

Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I.: \_\_\_\_\_ Suffix: \_\_\_\_\_

Preferred Name (if different from first name): \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt Number: \_\_\_\_\_

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

Billing/Mailing Address (if different than above): \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

**RESPONSIBLE PARTY/GUARANTOR (If patient is under 18 or if patient is an incapacitated adult)**

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**EMERGENCY CONTACT (Relative or friend with a different phone number than you):**

Relation: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Marital Status (check one):**  Single  Married  Divorced  Partner  Widowed  Legally Separated

**Preferred language (check one):**  English  Spanish  Other: \_\_\_\_\_

**Race (check all that apply):**  American Indian or Alaska Native  Asian  Black or African American

Native Hawaiian or Other Pacific Islander  White  Declined to Specify

**Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino  Declined to Specify

**Employment Status (check one):**  Full Time  Part Time  Not employed  Self-employed  Retired

**Employer:** \_\_\_\_\_ **Employer Address:** \_\_\_\_\_

**EDUCATION LEVEL (check one):**  Less than High School  High School Grad/GED  Greater than High School

**INSURANCE INFORMATION**

**PRIMARY Insurance:** \_\_\_\_\_ **Member ID:** \_\_\_\_\_

**Name of Subscriber:** \_\_\_\_\_ **DOB of Subscriber:** \_\_\_\_\_

**Relationship to Subscriber:** \_\_\_\_\_

**SECONDARY Insurance:** \_\_\_\_\_ **Member ID:** \_\_\_\_\_

**Name of Sub.:** \_\_\_\_\_ **DOB of Sub.:** \_\_\_\_\_ **Rel. to Sub.:** \_\_\_\_\_

**Tri County Internal Medicine, P.C.**  
**Request for Release of Protected Health Information (PHI)**

If you wish to have any of your protected health information released to any family members or friends, then you must list those individuals on this form. **WE CANNOT SPEAK TO ANYONE ABOUT YOUR PROTECTED HEALTH INFORMATION IF THEY ARE NOT LISTED ON THIS FORM.** You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

**\*\*\*PLEASE NOTE:** Tri County Internal Medicine, P.C. is not required to agree to your request. Please see our Notice of Privacy Practices for more information regarding such requests.

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

May we call, text, or email you appointment information?     Yes                           No

May we leave a detailed message on your voicemail?     Yes                           No

**May we discuss your Protected Health Information (such as test results, prescription information, appointment information, referral information, medical diagnoses, billing information, etc.) with anyone besides you?**

Yes

No

If you answered yes, please list those individuals below:

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we leave a detailed message on their voicemail?     Yes                           No

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we leave a detailed message on their voicemail?     Yes                           No

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we leave a detailed message on their voicemail?     Yes                           No

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

May we leave a detailed message on their voicemail?     Yes                           No

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(or signature of Legal Guardian if patient is a minor or an incapacitated adult)

**Tri County Internal Medicine, P.C.**  
**Financial Policy (Revised 2/17/2025)**

We are committed to meeting your healthcare needs. Our goal is to keep your insurance and other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, please follow these guidelines:

1. All **co-payments, coinsurance, and deductible** amounts are due at the time of service as required by your insurance company. If your insurance company does not respond within 60 days, you are responsible for the remaining balance. **Your insurance benefit is a contract between you and your insurance company. We are not party to that contract. Please help us serve you better by knowing your insurance benefits. Make sure to select one of our Doctors as your Primary Care Physician (PCP) prior to your appointment (if your Insurance Plan requires a PCP).**
2. **Returned checks.** We accept cash, American Express, Discover Card, Master Card, Visa, and personal checks. However, if you pay by check and your bank returns your check for any reason, then we will charge a \$35.00 service fee to the patient.
3. **Billing Fee.** We will charge a \$10.00 service fee for failure to pay at the time of service.
4. **Collection of Account.** If your account is over 30 days past due, you will receive a letter stating that you need to pay your balance or call and make payment arrangements with our billing department. If your account is 45 days past due, you will receive a second letter stating that you have another 15 days to pay your balance or it will be sent to a collection agency. If your account is 60 days past due, and you do not respond after receiving the first two letters, then we will turn your account over to a collections agency and you will be responsible for the balance due plus the collection fee of 30%. You will have to pay the total balance plus the collection fee prior to seeing a provider at our office again.
5. **Cancellation/No Show Policy.** We require a 24-hour advance notice when cancelling appointments. We will charge you a \$25.00 fee for late cancellation of or for missing a 15-minute appointment (such as a sick visit or a follow up). We will charge you a \$50.00 fee for late cancellation of or for missing a 30-minute appointment (such as an annual physical, DOT physical, I and D, Mole/Wart Removal, Toenail Removal, etc.).
6. **Administrative Service Fees.** If you need any forms completed or any letters written by our office, then we will charge you a \$25.00 fee. You must pay this fee at the time of the request.
7. **Lab Services.** Our practice utilizes the services of Lab Corp, Quest, Finan Templeton, and other labs. If you receive an invoice from one of these contracted labs, call the phone number on the invoice if you have any questions.
8. **Motor Vehicle Claims.** It is our policy that we do not file third-party claims. Any office visits regarding a motor vehicle accident will be self-pay transactions. We will provide an itemized receipt for your records.
9. **Workers Compensation.** We will be happy to treat you for any work-related injury or illness if we are on the Panel of Physicians for your employer. If we are not on the panel, or if you do not want to file a workers compensation claim, then any office visits regarding a work-related injury or illness will be self-pay transactions.

**ASSIGNMENT OF BENEFITS AND INFORMATION RELEASE:**

I hereby authorize payment of benefits otherwise payable to me to be paid directly to this practice, including major medical insurance and payment of surgical or medical benefits, but not to exceed the charges for these services. I understand that I am financially responsible for charges not covered by this assignment. \_\_\_\_\_ (initial here)

**GUARANTEE OF ACCOUNT:**

I hereby guarantee the payment of all charges for services rendered by Tri County Internal Medicine. If the balance due is not paid and is transferred to an outside collection agency, I understand that I will be responsible for the balance due plus a collection fee of 30%. \_\_\_\_\_ (initial here)

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
(or the signature of Legal Guardian if patient is a minor or an incapacitated adult)

Name of person giving consent (if not the patient): \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

**Tri County Internal Medicine  
Prescription Policy (Revised 02/17/2025)**

- **Please be mindful of when you are running low on medications and keep in mind that it takes 24-72 business hours to process a refill request.**
- You need a follow up appointment with one of our providers at least every 3-6 months to get refills of daily or maintenance medications for your chronic conditions. These visits typically include lab tests.
- If you are past due for an office visit and labs, then we will send a 30-day refill of a daily or maintenance medication as long as is not a controlled substance. However, you will need to schedule a follow up appointment with labs within that 30-day period in order to receive any additional refills.
- You need a follow up visit with one of our **physicians** for refills of controlled medications.
- Please keep in mind that antibiotics (or other short-term medications) may require an office visit before a provider can prescribe them, and it is possible they will **not** be sent to your pharmacy upon your request.
- If your medication needs a prior authorization, please allow at least 3-5 business days for the process to begin. Some authorizations can take up to 14 days for the initial determination to be given.

How to request a refill:

- **Please call your pharmacy to request a medication refill. This will help to expedite your request. Your pharmacy will then notify our office of your request.**
- If it is necessary for you to contact our office, then please:
  - a. submit a refill request through your portal (Healow) [This is the preferred contact method], or
  - b. Call our office at 770-284-6918 and follow these steps:
    - Leave a detailed voicemail with the following information:
      - your name
      - your date of birth
      - the medication name & dosage
      - the name and phone number of you pharmacy
      - the best phone number where you can be contacted
    - Please leave only one message or it may increase the response time
    - Please allow our staff 24-72 business hours to process your request

Please contact your pharmacy if you want to check the status of your refill request. We no longer call and tell you that we sent your medication to the pharmacy. Your pharmacy will let you know if the medication was filled, or if you need to schedule a follow up appointment with our office before it can be refilled.

**I have read and understood Tri County Internal Medicine’s prescription policy.**

**Patient signature:** \_\_\_\_\_ **Today’s date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Tri County Internal Medicine  
Referral Policy (Revised 02/17/2025)**

Our practice often refers patients to outside facilities to see specialists or to have radiology and imaging services. If one of our providers refers you to a specialist, or orders a radiology/imaging study, then you will not necessarily receive information about this outside appointment the same day.

Our providers may recommend a referral for you to see a specialist. Please allow 7 to 10 business days for our referral department to coordinate this referral.

Our providers may order you to get a radiology/imaging test. For radiology/imaging tests, you will usually hear from our office within 7 to 10 business days from when our providers order the test.

If you have an appointment with a specialist, and they require a referral through your insurance plan, then please let us know at least one week before your appointment so we can coordinate the referral. Some plans that require a referral through your insurance are HMO plans (for example as Blue Cross Blue Shield HMO, Tricare Prime, United Healthcare Navigate, etc.).

While we do our best to make sure we are referring you to an in-network provider, please verify with the specialist's office or the radiology facility ahead of time to make sure that they accept your insurance.

If you have not heard from the specialist's office or the radiology facility after two weeks, then please call their office/facility to inquire about your appointment.

You can find information about your referral or radiology/imaging test on the patient portal (on a desktop) or on the Healow app (on a smartphone).

You may also send us a message on the portal or Healow app with any questions about your referral or radiology/imaging test. If you do not have a portal account, then you may call our referral department at 770-370-7478.

**I have read and understood Tri County Internal Medicine's referral policy.**

**Patient signature:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

# Tri County Internal Medicine, P.C.

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
(initial here) I have access to (or have received a copy of) the Tri County Internal Medicine "Notice of Privacy Practices." The Notice is available on our website, or you may request a copy at the front desk.

\_\_\_\_\_  
(initial here) I have received a copy of the Tri County Internal Medicine "Office policies, procedures, and expectations." The policies are included in this packet and are for you to keep.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or signature of Legal Guardian if patient is a minor or an incapacitated adult)

**Tri County Internal Medicine, P.C.**  
**Office policies, procedures, and expectations (Revised 02/17/2025)**

Thank you for choosing Tri County Internal Medicine, P.C. for your healthcare needs. Our providers and our staff will work with you as part of your healthcare team to help ensure that you stay as healthy as possible. We will work together to ensure that any chronic conditions you have are well managed so that you can maintain a good quality of life.

In order to accomplish these goals, there are certain expectations that need to be met by your healthcare provider and also by you, the patient.

- Please schedule your appointments as recommended by your provider or one of the members of our staff. It is important to have these appointments so that we can perform periodic lab tests in order to manage not only your health conditions but also your prescribed medications. The frequency of these visits is the standard of care that is recommended by both your healthcare provider and your insurance company. If these standards are not met within reason, then we will be forced to evaluate your relationship with our practice.
- Please treat our staff with dignity and respect at all times. Please respect their right to do their jobs without physical or verbal abuse or discrimination of any kind. We reserve the right to respond appropriately to address abusive behavior, including discharging patients from our practice.
- Please arrive 15 minutes before your appointment if you are an established patient.
- Please bring all medications you are taking with you to each visit. We need to have the most accurate and up to date information in your chart for treatment purposes. Please refer to our Prescription Policy for information on refill requests.
- Please bring your most recent insurance card(s) to each visit. Our staff will verify that you have active coverage, however, due to the many plans available, we are not able to verify what your specific plan covers. Please contact your insurance company directly if you have specific questions about coverage and benefits.
- Our providers may recommend a referral for you to see a specialist. Please allow 7 to 10 business days for our referral department to coordinate this referral with your insurance plan. Please refer to our Referral Policy for more information.
- While we welcome walk-ins, we recommend appointments to minimize your wait time. We cannot always accommodate walk-ins due to high patient volume. If you come in as a walk-in, we will let you know if we have a provider available to see you or not.
- Our providers offer well adult care such as routine complete physicals, pap smears, and Medicare annual wellness visits. Please call ahead to schedule these appointments as they are more extensive visits. You cannot walk-in for one of these visits.
- We treat Worker's Compensation injuries with approval from your employer. Please check with your employer to ensure that we are listed on their Panel of Physicians.
- We require a 24-hour advance notice when cancelling or rescheduling appointments. Should you fail to give proper notice, or if you miss your appointment, then you will be charged a fee of \$25.00 for a 15 minute appointment (such as a sick visit or a follow up), and you will be charged a fee of \$50.00 for missing any 30 minute appointments (such as an annual physical, DOT physical, Incision and Drainage, Mole/Wart Removal, Toenail Removal).

- We are a teaching facility and therefore may have resident physicians, medical students, nurse practitioner students, or physician assistant students shadowing our providers. Please let our staff know if you are not comfortable with a student participating in your care.
- Our office participates in the Prescription Drug Monitoring Program (PDMP) which is mandated by the Georgia Legislature. Please be aware that we will charge you a \$5.00 fee at the time of the visit if we need to access this system when prescribing or refilling a controlled medication.
- We primarily use the patient portal to communicate with patients. Please download the Healow app or visit our website <https://tricountymedicine.com/> to login to the portal.
- Please refer to our website for updated information about our hours and our providers. Please be aware that we utilize the services of Board Certified Nurse Practitioners and Physician Assistants.
- We have two locations on the same road. Our main office is located at 4720 Nelson Brogdon Blvd, Sugar Hill, GA 30518. Our other office is located inside a suite in the Synovus bank building located at 4465 Nelson Brogdon Blvd, Suite 104, Buford, GA 30518. Please be sure to verify the location of your appointment when scheduling.

Our staff is here to assist you with your healthcare needs and we strive to meet our patient's expectations. We appreciate your valuable feedback.