ NO, I prefer not to have voicemail messages from the clinic

**Consent for Shared Information with Others:**

Under the HIPAA Privacy Law, we are permitted and we may make a professional judgement that certain disclosures are in your best interests even without this signature. I understand that information is limited to verbal discussions and that no paper copies of my protected healthcare information will be provided without my signature on a Release of Information Form.

The name(s) listed below are family members or friends to whom I grant permission for Eugene Rheumatology to verbally discuss my care using their best judgement and grant them permission to disclose medical information that is relevant to my care or relevant for payment.

\_\_\_\_ Yes \_\_\_\_ No

Name	Relationship	Phone Number

**YES, Regarding the following (mark all the apply):**

\_\_\_\_ Appointment reminders and/or changes

\_\_\_\_ Accounts Payment/Balances

\_\_\_\_ Cost Estimates

\_\_\_\_ Needed Treatment / Completed Treatment

\_\_\_\_ Diagnostic Test Results

\_\_\_\_ Prescription Information

It will be my responsibility to keep this information up to date, as I recognize that relationships and friendships may change over time. This consent will be considered valid until such time that I revoke it in writing. I reserve the right to revoke it at any time.

\_\_\_\_  
Printed Name (Patient/Guardian)\_\_\_\_  
Signature (Patient/Guardian)\_\_\_\_  
Date

# *Eugene Rheumatology*

## PATIENT FINANCIAL AND CANCELATION POLICY

Thank you for choosing Eugene Rheumatology as your health care provider. We are committed to building a successful physician-patient relationship. Your clear understanding of our Patient Financial Policy is important to our professional relationship, and payment for services is a part of that relationship. Please contact our business office if you have any questions about our fees, our policies, or your responsibilities: **541-687-0816**.

### PROFESSIONAL FEES

Eugene Rheumatology will assess a fee for each professional service provided by your provider. Radiology and lab services completed within our office and reviewed by our physicians, will be billed separately from your office visit. If a specimen is sent to an external laboratory, that lab will assess a separate charge for preparation and interpretation of the specimen. If you request records from services provided in our office, a separate charge may be incurred.

### CANCELED APPOINTMENTS

If it is necessary to cancel or reschedule an appointment, you must do so at least **48 business hours** prior to your scheduled visit. If you fail to appear for an appointment or fail to provide at least 48 business hours' notice, you may be assessed a \$50 cancellation fee. To cancel an appointment, please call our office between 8:00 am and 4:00 pm at 541-687-0816.

**Press option 6 for appointments with Sarah Cassell, MD.**

**Press option 8 for appointments with Shirree Eberhart PA.**

**Alternatively, press option 1 to speak with the front office.**

Please have your calendar ready so we can give you the next available appointment date. If you are going to be late for an appointment, please contact us immediately. *If you are more than 15 minutes late, we may elect to reschedule your appointment and/or assess a cancellation fee.* Patients who are routinely late or fail to appear for an appointment may be discharged from the practice.

### INSURANCE

It is very important to provide our office with accurate, up-to-date insurance information. The amounts your insurance carrier pay toward your medical care depend on your individual policy. Our office is not responsible for collecting insurance monies or negotiating a settlement of a disputed claim. It is your responsibility to check your policy and contact your insurance company for questions regarding your coverage.

We are participating providers with most insurance carriers, including Medicare, and as a courtesy to you, we will bill most primary and secondary insurance plans. You will be

responsible for any deductibles that have not yet been met, any coinsurance and/or copays that apply and any service that is not covered. Many patients are enrolled in managed care products. For us to obtain referrals and/or pre-authorizations for procedures, it is very important that we have your most current information.

### COPAYS

Please bring your most current insurance card(s) with you to each visit. All copayments and past due balances are due at the time of check-in.

### PAYMENTS

All accounts are due in full upon receipt of your first statement. Payments are accepted in the form of cash, check and/or credit card. We do, however, understand that financial circumstances vary from patient to patient, and therefore you must contact our business office if you are having trouble keeping your account current. If we have not received a payment or heard from you within 45 days of your statement going out, your account will be considered delinquent and will be forwarded to our Business Manager for review and possible collection action.

### SELF PAY PATIENTS

If an insurance company will not be billed, you have the right to receive a good faith estimate for the total expected cost of any non-emergency items or service. If you receive a bill that is at least \$400 more than your good faith estimate, you can dispute the bill by calling our Business Office at 541-687-0816. To obtain additional information or file a formal complaint call 1-800-985-3059. A deposit is required at time of service. If the deposit is not received within the timeframe requested, your appointment will be canceled.

### RETURNED CHECKS & REFUNDS

Your account will be charged a service fee of \$25.00 for each check returned by the bank. No refunds will be issued on your account for less than \$5.00.

Fees are subject to change without notice at the Practice's discretion. I understand and agree that regardless of my insurance status, I am ultimately responsible for the cost of any professional services rendered. I have read the above Patient Financial Policy and have provided the Practice with true and correct insurance information.

Print Patient Name

Signature of Responsible Party

Date

# EUGENE RHEUMATOLOGY

~ Sarah Cassell MD ~

132 East Broadway, Suite 830 ~ Eugene, Oregon 97401 ~ Phone (541) 687- 0816 ~ Fax (541) 687-1086

When you come to our office **please bring all your medicine bottles and this information form.** Please type or print.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(first) (m.i.) (last)

Occupation: \_\_\_\_\_ If retired, previous occupation: \_\_\_\_\_

Single ☐ Married ☐ Divorced ☐ Widowed ☐ Race: \_\_\_\_\_

Children: Yes ☐ No ☐ How many: \_\_\_\_\_

Spouse/Partner's name: \_\_\_\_\_

Spouse/Partner's occupation: \_\_\_\_\_ If retired, previous occupation \_\_\_\_\_

Name of primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Please list all specialists that you have been to:

Doctor:				
Address:				
City, State, Zip:				
Phone Number:				

List all surgeries/hospitalizations and approximate year:


Have you ever been treated for depression? Yes ☐ No ☐

Do you use caffeine? Yes ☐ No ☐

Smoking history: Currently ☐ No ☐ Quit ☐ When? \_\_\_\_\_

Please list all illnesses/medical conditions:


## FREQUENTLY ASKED QUESTIONS ---

### **What can I do to make my first visit easy?**

We kindly request you to *arrive 15 minutes* prior to your appointment time for your first and all your visits to allow adequate time for check-in/rooming and timely care. We will provide a gown for your physical examination; you may want to choose clothing that is easy to put on and take off. Please wear a limited amount of jewelry so as not to interfere with x-rays. We will want to evaluate any rashes. Limited make-up is best. ***Please refrain from wearing perfume and cologne, as we have staff that is sensitive to fragrances.***

### **What should I expect at my first visit?**

The first visit will be a fact-finding visit. Our doctors will try to gather as much information as possible about you so that a precise diagnosis can be made. This usually includes a review of old records, a complete history, and physical examination and labs and x-rays as indicated.

### **What if I need to reschedule?**

Please call at least 48 hours prior to your appointment to reschedule. If less or if you do not show up to your appointment, we may be unable to reschedule your appointment.

### **How long will the first visit take?**

You should plan on spending about 2+ hours for your first visit. You will be interviewed by the staff and your doctor. X-rays and lab work may be required. These are all done within our office.

### **Do I need to be fasting?**

NO. For the lab tests there is no need for you to fast.

### **Should I stop my medications when I come in so the doctor can see how bad I am?**

NO. Unless you are told differently, you should continue taking your current medications as ordered by your doctor.

### **Do I need to bring ALL of my medications with me?**

YES. It is **VERY** important that you bring ALL of your medications with you so we can see exactly what you are taking currently. It is best if you bring the bottles with the labels on them. It is not necessary for you to bring previous medication no longer used.

### **Does that include HERBALS and over the counter drugs?**

YES. Please bring your vitamins, calcium, herbals, and any other medications that you take on a regular basis, and the ones you may only take on occasionally. Bring them in the bottles with the labels on them.

### **Can I bring family or friends?**

YES. However, it is advisable to *leave young children at home*, as they will not be allowed in the exam room with the patient for their protection and the appointment can be very long.

### **Will you bill my insurance and how should I plan on paying?**

Yes, we are glad to bill your insurance for you. Please come prepared to pay any insurance **co-pay** at the time of service. If you have a **significant deductible** with your insurance policy, please contact our office *prior* to your appointment to make payment arrangements. Note: In order to make your first visit go smoothly, if we don't hear from you, expect a call from our office manager.

### **As a patient how often will I have to come in?**

Depending on your diagnosis and/or treatment, you may be requested to return for routine and frequent visits so we can take the best care of you.

**We look forward to caring for you.**

**\*SEE BACK PAGE FOR DIRECTIONS\***

Our office is located within the 8-story **THE MINER BUILDING (large black awning)** in the middle of the block the entrance is to the east of the **blue mailboxes** and “**The Passion Flower**”, on the south side of East Broadway between Oak St and Pearl St.

**PARKING:** There is street metered-parking **and** a self-pay diamond lot (at the corner of Pearl & Broadway), however we do validate if you park within the **CITY PARKING on Oak Street**, if possible we suggest you park there as your first appointment will be over an hour long. If you have a **handicapped placard**, you are able to park at any meter over 30 min. without paying the meter or worrying about how long you are parked.

### **DIRECTIONS**

#### **From West of Eugene**

As you come into Eugene on **OR-126**, which becomes West 11<sup>th</sup>, turn right onto **Garfield Street**. Get in the far left hand lane and **turn left on 13<sup>th</sup>**. Continue on 13<sup>th</sup> and turn left on **Oak Street**, after you go thru the light at W. 11<sup>th</sup> - for parking stay in your left hand lane after you go through the light at 10<sup>th</sup> street on the left you will see the yellow awning for the Ballet Fantastique then the entrance for the **CITY PARKING, light blue (P) sign** (we will **validate** your parking ticket if you park within this structure). If you choose to park there, take the elevator to the street level then walking down Oak Street the direction of the traffic to the corner of Oak and East Broadway cross Oak going East we are located within the **THE MINER BUILDING** (the third building on the South side of East Broadway with DOUBLE etched glass DOORS with a large M on them, look for the **blue mailboxes**). Take the elevator to the 8<sup>th</sup> floor and you will find us at the end of the hall in Suite 830.

#### **From East of Eugene**

Take I-105 West toward Eugene; take the “**Downtown/City Center**” exit stay left of the “Y”. This exit takes you to the Ferry Street Bridge. Continue across the bridge and take the **8<sup>th</sup> Ave/City Center** exit going to the right onto 8th Avenue then turn left onto **Pearl Street**, you will pass Broadway to go to the Parking Structure, go up to 11<sup>th</sup> turn right go one block turn right onto **Oak Street** for parking stay in your left hand lane after you go through the light at 10<sup>th</sup> street see on the left you will see the yellow awning for the Ballet Fantastique then the entrance for the **CITY PARKING, light blue (P) sign**, (we will **validate** your parking ticket if you park within this structure). If you choose to park there, take the elevator to the street level then walking down Oak Street the direction of the traffic to the corner of Oak and East Broadway cross Oak going East we are located within the **THE MINER BUILDING** (the third building on the South side of East Broadway with DOUBLE etched glass DOORS with a large M on them, look for the the **blue mailboxes** sign). Take the elevator to the 8<sup>th</sup> floor and you will find us at the end of the hall in Suite 830.

#### **From South of Eugene**

From I-5 traveling North take the **EXIT 192, Hwy OR99/OR126 BR W** toward Eugene, which merges into Franklin Blvd, which becomes **E Broadway** after approximately 2 miles staying to the left. Turn Left onto Pearl Street, up two blocks turn right on **11<sup>th</sup> Street**, then turn right onto **Oak Street** stay in your left hand lane a after you go through the light at 10<sup>th</sup> street on the left you will see the yellow awning for the Ballet Fantastique then the entrance for the **CITY PARKING, light blue (P) sign**, we will **validate** your parking ticket if you park within this structure). If you choose to park there, take the elevator to the street level then walking down Oak Street the direction of the traffic to the corner of Oak and East Broadway cross Oak going East we are located within the **THE MINER BUILDING** (the third building on the South side of East Broadway with DOUBLE etched glass DOORS with a large M on them, look for the **blue mailboxes**). Take the elevator to the 8<sup>th</sup> floor and you will find us at the end of the hall in Suite 830.

#### **From North of Eugene**

From I-5 traveling South take **Exit 194B-to I-105**. From I-105 take the “**Downtown/U of O**”EXIT 2, stay left of the “Y”exit ramp. This exit takes you to the Ferry Street Bridge. Continue across the bridge and take the **8<sup>th</sup> Ave/City Center** exit going to the right onto 8th Avenue then turn left onto **Pearl Street**, you will pass Broadway to go to the Parking Structure, go up to 11<sup>th</sup> turn right, go one block turn right onto **Oak Street** for Parking stay in your left hand lane after you go through the light at 10<sup>th</sup> street on the left you will see the yellow awning for the Ballet Fantastique then the entrance for the **CITY PARKING, light blue (P) sign**, (we will **validate** your parking ticket if you park within this structure). If you choose to park there, take the elevator to the street level then walking down Oak Street the direction of the traffic to the corner of Oak and East Broadway cross Oak going East we are located within the **THE MINER BUILDING** (the third building on the South side of East Broadway with DOUBLE etched glass DOORS with a large M on them, look for the **blue mailboxes**). Take the elevator to the 8<sup>th</sup> floor and you will find us at the end of the hall in Suite 830.

If you have any additional questions or concerns please feel free to contact us. We look forward to seeing you and assisting you in anyway we can.



