Finesse Surgical Solutions

GENERAL • VASCULAR • COSMETIC

James W. Schlotter, MD, FACS

1347 Thorpe Lane, San Marcos, TX 78666

Office: (512) 395-8770 Fax: (512) 395-8772

New Patient Form – General

Patient Name: _____ Date: _____

Age: _____ DOB: _____ Date of Last Exam: _____

What is the reason for your visit today? _____

SYMPTONS

Check all symptoms you currently have or have had in the past year.

General

__ Depression
__ Dizziness
__ Fainting
__ Fever
__ Headache
__ Numbness
__ Sweats
__ Weight Loss

Skin

__ Bruise easily
__ Hives
__ Itching
__ Rash
__ Scars
__ Sores won't heal

Genito-Urinary

__ Blood in urine
__ Painful urination
__ Other

Gastrointestinal

__ Appetite poor
__ Bloating
__ Bowel changes
__ Constipation
__ Diarrhea
__ Excessive hunger
__ Excessive thirst
__ Gas
__ Hemorrhoids
__ Indigestion
__ Nausea
__ Rectal bleeding

Cardiovascular

__ Chest pain
__ High blood pressure
__ Irregular heart beat
__ Low blood pressure
__ Poor circulation
__ Rapid heart beat
__ Swelling of ankles
__ Varicose veins

Eye, Ear, Nose, Throat

__ Bleeding gums
__ Blurred vision
__ Difficulty swallowing
__ Double vision
__ Hay fever
__ Hoarseness
__ Nosebleeds
__ Persistent cough
__ Ringing in ears
__ Sinus problems
__ Vision – Flashes
__ Vision – Halos

Muscles/Joint/Bone

Pain, weakness, numbness in:

__ Arms
__ Back
__ Feet
__ Hips
__ Legs
__ Neck

Men Only

__ Breast lump
__ Erection difficulties
__ Lump in testicles
__ Other:

Women Only

__ Abnormal Pap Smear
__ Breast cyst
__ Breast lump
__ Extreme menstrual pain

Date of last menstrual period
_____

Date of last Pap Smear
_____

Number of children
_____

Have you had a mammogram?
__ Yes __ No

Are you pregnant?
__ Yes __ No

CONDITIONS

Check all conditions you currently have or had in the past.

__ AIDS
__ Alcoholism
__ Anemia
__ Anorexia
__ Appendicitis
__ Asthma
__ Bleeding disorder
__ Breast lump
__ Bronchitis
__ Cancer
__ Cataracts
__ Chemical dependency
__ Diabetes
__ Emphysema
__ Epilepsy
__ Glaucoma
__ Goiter
__ Gonorrhea
__ Gout
__ Heart disease
__ Hepatitis
__ Hernia
__ Herpes
__ High cholesterol
__ HIV positive
__ Kidney disease
__ Liver disease
__ Migraine headaches
__ Miscarriage
__ Pacemaker
__ Pneumonia
__ Prostate problem
__ Psychiatric care
__ Rheumatic fever
__ Stroke
__ Suicide attempt
__ Thyroid problems
__ Tuberculosis
__ Ulcers – stomach
__ Venereal disease

MEDICATIONS

List medications you are currently taking

_____
_____
_____

ALLERGIES

To medications or substances

_____
_____
_____

Are you taking Aspirin daily? __ Yes __ No Pharmacy Name: _____

Primary Care Provider: _____ Phone #:_____

Other Specialist/Doctors: _____ Phone #:_____

Other Specialist/Doctors: _____ Phone #:_____

FAMILY MEDICAL HISTORY *Describe deceased family history*

Blood Relation	Age	State of Health	Age of Death	Cause of Death
Father	____	_____	____	_____
Mother	____	_____	____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____
_____	____	_____	_____	_____

FAMILY MEMBER CONDITIONS *Check if your blood relative had any of the following:*

Disease	Relationship to you
__ Cancer	_____
__ Chemical Dependency	_____
__ Diabetes	_____
__ Heart Disease	_____
__ High Blood Pressure	_____
__ Kidney Disease or Failure	_____
__ Stroke	_____
__ Tuberculosis	_____
__ Other:_____	_____

HOSPITALIZATIONS FOR MAJOR ILLNESS *Describe*

Year	Hospital	Reason	Outcome
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

PREGNANCY HISTORY

Birth Year	Complications
_____	_____
_____	_____
_____	_____
_____	_____

SURGERIES *Describe*

Year	Facility	Surgery	Outcome
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____
____	_____	_____	_____

#Pregnancies	#Miscarriages	#Live Births
_____	_____	_____

HEALTH HABITS *Check which you use & how much you use.*

__ Alcohol	_____
__ Caffeine	_____
__Street drugs	_____
__ Tobacco	_____
__ Other	_____

Have you ever had a blood transfusion? __ Yes __ No

If yes, approximate date: _____

To the best of my knowledge, the above information is complete and correct. I understand that it is my responsibility to inform my doctor if I, or my minor child, ever have a change in health.

_____ _____

Signature of Patient, Parent, Guardian or Personal Representative Date

_____ _____

Please print name of patient, Parent, Guardian or Personal Representative Relationship to Patient

For Office Use Only

Reviewed & Updated by: James W. Schlotter, M.D. _____ Date: _____

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Financial Policies

Our office has contracts with most (local) insurance companies. We will be glad to file your claim minus any deductibles owed and/or copay. We will file your claim to your primary and secondary carriers but not a third policy. Our office does **not** file any claims for **Worker's Compensation or Motor Vehicle Accidents**. You must pay for any charges related to these two carriers. We will provide you with an itemized statement to present to your insurance company so that you may be reimbursed.

Our office accepts assignment on Medicare, Medicaid, and Tricare claims. This means that we will file your claim for all covered services and they will reimburse us directly. Every Medicare patient has a deductible each year. Medicare patients pay 20% of the allowed charges ***after*** any deductible has been met at the time of service. Our office will file a secondary claim once. **If your secondary insurance does not respond to the claim within 60 days we will forward the claim to you for payment.**

If your insurance requires a predetermination prior to any procedure our office will do the necessary paper work to obtain their approval. Prior to your procedure an attempt will be made to verify your benefits and ***estimate* the dollar amount that you will need to bring on the day of your surgery/procedure. We will file the claim to your insurance company. We will provide them with any medical documentation that they may request so that your claim will be paid. By law insurance carriers have 45 days to process clean claims. Occasionally we encounter problems with insurance companies that delay payment on our patient's claims. If this happens to your claim, we ask that you contact your carrier and find out what information they need and inform our office. **If after 90 days the claim has not been paid we will forward a bill to you for payment.** _____ **Initial**

Since many of our services are done in "staged procedures" (over multiple dates), we will send refunds for overpayment(s) to patients once all treatment is completed and all claims have been paid by insurance companies. _____**Initial**

If you do not have insurance we require payment in full at the time of service. We except cash, check, Care Credit, Master Card, Visa, and Discover Card. _____**Initial**

Due to the large block of time that most of the vein procedures require, our clinic requires a $300.00 deposit when scheduling a surgery. This deposit will be applied towards the cost of your procedure. **We require 72 (business days) hour notice of cancellation to receive a deposit refund. _____**Initial**

Failure to keep office appointments charges: 1st $25, 2nd $50 and 3rd $100 Cosmetic Appointments require $100 to reserve initial consultation. The patient will forfeit the $100 if they fail to cancel appointment or reschedule 24 (business) hours prior to scheduled time. _____**Initial**

I hereby assign medical and or surgical benefits, to include major medical benefits, to which I am entitled, (Medicare, Medicaid, HMO, PPO, Private Insurance) payable to James W. Schlotter, M.D. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is considered valid as an original. **I understand that I am financially responsible for all charges whether or not paid by said insurance.** I hereby authorize said assignee to release all medical information necessary to secure the payment. **I have read, understand and agree to the above policy.**

Signature of insured/patient:_____ **Date:** _____

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Patient Name: _____ ___ Male ___Female
Patients' Mailing Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ / _____/ _____ Social Security Number: _____ - _____ - _____
Marital Status: ___ Single ___ Married ___ Divorced ___Widowed
Is the patient a full-time student? __ Yes __ No If yes, where? _____
Patient's Employer: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Name of Insurance: _____
Policy #: _____ Group #: _____
Name of person who carries this insurance policy: _____
Insurance Policy Holder's Mailing Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ / _____/ _____ Social Security Number: _____ - _____ - _____
Employer: _____ __ Male __ Female Phone: _____
Relationship to Patient ___ Self ___ Spouse ___ Child ___Other

Emergency Contact:_____ Relationship: _____
Home/Cell Phone: _____ Work Phone: _____

Pharmacy Name: _____ Location: _____

By signing below I attest that the above is correct and true. Also I have read and seen Finesse Surgical Solutions' HIPPA Policy.

Signature: _____ Date: _____

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Information & Directions

You have an appointment with Dr. Schlotter on: _____@_____.

Please complete the enclosed information and bring it to your appointment.

Dr. Schlotter has specialized in general and vascular surgery since 1989. Dr. Schlotter moved to San Marcos in 1992 where he has been providing excellent medical care to the local and surrounding communities. His general surgery practice includes treatments for breast, colon, rectal, thyroid, hernias, gallbladder disease, GERD, dialysis access, peripheral vascular disorders and skin lesions. Dr. Schlotter treats a wide range of venous disorders using modern safe medical treatments in the office. We are also pleased to provide for our patients the services of Tickle Lipo, the very latest in fat removal & body sculpting. Our office also offers Laser Hair Reduction, Laser Genesis Skin Therapy & Laser Genesis Nail Fungus.

Austin to San Marcos:

Going south on IH-35, exit 206 onto access road & go through the light, stay to your far right. Turn right onto Jackson Lane just before Motel 6, follow Jackson Lane to stop sign, and make a left onto Thorpe Lane. Go down about 1 block and a half, our office is on your right hand side, directly across the street from Thorpe Lane Pharmacy.

San Antonio to San Marcos:

Going north on IH-35, exit 206 onto access road, take the turn-around under the bridge and get to you far right as soon as possible. Turn right onto Jackson Lane just before Motel 6, follow Jackson Lane to stop sign, and then make a left onto Thorpe Lane. Go down about 1 block and a half, our office is on your right hand side, directly across the street from Thorpe Lane Pharmacy.

Luling/Lockhart to San Marcos:

Going west on Highway 80 until you reach IH-35. Go through the stop lights at the overpass, cross the train tracks and turn right at the first stop light (Thorpe Lane). You will see HEB groceries on the corner. Once on Thorpe Lane drive past first light and drive 3 more blocks. The office is on the left side of the road directly across the street from Thorpe Lane Pharmacy.

Wimberley to San Marcos:

Drive east on Old Ranch Road 12 into San Marcos. When you intersect with Hopkins Street stop light turn left. Go through town and drive through 6 stop lights. Before the 7th light you will see HEB Groceries on the left, cross the rail road tracks and turn left at the stop light (Thorpe Lane). Once on Thorpe Lane drive past first light and drive 3 more blocks. The office is on the left side of the road directly across the street from Thorpe Lane Pharmacy.

From new Ranch Road 12, drive east to IH-35 heading north, exit 206 onto access road. Take the turn-around under the bridge and get to you far right as soon as possible. Turn right onto Jackson Lane just before Motel 6, follow Jackson Lane to stop sign, and then make a left onto Thorpe Lane. Go down about 1 block and a half, our office is on your right hand side, directly across the street from Thorpe Lane Pharmacy.

Landmarks Thorpe Ln: HEB Groceries, Randolph Brooks FCU, Conley Car Wash, Thorpe Lane Pharmacy.

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Office Policy for Failure to Cancel Appointments

Office visits and surgeries need to be cancelled 48 (business) hours prior to scheduled appointment. Failure to speak directly with our office staff to reschedule or cancel will result in a fee of:

$25 for 1st failure to cancel

$50 for 2nd failure to cancel

$100 for 3rd failure to cancel

The above fee will need to be paid when rescheduling your appointment.

While most of our patients are very good at keeping their scheduled appointments we do have patients who fail to notify us that they will not be coming in. Many of our procedures and appointments are anywhere from 45 minutes to 2 hours long. When a patient fails to cancel at least 48 hours prior to their appointment it leaves a large block of empty time that could have been given to another patient. This causes financial and schedule disruptions to our practice.

We appreciate your understanding while we implement this policy into our practice.

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PF-100

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can have access to this information. Please review it carefully.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Heath care operations. Your health information may be used as necessary to support the day-to-day activities and management of **James W. Schlotter, M.D, F.A.C.S**. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information. Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights. You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information (a charge for copies will apply).
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

The practice of James W. Schlotter, M.D., F.A.C.S. duties. We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also required to abide by the privacy polices and practices that are outlined in this notice.

Right to Revise Privacy Practices. As permitted by law, we reserve the right to amend or modify our privacy polices and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information. You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Receptionist or Office Manager. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints. If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Office Manager
James W. Schlotter, M.D.
1347 Thorpe Lane
San Marcos, TX 78666

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Contact Person. The name and address of the person you may contact for further information concerning our privacy practices is: **Michelle Schlotter**

This notice is effective on or after April 3, 2003.