**Dover Family Physicians**

**New Patient Packet**

Welcome to Dover Family Physicians and thank you for choosing us to provide you with all your health care needs. Dover Family Physicians has been providing family care in the Dover area since 1983. The scope of family practice includes all ages, genders, each organ system and every disease entity. Currently we have six Doctors, one Nurse Practioner and, one Physician Assistant who are all board certified, therefore they are able to advise you on all healthcare aspects regardless of age or gender. The physicians in our practice are on staff at Bayhealth - Kent General Hospital, meaning when you are admitted to that facility, including ICU, you will be cared for by one of our providers. (Please be advised that we do not admit nor follow patients age 17 and under.)

It is the mission of Dover Family Physicians, PA to provide the highest quality medical care to our patients while creating and maintaining an office environment that is both friendly and efficient. Dover Family Physicians is committed to patient centric care, since 2012 DFP has been recognized as a level III patient centered medical home (PCMH) by the national committee for quality assurance (NCQA). (Please see the attached brochure for more information on what is a PCMH).  
  
 At Dover Family Physicians in effort to meet the busy lifestyle of our patients we offer a few ways to reach us, you can call 302-734-2500 to make appointments, ask questions, obtain refills or leave messages. We also offer a patient portal through Follow My Health for those who prefer electronic communication (please see the enclosed brochure for information to sign up) this is an easy and convenient way to communicate with staff for appointments, refills and test results. We also offer extended office hours from 7:30 am-6 pm, Monday-Thursday and 7:30 am-5 pm on Fridays (Fridays from memorial-labor day are subject to change). Our phones are assigned to an answering service after hours, so should you be in need of care there is always a physician on call 24 hours/7 days a week.

If in your first visit you establish a relationship with one of our providers, you may have them designated as your PCP. In the future we will make it our best effort to schedule you with that provider. In the event he/she is unavailable and your medical problem is of urgent matter, one of the other providers in our group will be available to address your needs.

You may also visit our website at www.doverfamilyphysicians.com to learn more about our office and to see pictures of our staff.

Again, welcome to the practice, we are happy to have you as a new member of our family!

**Attached you will find some office policies, privacy practices and a patient history form.**

**Please fill out the patient history form and bring with you on your first appointment, along with ALL insurance cards and photo ID.**

**Office Policies and Procedures**

***Medication Refill Request***

Our office encourages you to bring your prescription bottles with you to all appointments. Doing so saves time, effort and helps our office to provide you with the absolute best of health care.

Prescriptions can be requested at your appointment, via phone, via internet (patient portal) or directly from your pharmacy. Prescriptions requested any other way other then at your appointment will take 48 hours to process, and will be filled for 6 months only. One year refills will be given at appointment with provider only.

**Controlled prescriptions must be written and picked up and turned into the pharmacy within 5 days or they will expire**. If you are taking controlled medications all scripts must be picked up at the office during regular business hours, no controlled prescriptions will be sent in to pharmacies. Please keep in mind you may be required to come in for an appointment to get your controlled prescription refilled.

*Prescriptions may be written or electronically sent to your local pharmacy.*When leaving a message for a prescription refill, include your name (with spelling), date of birth, phone number, prescription name (with spelling), dosage, indicate if you are picking your prescription up at the office or if we are sending it to your local pharmacy. In the event you are having it sent to a local pharmacy give address and phone number to your pharmacy or indicate whether you need a 30 day or 90 day supply. Our office will contact you, by phone, **ONLY** if there is a problem with your request. For written prescriptions, please allow 48 hours for the staff to get your prescription ready.

***Test Results***

Procedure and lab results are typically given at your next follow up appointment. If you would like to inquire about your results please call our office or request it through our secure patient portal a nurse will return your call with 24-48 business hours. We do not routinely call patients with results at this time.

***Referrals***

When you are referred to a specialist it can take up to 24 hours for the referral to be done.

***Prior Authorizations***

Prior authorizations of medications that are done by our office can take up to 48 hours to process then another 48-72 hours for the insurance company to process. The patient will be notified once an outcome has been determined.

***Forms***

Forms filled out by our office take up to one week to complete, keep in mind that well child forms such as sports and daycare should be brought to their physical appointments to prevent delay and form fee costs.

***Billing and Fees***

Our charges are based upon the severity and complexity of your illness or injury. The provider selects the level of service based on the requirements provided by our billing department at the time of service. If you have any questions regarding our billing or charges that have been applied to you, please contact our billing department at (302)346-2755. A member from our billing team will be happy to assist you.

***Self Pay***

Self pay patients must pay a $50.00 deposit prior to being seen. Any remaining balance will be collected at checkout prior to leaving. A discount will be applied only to those whom pay the remaining balance in FULL at the time of visit prior to leaving after appointment.

***Insurance Providers***

For your convenience, our office participates with various insurance plans. For these insurers, we will submit claims for payment directly to the insurer. Please remember, your insurance agreement is between you and your insurer. You are ultimately responsible for any charges generated in this office.

In order to submit claims to any insurer, we must have a copy of the insurance card, the Policyholder's name and relationship, all patient information complete, and other information as necessary. If we do not have sufficient information to process a claim, you will be responsible for payment at the time of service.

Copayments may be part of your contractual agreement with your health insurance carrier. Copays are due at each appointment and are the patients' responsibility. In the event that we must bill for a copay that is not received at the time of your visit, effective July 1, 2006, an administrative fee of $25.00 will be added to the charge for the copayment.

***We currently participate with the following insurance plans:***

* Aetna
* Blue Cross Blue Shield of Delaware
* Central Delaware Physicians Organization
* (SYSCO, OXFORD, MULTIPLAN, FIRST HEALTH NETWORK)
* Coventry Healthcare of Delaware
* Medicare
* Medicaid **(We DO NOT participate with Health Options BCBS)**
* Tricare
* United Health Care Community Plan
* Screening for Life

***Form Fees***

Any form that is filled out by our office requires a form fee of $25. FMLA paperwork is a $30.00 fee.

***Laboratory Services***

**LabCorp** offers in-office blood draws for patients of Dover Family Physicians. The hours of operation are 7:30-4pm (closed between 12:15-1:15) M-F.     No appointment is needed.  More convenient and less wait time!

**Please take note that Labcorp is not affiliated with Dover Family Physicians it is a separate entity. Any billing questions or concerns should be addressed with Labcorp Corporation.**

***Workman’s Comp & MVA’s***

We generally DO NOT treat any workman's compensation injuries. Contact your human resources personal for these injuries, however if a preoperative clearance is needed by a specialist for surgery due to a workman’s compensation injury our office will accommodate and coordinate for that appointment to be cleared prior to the surgical procedure.

For motor vehicle accidents you must have the insurance name and billing address, adjustor's name and telephone number, and claim number. If you do not have this information at time of service you will need to pay prior to being seen by the physician.

***Missed Appointments***

A patient will be charged $25 for each appointment that is missed and/or not cancelled within adequate time. You must make us aware 24 hours before the appointment. Once you have missed 3 appointments within a year you will be discharged from the practice.

**A new patient will be discharged if your first appointment is no showed. If we receive your medical records you have the right to receive those from us at no charge.**

***Office hours***

***For your convenience, patients are seen during the following hours:***  
Monday - Thursday 7:30am - 6 pm & Fridays 7:30am - 5 pm  
  
***Phones are answered by the office the following hours:***  
Monday - Thursday 7:30 am - 5:30 pm & Fridays 7:30am - 5:00 pm

All payments/copays are due at the time of service.

A physician is on call 24 hours a day, 7 days a week. The on call doctor can be reached by calling the office number 302-734-2500 and follow the prompts.

***Office Closures***

***In the event of office closure due to inclement weather, please tune to the following local media for further information:***

Eagle 97.7 FM  
WDSD 94.7 FM  
WDOV 1410 AM  
WBOC TV

You may also check our website at [www.doverfamilyphysicians.com](http://www.doverfamilyphysicians.com) or like us on facebook for closure updates

***At Dover Family Physicians, we offer preventive, diagnostic and therapeutic services for a wide array of acute and chronic problems.***

***General care***

* Allergy/Asthma
* Depressions & Anxiety
* Diabetes
* Endocrinology
* Family Planning
* Headaches
* Heart Disease
* Obesity
* Physical Exams
* Preventive Health
* Skin Cancer Evaluation
* Smoking Cessation
* High Blood Pressure
* Mental Health Issues

***Geriatric Care***

* Welcome to Medicare Physicals
* Annual Wellness Exams
* Modern Maturity Forms
* Power Mobility Evaluations
* Assisted Living Physicals
* Home Health Care Evaluations
* Hospice Coordination of Care

***Office Procedures***

* Cryotherapy
* Injections
* Cortisone Joint Injections
* Suture placement
* Removal of lesions/cysts & warts
* Mole excisions w/biopsy
* Coumadin Clinic
* Pulmonary Function Test
* Nebulizer Treatments
* Electrocardiograms

***Pediatric Care***

* Immunizations
* Well Child Checks
* Sports Physicals
* Daycare Physicals
* ADHD Evaluations and treatment

***Women’s Health***

* Breast care
* Contraception
* Menopause Care
* Pap Smears
* Dysfunctional Uterine Bleeding



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| **Health & PERSONAL CARE HISTORY** | | | | | | | | | |
| All questions contained in this questionnaire are optional and will be kept strictly confidential. | | | | | | | | | |
| **Exercise** | 🞎 Sedentary (No exercise) | | | | | | | | |
| 🞎 Mild exercise (i.e., climb stairs, walk 3 blocks, golf) | | | | | | | | |
| 🞎 Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.) | | | | | | | | |
| 🞎 Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes) | | | | | | | | |
| **Caffeine** | 🞎 None | 🞎 Coffee | 🞎 Tea | 🞎 Soda | | | | | |
| # of cups/cans per day? | | | | | | | | |
| **Alcohol** | Do you drink alcohol? | | | | | 🞎 | Yes | 🞎 | No |
| If yes, what kind? | | | | | | | | |
| How many drinks per week? | | | | | | | | |
| **Tobacco** | Do you use tobacco? | | | | | 🞎 | Yes | 🞎 | No |
| 🞎 Cigarettes – pks./day | | 🞎 Chew - #/day | 🞎 Pipe - #/day | 🞎 Cigars - #/day | | | | |
| 🞎 # of years | 🞎 Or year quit | | | | | | | |
| **Drugs** | Do you currently use recreational or street drugs? | | | | | 🞎 | Yes | 🞎 | No |
| Have you ever given yourself street drugs with a needle? | | | | | 🞎 | Yes | 🞎 | No |
| **Sex** | Are you sexually active? | | | | | 🞎 | Yes | 🞎 | No |
| Method of contraceptive or barrier method used: | | | | | | | | |
| What is your sexual preference? | | | | | | | | |
| **Personal Safety** | Do you live alone? | | | | | 🞎 | Yes | 🞎 | No |
| Do you have guns in the home? | | | | | 🞎 | Yes | 🞎 | No |
| Do you have vision or hearing loss? | | | | | 🞎 | Yes | 🞎 | No |
| Do you have an Advance Directive or Living Will? | | | | | 🞎 | Yes | 🞎 | No |
| Do you wear a proper restraint in vehicle? | | | | | 🞎 | Yes | 🞎 | No |

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| --- | --- | --- | --- | --- | --- |
| **family history**  **(Please specify maternal or paternal)** | | | | | |
| Condition | Y/N | Relationship to you | Condition | Y/N | Relationship to you |
| Anemia |  |  | High Cholesterol |  |  |
| Arthritis |  |  | Kidney Stones |  |  |
| Asthma |  |  | Liver Disease |  |  |
| Breast cancer |  |  | Mitral Valve Prolapse |  |  |
| Colon Cancer |  |  | Osteoporosis |  |  |
| Depression |  |  | Rheumatic Fever |  |  |
| Diabetes |  |  | Thyroid Problems |  |  |
| GERD/Acid Reflux |  |  | Tuberculosis |  |  |
| Gout (high uric Acid) |  |  | Other Cancer |  |  |
| Heart Disease |  |  | Other Condition |  |  |
| High Blood Pressure |  |  | Other Condition |  |  |

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| **WOMEN ONLY** | | | | |
| Age at onset of menstruation: | | | | |
| Number of pregnancies \_\_\_\_\_ Number of live births \_\_\_\_\_ | | | | |
| Have you had a D&C, hysterectomy, or Cesarean (please specify which one): | 🞎 | Yes | 🞎 | No |
| Date of last pap \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last mammogram\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of colonoscopy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| **MEN ONLY** | | | | |
| Have you had a vasectomy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last prostate exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of colonoscopy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | | |

***Please return health history questionnaire to our office***