

DAVID BREHM, M.D.
BREHM MEDICAL CENTER
6190 LBJ FWY SUITE 800 | DALLAS, TX 75240 | 972.851.0055 | FAX 972.851.0066

PATIENT MEDICAL HISTORY

NAME _____ AGE _____ OCCUPATION _____

CHIEF COMPLAINT _____

PERSONAL HISTORY

Weight _____ Height _____
 Exercise: Do you exercise at least 20 minutes, 3 times a week? YES () NO ()
 Alcoholic Beverages: _____ Drinks/Week _____ Drinks/Month
 Do you smoke: YES () NO ()
 If yes, # of packs per day _____ & # of years _____
 If you have quit, how long has it been? _____
 Have you used, previously used or had problems with:
 ___ Marijuana ___ Heroin ___ Cocaine ___ Other recreational drugs

MEDICAL HISTORY:

Have you ever had	YES	NO		YES	NO
Asthma or breathing problems	()	()	Colon trouble or bowel disorder	()	()
Anemia (longer than 3 months)	()	()	Kidney Disease	()	()
Tuberculosis	()	()	Depression	()	()
High blood pressure	()	()	Anxiety	()	()
Heart disease	()	()	Bleeding disorders	()	()
Diabetes	()	()	Seizures, loss of consciousness	()	()
Acid reflux	()	()	Visual disturbance	()	()
Thyroid disorder	()	()	Cancer	()	()
Sexually transmitted diseases	()	()	Blood transfusions	()	()
Hepatitis, jaundice	()	()	Alcohol Abuse	()	()
Other	()	()	Drug Abuse	()	()

Please explain "YES" answers: _____

DRUG ALLERGIES: _____

MEDICATIONS: Please list all medication you are currently taking (include dosage): _____

IMMUNIZATIONS

Have you had a tetanus shot in the last 10 years? YES (), on this date _____ NO ()
 Have you had a pneumonia shot in the last 5 years? YES (), on this date _____ NO ()
 Have you had a Gardisil vaccine series(females only)? YES (), on this date _____ NO ()
 Have you had a Zostavax (shingles vaccine)? YES (), on this date _____ NO ()
 Have you had a Hepatitis A vaccine series? YES (), on this date _____ NO ()
 Have you had a Hepatitis B vaccine series? YES (), on this date _____ NO ()

SURGERIES (include dates) _____

OTHER

Last Dental Exam _____ Dentist Name _____
 Last Eye Exam _____ Eye Doctor Name _____

FAMILY HISTORY

Has any relative had	YES paternal or maternal?	NO		YES paternal or maternal?	NO
Lung cancer	() _____	()	Tuberculosis (in the last 5 yrs.)	() _____	()
Prostate cancer	() _____	()	Diabetes	() _____	()
Colon cancer	() _____	()	High blood pressure	() _____	()
Breast cancer	() _____	()	Kidney disease	() _____	()
Any other type of cancer	() _____	()	Heart disease	() _____	()
Depression/Bipolar disorder	() _____	()	Other	() _____	()

PATIENT'S SIGNATURE _____ DATE _____

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PATIENT INFORMATION

Name _____ Date of Birth: ____/____/____ Age _____
Address _____ City _____ State _____ Zip _____
SSN ____-____-____ SEX M or F Marital Status: Single Married Divorced Widowed
HomePhone (____) ____-____ Cell Phone(____)____-____ Work Phone(____)____X____
Who Referred You Here? _____
Employer Name _____
Address _____ City _____ State _____ Zip _____
Preferred Contact Method? Race:
Phone Patient Portal Decline
Preferred Reminder Method? American Indian or Alaska Native
Home Phone Work Phone Asian
Cell Phone Patient Portal Black or African American
Ethnic Group: Native Hawaiian or Other Pacific Islander
Decline White
Hispanic or Latino Other Race
Not Hispanic or Latino Primary Language: _____

EMERGENCY CONTACT INFORMATION

Spouse Name: _____ Phone Number _____
Relative Name: _____ Phone Number _____
Friend Name: _____ Phone Number _____

PRIMARY INSURANCE INFORMATION

INSURANCE COMPANY _____
INSURED'S NAME _____ DOB: _____ INSURED'S SSN _____
INSURANCE IDENTIFICATION: _____ GROUP # _____
INSURED'S EMPLOYER _____ HOW LONG AT ABOVE EMPLOYER _____

PATIENT / RESPONSIBLE PARTY'S AUTHORIZATION

I AUTHORIZE RELEASE OF MEDICAL INFORMATION TO PROCESS CLAIM. I REQUEST THAT PAYMENT OF MEDICAL BENEFITS BE MADE TO DR. DAVID BREHM AND I UNDERSTAND THAT THIS IS AUTOMATIC IN CASE OF HOSPITALIZATION. THIS ASSSIGNMENT OF BENEFITS WILL REMAIN EFFECTIVE UNTIL REVOKED BY ME IN WRITING.

PATIENT'S SIGNATURE _____ DATE _____

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PAYMENT POLICY

1. We will file insurance for our PPO, HMO and other managed care patients. However, all managed care co-payment and/or deductible and/or coinsurance amounts are due at the time services are rendered. Any disallowed/uncovered amounts are due from the patient. It is your responsibility to make sure that David Brehm, M.D. is in your managed care network. There will be a \$15.00 fee added to your account if the co-payment and/or deductible and/or coinsurance are not paid at the time of service.
 2. We accept assignment and will file insurance for our Medicare patients. However, any calendar year deductible amounts (to the extent of the visit amount) are due at the time of the service. We will also file secondary insurance after payment from Medicare is received. If there is no secondary insurance, the patient will be required to pay their deductible and/or coinsurance at the time services are rendered.
 3. There will be a thirty dollar (\$30) fee assessed for any returned checks. This fee is assessed regardless of whether the check is redeposited because the bank has already charged us a fee for the returned item. You will subsequently receive a bill for this amount. Payments will be expected in the form of cash, money order, or credit card.
 4. Your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. We cannot guarantee payment of your claims. Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred. We will attempt to verify coverage, although that is not a guarantee of payment until your insurance has processed the claim.
 5. For all accounts that must be sent to a collection agency, a \$50.00 fee will be added for processing. For all account balances in excess of 90 days past due, a late fee of \$50.00 will be added (even if the payment delay is due to the insurance company). It is ultimately the patient's responsibility to make sure the doctor received payment for services rendered.
 6. We will file insurance for our HMO/EPO/POS patients. However, you must have assigned Dr. David Brehm to be your Primary Care Physician (PCP) prior to your appointment. The assignment of the PCP must be effective the day of your appointment. If you have not assigned Dr. Brehm to be your PCP, you agree to be responsible to pay the entire balance of your visit.
- If you have not changed your PCP to Dr. Brehm because you are not sure if you want to assign him yet, you must assume full responsibility for the balance of that visit. Payment will be due at the time services are rendered; no exceptions will be made.
7. If any patient is owed a refund, all claims must be processed and paid in full before overpayment is refunded.
 8. Patients have up to 24 hours from their appointment time, to cancel or reschedule their appointment in order to avoid a late cancellation fee of **\$45.00**. Patients that have an appointment scheduled on a Monday must cancel or reschedule their appointment by 12:00pm the previous business day. This fee also applies to any patients who arrive 30+ minutes late. If you schedule an appointment that will be less than 24 hours away you forfeit the ability to cancel/reschedule/no show without being charged the \$45 since we accommodated your request. Please see the "Late Cancellation/No Show" Policy for more details.

PRECERTIFICATION/REFERRAL AUTHORIZATION

1. Precertification of Hospital – we must be notified within twenty-four (24) hours of any hospital admit so that we may precertify your hospital visit/stay. Failure to do this may result in reduction of benefits. We will not be responsible for any reduction of benefits if this is not done.
2. Referrals – due to tremendous referral requests, we must be notified at least five (5) days prior to your appointment in order to obtain a referral to a specialty care provider. Patients who see specialty care providers first and then call after the fact to request a referral number run the risk of reduction of benefits because most insurance companies do not backdate referrals. We will not be responsible for any reduction benefits for any "after the fact" referral requests.
3. When referred, it is the patient's responsibility to verify that the physician or facility is in their insurance network.

AUTHORIZATION

I authorize release of medical records to determine liability for payments for treatment, and to obtain reimbursement.

I assign all medical benefits for office visits to David Brehm, M.D., P.A. This assignment will remain in effect until revoked by me in writing. A photocopy of the instrument will have the same validity as the original.

Patient Signature _____

Date _____

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APPOINTMENTS:

LATE CANCELLATION & NO SHOW POLICY

A CANCELLED APPOINTMENT HURTS THREE PEOPLE:

You, Your Doctor and another patient who needed the time for treatment. Please don't take your appointment lightly. We value your time and appreciate your consideration.

When you have to cancel, we ask for the courtesy of at least 24 hours advance notice or by noon on the last business day before your scheduled appointment if around a weekend or Holiday, so we may offer your time slot to another patient. Because some of our patients do not keep their appointments or do not give adequate cancellation notice, we must enforce the following policy.

It will be counted as a "Late Cancellation" if:

- You do not keep your appointment;
- You do not give at least 24 hours notice, from your appointment time, when canceling your appointment (see above).
- You schedule an appointment that is less than 24 hours away and you do not show or you cancel/reschedule that visit. By scheduling an appointment that is less than 24 hours away you forfeit the ability to cancel/reschedule/no show the appointment without being charged the \$45 fee since we accommodated your request.

If you do not show for your appointment(s) you may be required to pay a \$45.00 fee, due before making your next appointment. If you continue to break appointments, you may be given 30 days notice and asked to leave the Practice. *Note: Your insurance company does not cover late cancellation/no show appointment charges.*

If you do not call our office to confirm after receiving a reminder call from us, you may be taken off the schedule and your appointment slot may be offered to another patient. Patients who have not confirmed their appointment with our office who then show up for that appointment may be turned away, or asked to make an appointment for a future date. The office will make reasonable attempts to confirm appointments, as a courtesy, one to two days in advance of the appointment date. We cannot guarantee that you will receive a courtesy reminder call so it is ultimately the patient's responsibility to keep up with the appointments that they schedule. It is also the patient's responsibility to make sure we have current phone numbers.

This policy was created for the benefit of all our patients; we want to assure that those patients in need of our attention will be able to receive it in a timely manner.

I have read, understand, and agree to comply with the above policy. If I do not sign this consent, or later revoke it, Brehm Medical Center, P.A. may decline to provide treatment to me.

Patient Name (Print)

Patient Signature

Date

FORMULARY BENEFITS DATA CONSENT FORM

Formulary Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third-party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

We may need access to your data as maintained by the PBM's to know what medications have been prescribed to you in the past, and to know which drugs are covered by your insurance plan.

By signing below I give permission for Brehm Medical Center to access my pharmacy benefits data electronically through RxHub. This consent will enable Brehm Medical Center to:

- Determine the pharmacy benefits and drug copays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for non-formulary medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

Patient Name (PRINTED)

Date of Birth

Patient/Guardian Signature

Date

Nurse Practitioner Consent for Treatment

Brehm Medical Center has on staff a nurse practitioner to assist in the delivery of medical care.

A nurse practitioner is not a doctor. A nurse practitioner is a registered professional nurse who is prepared, thru advanced graduate education and clinical training, to provide a wide range of health care services, including the diagnosis and management of common, as well as complex, medical conditions to individuals of all ages.

A nurse practitioner can diagnose, treat, and monitor common acute and chronic diseases as well as provide health maintenance care. In addition, the nurse practitioner may treat minor lacerations and other minor injuries.

Nurse Practitioners provide comprehensive care within an area of specialization and can:

Evaluate an individual's health by taking a history, performing a physical examination and ordering and interpreting results from appropriate laboratory and diagnostic tests/procedures;

Diagnose health and medical conditions by reviewing all available health information, and applying advanced clinical decision making processes;

Manage health problems by developing an individualized plan of care, prescribing medications or treatments, obtaining consultations and referrals, and coordinating health care services;

Promote health by ordering screenings, prescribing preventive therapies (vaccinations, diets, exercise, etc.) and teaching and counseling of individuals, families, and groups;

Collaborate with patients and families, and other health care providers.

A nurse practitioner can serve as a patient's primary health care provider and is able to provide the coordination and management of care required in various health care delivery models, such as medical home, accountable care organizations, transitional care, etc.

I have read the above, and hereby consent to the services of a nurse practitioner for my health care needs.

I understand that at any time I can refuse to see the nurse practitioner and make an appointment to see a physician.

Patient Name (PRINTED)

Patient/Guardian Signature

Date