



Sheridan Medical Group, LLP.

Get Well • Be Well • Stay Well

Welcome Letter & Guide for Our Patients

Welcome to Sheridan Medical Group and thank you for choosing us as your provider for primary medical care. Our primary goal is to provide easily accessible quality medical care for all individuals, regardless of race, religion, sex, gender identity, or sexual orientation. Our staff includes a comprehensive interdisciplinary team of professionals who will consistently strive to exceed your expectations to ensure that your experience with us is as comfortable and as stress-free as possible.

We Are a Patient Centered Medical Home

As a *Patient Centered Medical Home*, our approach is to partner with our patients to provide comprehensive health care, focused on *prevention as well as management of all aspects of your health* and overall well-being, including emotional, family and social concerns. Along with your physician and other health care providers, **you are the most important person in managing your health.**

A “Medical Home” makes it easier and more comfortable for you to access care on a day to day basis by strengthening your relationship with your primary care provider and the team responsible for your care. With a medical home, your quality of care will be significantly improved, and it will take less time for you to receive the appropriate care when you need it.

Benefits of a Medical Home Team

- ✓ Your medical home team will have an ongoing relationship with you and your family to provide preventive consultation/education and to manage your overall healthcare needs.
- ✓ Your medical home team will assist you in coordinating care with other providers, specialists, and community resources if needed.
- ✓ Your medical home team will have access to all of your health information through electronic records in order to effectively manage your care.
- ✓ You will have easy access to care through flexible appointment scheduling, expanded hours and various methods of communication with your team (i.e. Patient Portal).

How You Can Help

- ✓ Talk with your primary care provider and team about any questions you have.
- ✓ Keep in touch with your team if further questions arise about your health.
- ✓ Take care of your health by following the plan that you’ve developed with the support of your team.
- ✓ Schedule appointments for lab work, testing, and specialists as needed.
- ✓ **Schedule a complete physical exam/periodic health assessment at least once a year.**
- ✓ Let us know how we’re doing and how we can improve.

Thank you again for choosing Sheridan Medical Group as your primary care provider.

Sincerely,

Dr. Richard A. Carlson, C.E.O.

Dr. Rajiv K. Jain, Medical Director



Sheridan Medical Group, LLP.
Get Well • Be Well • Stay Well

OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

OFFICE HOURS

Our office is available for appointments:

Monday-Wednesday: 7:00am - 5:00pm

Thursdays: 9:00am - 5:00pm

Fridays: 8:00am - 4:00pm

Saturdays: 9:00am - 12:00pm

We may be reached at **332-4476** between the hours of 8:00am and 5:00pm on Monday-Wednesday, 8:45 am to 5:00pm on Thursday, and 8:00am to 4:00pm on Fridays. Our providers are available by phone outside of regular business hours **24/7** by calling our phone number and following the prompts. If you need an appointment or test results, please call during regular business hours.

WALK-IN CLINIC

Walk-In urgent care is available for all of our registered patients. This service is available Monday-Friday, 9:00am-11:00 am. Our goal is to provide urgent medical care for acute illness within one hour of your arrival.

If you're thinking of going to an Urgent Care facility, please call us first! Emergency Rooms are for life-threatening emergencies. Examples of an emergency are: uncontrolled breathing, severe chest pain, unconsciousness, severe shortness of breath. Examples of a non-emergency are: cough/congestion, sore throat, rash, most fevers, ear ache, diarrhea, or vomiting.

APPOINTMENTS

SCHEDULING APPOINTMENTS

Sheridan Medical Group is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any **updated contact or insurance information**.

While we aim to schedule appointments appropriately, emergencies *can and do* occur in Primary Care. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date. To ensure quality care, Sheridan Medical Group does not treat patients we have not seen (i.e. we will not call in prescriptions or offer medical advice for patients *prior* to their initial visit). Follow up may be required to be scheduled after testing has been completed, so that results may be reviewed together and an effective and appropriate plan for your healthcare can be determined.

ARRIVING FOR APPOINTMENTS

In order to ensure that we provide efficient and effective care for all of our patients, we appreciate it when patients arrive on time for their scheduled appointments and check in with our reception staff.

Please bring the following with you to each and every appointment: your photo ID, insurance card, updated list of medications, test results, and your co-pay.

MEETING WITH YOUR HEALTHCARE TEAM DURING YOUR APPOINTMENT

During your appointment, you will be initially welcomed by a member of our clinical team (RN, LPN, or MA) who will take your vital signs (e.g. blood pressure, height/weight, etc.) and will review other medical history questions. Following your discussion with the clinical staff, your provider will meet with you to have a more in-depth discussion with you about your health concerns.

CONCLUSION OF YOUR APPOINTMENT

When checking out with our reception staff at the conclusion of your appointment, you will receive a “comprehensive visit summary (CVS)” which will include a brief summary of your visit along with any recommendations regarding medications, referrals to specialists and follow up appointments scheduled. It’s important to follow through with the plan you’ve developed with your health care team *prior to your next appointment*.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of our patients, please be courteous and call Sheridan Medical Group promptly if you are unable to attend an appointment. This time will be reallocated to another patient who is in need of medical care. This is how we can best serve the needs of all of our patients.

If it is necessary to cancel your scheduled appointment we require that you contact us one (1) business day in advance. Appointments are in high demand, and your early cancellation will give another patient the ability to have access to timely medical care.

NO SHOW POLICY

A “no-show” is the term we use when a patient misses an appointment without cancelling it within one (1) business day in advance. Unfortunately, “no-shows” inconvenience those patients who need access to medical care in a timely manner.

A failure to attend your scheduled appointment will be recorded in your medical chart as a “No-Show”. In order to cover the administrative/clinical costs associated with preparation for patient appointments (e.g. review of medical history, labs, and other pertinent health information) in conjunction with the inability to fill your appointment slot with another patient, **an administrative fee of up to \$135.00 will be billed to your account**. A letter will be sent informing you of your missed appointment with a bill for the administrative fee enclosed. A copy of the letter will be placed in your medical record.

PLEASE NOTE:

No-Show charges are patient responsibility and will not be billed to your insurance company.

OFFICE CLOSINGS DUE TO WEATHER OR OTHER CIRCUMSTANCES

If our office is closed due to weather conditions or other circumstances beyond our control, the following procedures are used to inform our patients:

- If you are scheduled for an appointment, you will receive an automated message from our office.
- Closings will be displayed on the three major television stations (2, 4, and 7).
- Closings will be displayed on our website and on Facebook.

INSURANCE AND BILLING QUESTIONS

- Sheridan Medical Group accepts most insurance plans. If you have specific questions regarding your insurance, please contact our billing department at 332-6049.
- It is your responsibility to inform our office of any changes in insurance coverage. Also, ensure that your insurance company is aware of the doctor you have designated as your PCP. Failure to do so could cause delay or denial of insurance payment.
- All patients will be asked to present their current insurance card at each appointment. Failure to have your card could delay your appointment, and it will be the responsibility of the patient to provide proof of coverage.

PLEASE NOTE:

*Although your routine visit may be covered by your insurance plan, **any additional medical problems discussed and addressed during your appointment may require an additional fee** which is determined by your insurance company.*

PAYMENTS

- Patients are responsible for co-pays at *the time of service*. There will be an additional fee of \$10 for all co-pays not paid on the day of appointment.
- If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract).
- Sheridan Medical Group accepts online payments, cash, personal checks, MasterCard, Discover, Visa and American Express. Checks can be made payable to: *Sheridan Medical Group*.
- It is the policy of Sheridan Medical Group to make all reasonable attempts to collect outstanding balances should they accrue. Following these attempts, accounts in poor standing will be outsourced to a third party for the purpose of collection.
- If there are extenuating circumstances that you would like to discuss, please contact our billing department at 332-6049.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

- Please inform Sheridan Medical Group of your preferred pharmacy and update us with any changes.
- Please call your pharmacy first for refill requests. Please allow two to three business days for the completion of refills.
- We also encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed.

NARCOTICS AND ANTIBIOTICS POLICY

- SMG will not fill narcotics or antibiotics by phone without an appointment.
- Narcotic medications will not be ordered at your first visit.
- Patients may be required to obtain narcotic medications through a pain management specialist and/or encouraged to consider alternative strategies for managing pain.
- If narcotic medications are ordered, you will be required to sign a Pain Management Agreement.

CONFIDENTIALITY & MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. A *paper copy* of your medical records may be requested at a cost of \$0.75 per page. The law allows medical offices 30 days to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner.

COMPLETION OF FORMS/LETTERS

We understand that various forms or letters may be required to assist you with your healthcare needs. Forms and letters will be completed as necessary upon your request. However, because this can be time consuming, please allow 7-10 business days for completion of requested forms.

The charges for completion of these forms are as follows:

- If Form can be printed directly from the appointment summary at checkout – no charge.
- Forms that are 1 to 3 pages long - \$10.
- Forms that are more than 3 pages - \$20.
- The payment is due prior to the completion of the form.

CONTINUOUS QUALITY IMPROVEMENT

In order to ensure that the highest possible standards of quality care are consistently provided for our patients, Sheridan Medical Group regularly reviews patient satisfaction/customer service concerns and/or suggestions for improvement through the following two quality improvement committees:

- Patient Engagement & Retention Committee
- Pursuit of Excellence Committee

Both of these committees include representatives and input from our medical team, behavioral health services, administrative support services and our management team.

OUR PATIENT PORTAL

As a means of ensuring timely communication with our patients, we strongly encourage you to activate your account in our **Patient Portal**, which can provide a quick and easy method for communicating electronically with our office, scheduling appointments, entering and updating medications, etc. As a new patient, you will receive instructions on how to activate your Patient Portal account. If you have questions or need assistance, please feel free to speak with a member of our reception team.

HAVE ADDITIONAL QUESTIONS?

If you have further questions or need additional information about our services, please feel free to call our office at 332-4476 and/or visit our website at www.SheridanMedGroup.com.



Sheridan Medical Group, LLP.
Get Well • Be Well • Stay Well

Behavioral Health Services

In collaboration with the wide range of medical services provided by Sheridan Medical Group, our **Behavioral Health Services** department is available to provide patients with the following services for mental health, alcohol/substance abuse, and other psycho-social concerns impacting your overall health:

- ✓ Consultation and information for patients and families regarding services in the community
 - Mental health
 - Family issues
 - Bereavement
 - Eldercare concerns
 - Alcohol/substance abuse
 - Domestic violence
- ✓ Assessment/referral assistance and advocacy for patients
- ✓ Brief crisis and supportive counseling and referral assistance, as needed
- ✓ Case management/care coordination for patients in need of behavioral health services
- ✓ Online information and resources for patients and families
- ✓ Chronic Disease Self- Management Program and Diabetes Self-Management Program (CDSMP & DSMP)
 - Each of these FREE 6-week workshops give patients the tools to address health challenges related to diabetes or any other chronic health condition. Participants of these workshops report being able to better manage their health and maintain a full and active life.

If you need assistance for behavioral health concerns, **please talk with your primary care provider and/or your medical home team.**

You may also contact our Behavioral Health Department at 332-4476, ext. 357 and 353.



Pharmacy Consultation Services

In collaboration with the SUNY at Buffalo School of Pharmacy, Sheridan Medical Group is available to provide patients with the following services related to medications and overall health and wellness:

- Comprehensive medication review and medication therapy management
Reviewing all prescription and over the counter medications, herbals, and supplements to assess for medication interactions, unnecessary medication therapies, and health conditions which may require treatment
- Device counseling
Education regarding proper use of medical devices such as inhalers, insulin, glucometers, Epi-pens, etc.
- Prescription medication counseling
Education on how to properly take medications, common adverse effects, and different monitoring parameters
- Medication interactions
Evaluation for medications that may interfere, counseling on how to take medications to avoid interactions, instructions regarding medications and foods to avoid while taking certain prescriptions and over the counter medications
- General questions regarding medications and overall health
On-site or over-the-phone consultations regarding patients' new and existing medications, suggestions for new or alternative therapies, and evaluating for adverse effects

If you need assistance with pharmacy-related services, **please talk with your primary care provider and/or your medical home team or call our office at 332-4476.**

You may also contact the Pharmacy Department directly at extensions 329 and 341.



Nutrition Consultation Services

In collaboration with Personalized Health Nutrition, PLLC, Sheridan Medical Group provides nutrition services to patients in a supportive, science-based setting. We work closely along with you and your provider to determine your specific needs and help you achieve your goals through continued education and self-management.

One-on-one nutrition education and counseling with a Registered Dietitian is available for:

- *Type 1 and 2 Diabetes*
- *Gestational Diabetes*
- *Pre-Diabetes*
- *Weight Management*
- *Heart Disease*
- *High Blood Pressure*
- *High Cholesterol*
- *Gastrointestinal Disorders*
- *Healthy Pregnancy*
- *Celiac Disease*
- *Food Allergies and Intolerances*
- *Vegetarian and Vegan Diets*
- *Oncology*
- *Sports Nutrition*
- *Healthy Eating*

We participate with most insurance companies including Aetna, Blue Cross & Blue Shield, Cigna, Fidelis, Independent Health, Medicare, United, Univera, and YourCare.

If you are interested in scheduling an appointment to discuss any nutritional concerns, **please talk with your primary care provider and/or your medical home team or call our office at 332-4476.**



Sheridan Medical Group, LLP.
Get Well • Be Well • Stay Well

Physical Therapy Medically Oriented Gym (MOG)

The MOG is co-located with Sheridan Medical Group in Tonawanda and Grand Island.

Physical Therapy

The Physical Therapist is responsible for restoring function for patients who have a variety of musculoskeletal and movement disorders.

Diagnoses appropriate for PHYSICAL THERAPY are:

Joint Pain	Tendonitis	Stroke
Back and Neck disorders	Balance disorders	Cancer and Lymphedema
Muscle weakness	Arthritis	Workers' Comp Injuries

The MOG

The MOG is not a traditional fitness club. With its unique integration with physical therapy the MOG has proven to improve the health and lifestyle management of its members and participants. Through collaboration with Sheridan Medical Group, the MOG has developed protocols and program interventions for patients with:

Diabetes	Obesity	High Blood Pressure
High Cholesterol	Cardio Vascular Diagnosis	Cancer
Problems with Balance	Parkinson's Disease	Neurological Disorders (i.e. Parkinson's)
Anxiety/Depression		

The MOG provides traditional "fitness club" exercise programs and has multiple classes including circuit training. It is "more than an ordinary gym".

If you would like a referral for physical therapy or fitness evaluation, **please talk with your primary care provider and/or your medical home team or call our office at 332-4476.**

Patient Account #: _____
(Office Use Only)

**SHERIDAN MEDICAL GROUP
OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS**

RECEIPT ACKNOWLEDGMENT FORM

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures described in the Sheridan Medical Group OFFICE POLICIES & PROCEDURES FOR PATIENTS document.

Printed Name

Patient Signature

Date

or

Patient Representative Signature

Date

Authority to sign on behalf of patient

NEW PATIENT MEDICAL HISTORY FORM

Date: _____

Name: _____ Date of birth: _____

Address: _____

Primary Physician: _____ How were you referred to our office: _____

Insurance: _____ ID#: _____ Group#: _____ Effective: Date _____

What is the name, address, phone number, and fax number of your pharmacy? _____

Where do you go for bloodwork? Quest Labcorp Hospital Home Draw Other: _____

Recent hospitalization: NO YES, Location/Dates: _____

Details: _____

DEMOGRAPHIC AND CULTURAL HISTORY

Primary Language: _____ Translator Services Requested? YES NO

Do you have any cultural or religious customs that we should be aware of? YES NO

If yes, explain _____

RACE: (please circle): White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, Other _____, Decline/Unknown

PAST MEDICAL HISTORY

Please describe any <u>medical conditions</u> you have related to the following:	Circle Yes or No	Date of onset	Treating Doctor <i>(if different from Primary Physician)</i>	Details
Eyes, Ears, Nose or Throat	YES NO			
Mood, Behavior or Mental Health	YES NO			
Heart, Blood Pressure, Circulation or Blood	YES NO			
Lungs or Breathing	YES NO			
Stomach or Digestion	YES NO			
Brain, Spine or Neurological	YES NO			

Endocrine: <i>Examples include Diabetes, Thyroid, & Hormones</i>	YES	NO			
Reproduction	YES	NO			
Bones & Muscles	YES	NO			
Urinary & Kidneys	YES	NO			
Skin	YES	NO			
Sleep	YES	NO			
Cancer	YES	NO			

OTHER PAST MEDICAL HISTORY: _____

PLEASE BRING ALL OF YOUR CURRENT MEDICATION BOTTLES WITH YOU TO YOUR FIRST APPOINTMENT

MEDICATION LIST

(use separate page if needed)

Medication <i>(if different from Primary Physician)</i>	Dose	Times per day	Name of the DR. that orders	Refill needed?
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

ALLERGIES & SENSITIVITIES

Medication	Reaction/Side effect

PAST SURGICAL HISTORY

Operation	Date	Details

TOBACCO USE

TOBACCO	Never	Current	Former	Age of Onset	Packs Per Day	# Years	Year Quit
CIGARETTES							
PIPE							
CIGAR							

FAMILY HISTORY

Medical History	Circle Yes or No	Family Members (circle all that apply)	Age of Onset
Eyes, Ears, Nose or Throat	YES NO	Parent – Grandparent - Sibling - Other	
Mood, Behavior or Mental Health	YES NO	Parent – Grandparent - Sibling - Other	
Heart, Blood Pressure, Circulation or Blood	YES NO	Parent – Grandparent - Sibling - Other	
Lungs or Breathing	YES NO	Parent – Grandparent - Sibling - Other	
Stomach or Digestion	YES NO	Parent – Grandparent - Sibling - Other	
Brain, Spine or Neurological	YES NO	Parent – Grandparent - Sibling - Other	
Endocrine: <i>Examples include Diabetes, Thyroid, & Hormones</i>	YES NO	Parent – Grandparent - Sibling - Other	
Reproduction	YES NO	Parent – Grandparent - Sibling - Other	
Bones & Muscles	YES NO	Parent – Grandparent - Sibling - Other	
Urinary & Kidneys	YES NO	Parent – Grandparent - Sibling - Other	
Skin	YES NO	Parent – Grandparent - Sibling - Other	
Sleep	YES NO	Parent – Grandparent - Sibling - Other	
Cancer	YES NO	Parent – Grandparent - Sibling - Other	
Other:	YES NO	Parent – Grandparent - Sibling - Other	

Signature of Patient _____ Date: _____

Today's Date: _____

Patient Account _____

As a patient centered medical home, our primary goal is to provide comprehensive health care focused on ALL aspects of your health, including emotional, family, and social concerns. In an effort to get to know more about you, we would appreciate it if you could respond to the questions below. **Please feel free to discuss any of these concerns with your primary care provider.**

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, hopeless.	0	1	2	3
Total each column				

- a. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult
- b. **In the past 2 years**, have you felt **depressed or sad** most days, even if you felt OK sometimes? YES NO
- c. Are you currently taking medication for depression? YES NO
- d. Are you currently receiving counseling for depression? YES NO

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge.	0	1	2	3
2. Not able to stop or control worrying.	0	1	2	3
Total each column				

- a. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult
- b. **In the past 2 years**, have you felt **anxious or worried** most days, even if you felt OK sometimes? YES NO
- c. Are you currently taking medication for anxiety? YES NO
- d. Are you currently receiving counseling for anxiety? YES NO

Use of Alcohol, Medications/Drugs & Coping With Stress

1. How many days per week do you drink alcohol? _____
2. On a typical day when you drink, how many drinks do you have? _____
3. What is the maximum number of drinks you had on any given day in the past month? _____
4. Do you sometimes adjust the dosages or frequency of medications without consulting with your physician? YES NO
5. Are you currently using any medications/drugs which have not been prescribed **for you** by a physician? YES NO
6. Are you a primary caregiver for someone with a serious health or mental health condition? YES NO
7. Have you had any major surgery for a serious health condition during the past 6 months? YES NO
8. Are you ever hurt or feel threatened (either physically or emotionally) by a partner or family member? YES NO
9. Do you feel *unsafe* at home? YES NO
10. While you were growing up:
 - a. Did you ever feel neglected or abused by any members of your family? YES NO
 - b. Did any members of your family have mental health, alcohol, and/or drug abuse problems? YES NO
 - c. Did any members of your family attempt or commit suicide? YES NO
11. Are you currently experiencing any other stressful situations at home, work, or school? YES NO

Feel free to use other side for additional comments