Welcome to the Office of David M. Feinstein, M.D.!

We are happy to have you as a patient and will do everything possible to make your experience with us satisfying and productive. Dr. Feinstein specializes in *endocrinology*. Endocrinology is a specialized field of medicine that includes diabetes, thyroid problems, pituitary problems, growth hormone disorders, osteoporosis, and hormone-related disorders.

Endocrine disorders may present with many sets of symptoms. If your medical problems, as far as you know, do not fall into these categories, your visit to our office may still be helpful. To determine what the cause of your symptoms are, Dr. Feinstein usually orders a variety of blood and urine tests. This process is a bit like putting a jigsaw puzzle together, so the evaluation may appear slow and may not offer much information initially. However, once the tests have been completed, the information we provide to you and your doctor may be quite detailed and somewhat complicated. It is always acceptable for you to bring a close relative, friend, or even a tape-recorder with you to digest the information.

Dr. Feinstein is dedicated to the *specialty* care of our patients. In other words, Dr. Feinstein is **not** the primary provider of health care to our patients. We will respect the patient-physician relationship our patients have with their primary physicians and the other health professionals who serve our patients.

Communication With Our Office

Usually, patients call Dr. Feinstein for the problems associated with the conditions we are evaluating and/or treating. All other calls or questions are best directed to your family/primary care doctor.

Calls after hours should be for problems that cannot wait for the next business day. Dr. Feinstein is always more limited in the help he can provide to you when you call after hours. He does not have your medical records with him and may not remember all the details he would need to answer your questions. He will not provide pain medications or routine prescription refills after usual business hours. We are not an emergency care facility; therefore, all emergencies after hours should be handled immediately in a local emergency room. If the ER doctors need to contact Dr. Feinstein, he will work with them to assist in your care.

Your First Appointment

Generally, **your first appointment could take about 45 minutes**. In order for us to honor our patients' time, as well as keep on schedule as much as possible, we need for you to **arrive fifteen minutes early** to your appointment so we can make sure we have everything needed for your visit. **Bring the new patient forms completed to your visit**. If you do not bring your completed packet with you, you will have to spend time filling it out before the nurse can take you back to see the doctor. This will delay your appointment or we may have rescheduled your appointment to another time. Also, **bring your insurance card and a picture ID,** (e.g. driver's license) with you so we can make copies for your chart. In addition, you **must** bring the **most recent copies of lab work, scans/X- rays, and/or your doctor's dictation** of the condition for which you are seeing Dr. Feinstein along with a **list of medications with doses that you are currently taking**. Even if the staff at your doctor's office assures you that they will fax or mail these records, **it is your responsibility to bring those records with you** to your office visit. This way you will know for sure that Dr. Feinstein has a copy of your records. If you do not bring in your lab work, **you will need to call** your doctor's office and obtain your records before your visit with Dr. Feinstein. This will further delay your appointment. Depending on our schedule and the amount of time it takes for you to complete what is needed for your office visit, **we reserve the right to reschedule your appointment** for another day.

Follow-up Visits

We do our best to meet our appointment schedule. The average time between check-in and the initiation of service is 30 minutes. We are very concerned about sticking to our schedule since we also dislike waiting long periods in doctor offices for our medical visits. Nevertheless, delays can occur. Patients who are sicker or more

complicated than expected are often a reason. Therefore, it is a good idea to leave two hours between your appointment and your next scheduled obligation, just in case a glitch occurs.

Diabetic patients must bring their blood sugar records to all office visits. Patients are also encouraged to bring a record of the medications they are taking (along with dosage information and amount taken daily) or the actual medication bottles. We always like to check to make sure your medication schedule is up-to-date and accurate.

Communicating With Others About Your Case

In order for Dr. Feinstein to evaluate and/or treat you, you must sign our HIPAA forms. These forms allow us to communicate with your doctors, family members and associated individuals regarding your medical situation when necessary. If you need further clarification regarding your privacy rights, please contact our office.

Forms and Release of Records

The completion of administrative forms about your case and duplication of medical records are **not** a part of the routine medical services we provide. We are happy to assist you in any way that we can, but there will be an appropriate charge for these extra services, depending upon the time and effort involved in completing the forms or duplicating records. We offer all of our patients a complimentary duplication of the most recent office visit. We ask that you allow five working days for us to complete your request for records. All requests must be in writing. We will often ask you about the purpose for the request to duplicate your records. Many times, a complete duplication of the records is not needed; just one or two pages will serve the purpose for which the records are to be used. In that case, we do not charge for copying records. For other complete duplication of records, a charge will be assessed in accordance with Texas Law.

Prescription Refills

You will be given all of your prescriptions at your visit; please make sure you have enough medication to last until your next appointment. We will give you a 90-day supply of your prescription (effective for one year) unless requested differently. Any generic medications can be dispensed at the time of your office visit o nly. If you have a formulary plan with your insurance company, please bring in a list of approved medications so Dr. Feinstein can prescribe the correct medication. If you are in need of a prescription change, we can only do this during your office visit. We cannot call a national, “800” pharmacy about prescriptions under any circumstances because the average wait time to complete such a call is over 20 minutes. Dr. Feinstein will not be responsible for another doctor’s prescriptions; he will only be responsible for endocrine-related medications. We do not call or fax pharmacies with prescriptions; again, prescriptions **must** be obtained at the office visit. Prescriptions will not be renewed if the patient has not had an office visit with Dr. Feinstein in over 1 year. There will be a $15.00 charge to regenerate any prescriptions after the time of an office visit.

Missed Appointments

The goal of our practice is to give our patients the utmost of attention and care. Time, for the doctor, his staff, as well as for you, the patient, is valuable. As of September 1, 2003, our office requires a **24-hour advance notice of cancellation** of a scheduled appointment or a **$50 charge** will be applied. We understand that emergencies do occur, and we will take those into consideration (preferably before the appointment). We hope, however, that this policy will reduce confusion, delays and improve the attention that we are able to provide.

Payments

We try to keep the cost of medical care to you as low as possible. One way that you can help is to be responsible for making your co-payment and deductible payments at the time of each visit. This reduces our paperwork and need to bill later. Our reception staff is instructed to collect your payment responsibilities at the time of your visit.

We know that life can be full of unpleasant occurrences and surprises. If these problems affect your insurance status or ability to meet your co-payments or deductible responsibilities, please discuss these issues ahead of time with our insurance staff, so we can help. We hope that you will find us understanding and committed to your medical interests if and when that happens.

Second Opinions or Transferring Medical Care

No medical practice satisfies every patient who uses it. At times, a patient may wish to seek a second opinion about their care. At other times, a patient may wish to transfer care to another medical provider. If you decide to seek a second opinion, please discuss this with our staff. Often, we can help you select an expert source for such a one-time consultation. If you decide to seek care elsewhere, let us know so we prepare copies of your medical records for you in a timely fashion. You will be charged a fee of $25.00 for a complete copy of your chart. We require five working days to prepare such copies for you. You may have this copy to carry with you to your next physician, or we will forward it to the physician. All such requests must be in writing.

Other Issues or Concerns

Our billing section is always available to help you with billing issues, and our staff is available to discuss other concerns with you. We do our best to meet your needs as they arise; if we are assisting other patients on the phone and in the office, and you have to leave a message for us during hours, we will try and get back with you before the end of the day. Ultimately, we sincerely hope that you are healthier and satisfied in your interaction with Dr. Feinstein and our office.

Revised December 20, 2005

David Feinstein, MD, FACP, FRCP ©
New Patient Registration

Please complete all of the information below so that we may efficiently serve you.

Patient Information: Patient E-Mail Address: _____

Date: _____ Date of Birth: _____ Age: _____

Patient Name: _____
First Middle Last

Address: _____
Street Apt # City State Zip

Phone # : (_____)_____ S.S.#_____
Area Code

Cell Phone #:(_____)_____ D.L. #_____State:_____
Area Code

Employer: _____

Address: _____
Street Apt # City State Zip

Occupation:_____ Work Phone #: (____)_____(_____)
Area Code Ext.

Employment Status: ☐ Full Time ☐ Part Time ☐ Retired _____Retirement Date ___N/A

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow

Spouse Information:

Name:_____ Date of Birth: _____Age:_____

S.S.#:_____ D.L #:_____State:_____

Employer:_____

Address: _____
Street City State Zip

Work Phone: (_____)_____(_____) Occupation:_____
Area Code Ext.

Insurance Information:

Name of Insured:_____ Relationship to Patient:_____

Primary Insurance:_____Phone # (____)_____

Address of Ins._____
Street City State Zip

Policy #:_____ Group #:_____

Name of Insured:_____ Relationship to Patient: _____

Secondary Insurance:_____Phone # : (____)_____

Address of Ins._____
Street City State Zip

Policy #:_____Group #:_____

Name of Insured:_____ Relationship to Patient: _____

Tertiary Insurance:_____Phone # : (____)_____

Address of Ins._____
Street City State Zip

Policy #:_____Group #:_____

_____
Signature of Patient (or parent if minor)

Assignment and release: I hereby authorize my insurance benefits be paid directly to the physician and I am financially responsible for non-covered services.

Whom To Contact In Case of Emergency:_____Relationship_____

Address:_____
Street Apt # City State Zip

Phone #: (_____) _____
Area Code

WHOM MAY WE THANK FOR REFERRING YOU:_____

Consent for Purposes of Treatment, Payment and Healthcare Operations

I consent to the use or disclosure of my protected health information by David M. Feinstein, M.D. for the purpose of diagnosing or providing treatment to me, obtain payment for my health care bills or to conduct health care operations. I understand that diagnosis and treatment of me by David M. Feinstein, M.D. maybe conditioned upon my consent as evidenced by my signature on this document. This authorization shall be in force and effect until it is revoked by the below named person in writing or termination of care by patient or physician.

I understand I have the right to request a restriction as to how my protected health care information is used or disclosed to carry out treatment, payment, or healthcare of this practice. David M. Feinstein, M.D. is not required to agree to the restrictions that I mat request. However, if David M. Feinstein, M.D. agrees to a restriction that I request, that request is binding.
I have the right to revoke this consent, in writing, at any time.

My " Protected health information" means health information, including my demographic information, health plan, my employer or diagnosis. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information my identify me.
David M. Feinstein, M.D. reserves the right to change the privacy practice described in this Notice.

Patient Financial Responsibility Notice

It is your responsibility to pay any deductible amount, co-pay, or any other balance not paid by your insurance carrier. In order to control your cost of billing, we request that your responsibility, in whatever form, be paid at that time of your visit. Dr Feinstein only renders services that, in his professional judgment, are needed to provide quality medical care for you. If payment is denied, for any reason, you agree to be personally and fully responsible for all payment. It is your responsibility to know the amount of your deductible and or co-pay and be prepared to pay that portion in full at time of service. Dr. Feinstein's staff take great care in obtaining correct information from you Insurance carrier, in turn, please notify us of any changes.

Medicare Patients

We ask that you pay for your office visit in full at time of service, in turn, we will file your insurance for you and Medicare will send the reimbursement to you. We do not file on secondary insurance.

X_____ _____

Signature of Patient or Representative Date

Diabetes & Endocrinology Associates, P.A.
David M. Feinstein, MD, FACP, FACE, FRCP©
5232 Forest Lane, Suite 170 Dallas, Texas 75244
(214) 964-0888

Consent to the use and disclosure of Health Information for treatment, payment, or healthcare operations.

Name: _____

Birthdate: _____ **Social Security:** _____

I understand that as part of my healthcare, this organization originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment.

I understand that this information serves as:

- A basis for planning my care and treatment.
- A means of communication among the healthcare professionals who contribute to my care.
- A source of information for applying my diagnoses information to my bill.
- A means by which a third-party payer can verify that services billed were actually provided.
- Tools for routine healthcare operations such as assessing care quality and reviewing the competence of healthcare professionals.

I understand that I have the right:

- To request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or healthcare operations-and that the organization is not required to agree to the restrictions requested.
- To revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon.

I give permission for my protection health information to be disclosed for purposes of communicating results, findings and care decisions the family member and others listed below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

X_____ _____
Signature of Patient Date

New Office Policies and Procedures

Cancellation of Appointments Policy:

The goal of our practice is to give our patients the utmost of attention and care. **Time,** for the doctor, his staff, as well as you the patient, is valuable. As of September 1, 2003, our office will be requiring a **24 HOUR ADVANCE NOTICE OF CANCELLATION** of a scheduled appointment **or a $50 charge** will be applied. We understand that emergencies do occur, and we will take those into consideration (preferably before the appointment). We hope, however, that this policy will reduce confusion, delays and improve the attention that we are able to provide. I appreciate your cooperation.

Prescription Policy:

1. Make sure that you obtain all of your prescriptions at your visit. Please make sure you have enough medication to last you until your next appointment.
2. Generic medications can be dispensed at the time of your office visit **ONLY.** 3. If you have a formulary plan with your insurance company please bring in a list of approved medications for Dr Feinstein to prescribe the correct
   medication for you.
4. If you are in need of a prescription change, we can only do this during your office visit.
5. We will no longer be able to respond to 1-800 PHARMACY services in regards to your prescriptions.
6. Dr Feinstein will no longer be responsible for another doctor's prescriptions; he will only be responsible for endocrine related medications.
7. We will no longer call or fax pharmacies with prescriptions; prescriptions again MUST be obtained at office visit.
8. Prescriptions will not be renewed if the patient has not had an office visit with Dr Feinstein in over 1 year.
9. There will be a $15.00 charge to regenerate prescriptions after the time of an office visit (that was obtained in the office that were lost or misplaced).

Letters and Forms Policy:

Signatures ONLY:

. For 1 page- $15.00 (minimum)

Multiple page Documents:

. $25.00 minimum

Form to fill out with a signature:

. $40.00 per 15 minutes.

· The nurse must look at the form to determine how long it takes her to fill it out.

All requests must be pre-paid by credit card, check or money order.

****Due to the HIPP A regulations we had to change some of our office policies to be in compliance with them. Also we are restructuring some of our own office policies. We will let you know of any new changes as they occur. Sorry if this is an inconvenience to you.**

Print Name:_____

Patient's Signature: _____ Date: _____

David M. Feinstein, M.D., FACP, FACE, FRCP [C]
Board Certified in Endocrinology and Metabolism
Clinical Professor of Internal Medicine, UT Southwestern Medical School at Dallas

Dear Patient/Guarantor:

Your insurance company will only pay for supplies, procedures and services that it deems to be "reasonable and necessary". This does not mean that a denied supply, procedure or service was not medically necessary for your care, but rather that the insurance company has chosen **NOT TO COVER** that particular service, procedure or supply. Some examples of supplies and procedures included but not limit ed to are:

SUPPLIES	**PROCEDURES**
Syringes/Needles	EKG
IV Start Kits	Cortrosyn
IV tubing/fluids	Intravenous injection
Medications/injections	Flu Vaccine
	Bone Density-Hip or Spine

If a service, procedure or supply provided in our office is NOT COVERED by your insurance policy, payment from the insurance company will be denied for those services.

GUARANTOR ACKNOWLEDGEMENT

I acknowledge that I have been notified by my physician that my insurance company may deny payment for certain services, procedures or supplies. I agree to financial responsibility for non-covered expenses.

Patient's Name: _____

Responsible Party Signature: _____ Date: _____

Witness: _____ Date: _____

Patient History Form

Please fill out the following confidential form for our records

Patient Name: _____ **Age:** _____

Name of Family Physician: _____ **Date last seen:** _____

**If your information doe not all fit on the areas provided please add additional pages as needed.

Main Reason for seeing Dr. Feinstein? _____

For Physician use only

Diabetics:

Insulin:	Breakfast	Lunch	Dinner	Bedtime

How often do you test your blood sugar each day? _____

What is your Blood Sugar Average? _____

If you are on an Insulin Pump; what are your basal rates, bolus/ratio and correction factor?

What other current medical problems do you have (eg...Hypertension, high cholesterol, etc.)**?**

Past medical problems: _____

Surgeries and Hospitalizations (describe procedure, year, and any complications): _____

What prescription Medications and doses with directions are you taking? _____

Drug Allergies: (e.g…penicillin, Novocain, etc.) _____

_____

_____

_____

For Physician use only

Reviewing Systems: Do you have problems with:

□ Headache
□ Vision
□ Thinking
□ Memory
□ Epilepsy/ Seizures
□ Balance
□ Coordination
□ Mood Changes
□ Shortness of Breathe
□ Chest Pains
□ Palpitations
□ Abdominal Pain
□ Changes in Bowel Habits
□ Urinary Frequency
□ Problem with urination
□ Changes in skin
□ Problems with joints/muscles

Family History:

Father: age- Any Diseases: _____

If Deceased: at what age and cause of death? _____

Mother: age- Any Diseases: _____

If Deceased: at what age and cause of death? _____

Brother(s) #_____ Ages _____

Any Diseases: _____

If Deceased: at what age and cause of death? _____

Sister(s): #_____ Ages _____

Any Diseases: _____

If Deceased: at what age and cause of death? _____

Child/Children: ages: Any Diseases: _____

If Deceased: at what age and cause of death? _____

Personal History:

Work: Yes ☐ No ☐ **Occupation:** _____ **Employer:** _____

Married: Yes ☐ No ☐ **How Long:** _____ **Children:** Yes ☐ No ☐

Number of Children: _____ **# of son(s) and ages:** _____

# of Daughter(s) and ages: _____

Hobbies/Intrest: _____

Habits:

Smoke: Yes No **If yes, how much per day:** _____ **If you quit: When:** _____

Alcohol: Yes No **If Yes, how much per week:** _____

Exercise: Yes No **If Yes, how many minutes per week:** _____

Has there been a significant change in your libido (interest in sex): Yes No