



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

New Patient Packet

Important Notice

For your convenience, you can download this packet and complete the forms using your computer. However, you must print the completed form and bring it to our office when you come.

HIPAA (Health Insurance Portability and Accountability Act) does not prohibit the electronic transmission (e-mail) of your personal health information.



www.WomensCancer.care



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

Welcome

Welcome to Women's Cancer Care and thank you for giving us an opportunity to partner with you on your journey to good health. We look forward to meeting you personally and professionally at your first visit to our office.

You may be experiencing some anxiety as you prepare for your appointment; we understand. Nervousness and questions are a normal part of the process. We encourage you to make a list of questions and bring them to your appointment. Reviewing this packet will help alleviate some of the unknown factors before your visit.

To expedite the new patient registration process, we ask that you complete the following forms:

- Patient Registration Information
- Patient Record of Disclosures
- Patient Financial Responsibility Agreement
- Receipt of Notice of Privacy Practices

Our New Patient Coordinator is looking forward to working with you. She will schedule your first appointment and compile your medical records from your healthcare providers. Her direct phone number is (559) 650-4835.

We look forward to serving you.

Christopher R. Perkins, M.D.

L. Lisa Ge, M.D.

Lany Avakian, R.N., M.S.N., A.N.P.

Lori Kovacevich, N.P.

P.S. Visit our website at www.WomensCancer.care to learn more about us!



WHAT TO EXPECT DURING YOUR FIRST VISIT



1. PAPER WORK

The New Patient forms can be filled out in advance or when you arrive for your appointment.

Plan to arrive:

(5) minutes early if we have received your completed New Patient forms prior to your appointment.

(10) minutes early if you will be completing the New Patient forms upon your arrival.



2. CHECK IN

During your first visit, you'll meet your team of experts. Plan on being with us for **ABOUT 2 HOURS.**

Please bring:

- A support person (no children)
- Insurance card
- Pharmacy card (if applicable)
- Co-pay (cash, check, or charge)
- List of current medications
- List of questions



3. LAB WORK

You'll have lab work done at the beginning of your visit. This will include a blood draw and a urine sample. Our on-site laboratory will run the tests that the doctor has requested so that the results can be reviewed during your appointment. No fasting is required for labs on your first visit.



4. PHOTO

One of our medical assistants will escort you to the exam room, where your photo will be taken for your medical chart. This helps us with patient privacy when we greet you in the waiting room for future visits.



5. CONSULT

Your oncologist will review your medical history, provide education, and explain the process and care provided at Women's Cancer Care. During your first appointment, you will learn about:

- Details of your diagnosis
- Whether or not you need chemotherapy or radiation
- Potential side effects of therapies and treatments
- A treatment plan designed specifically for you

Your oncologist may also choose to send you to our nursing team to discuss your first day of treatment.

Thank you for choosing us to partner with you in your care! It is our privilege to walk with you on this journey.



We do our best to provide a peaceful environment for our patients. Thank you for helping to create an atmosphere that fosters healing and care!

Hours of Operation

Monday - Thursday 8 a.m. to 5 p.m.
Friday from 8 a.m. to 12 a.m.

After-Hours Phone Calls

If you call our office after hours, you can leave a message. If you need immediate assistance, the answering service will connect you to a provider.

Appointments

Reminder: You will receive a phone reminder two days before your appointment.

Cancellation: Please call at least 24 hours ahead of time if you must cancel an appointment.

There is a \$25 charge if you fail to show up for a scheduled appointment or cancel with less than 24 hours' notice. If you are more than 15 minutes late to an appointment, the appointment may be rescheduled.

LABS & MEDICATIONS

Lab Tests

Our on-site laboratory provides complete blood counts (CBCs), urinalysis and chemistry panels ordered by our physicians. If you have any abnormal lab results that require immediate attention, we will contact you. If additional tests are requested, they will be sent to another facility and you will be billed directly by that company.

Prescriptions & Refills

When calling our office, you will be asked for your preferred pharmacy location. Prescriptions and refills are processed during regular business hours and requests made after 4 p.m. will not be processed until the following day. Please allow up to 48 hours to process refills, including pain medication. Also, if our physician has not treated you within the past year, an appointment may be required.

THE WOMEN'S CANCER CARE OFFICE

Children

Please be aware that children under the age of 12 are not permitted at Women's Cancer Care at any time due to safety concerns.

Guests

Please limit your guests to two people in the exam room and one person in the infusion room during your treatment.

Odors

Many of our patients are highly sensitive to smell or have allergies. We ask that patients and their guests refrain from using perfume or strongly scented lotions before visiting Women's Cancer Care. Also, please do not smoke before your visit, and ask your guests to respect this important policy.

Animals

For the safety and health of others, please do not bring animals to your appointment unless they are a registered guide dog.

Cell Phones

When you arrive at our facility, please turn your phone to silent. When you are with any member of our team, please refrain from using your cell phone. If your guest needs to have a conversation on their cell phone, please have them step outside.

Wi-Fi

Wireless Internet is available for patients and their guests. Please ask the front desk for information about accessing our wireless network.



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

Insurance & Billing

Financial Counseling

Financial assistance and programs are available for those who qualify. This requires your participation in providing information and completing and signing forms. If you have questions regarding your statement or account, please call our office.

Insurance

You must provide us with your current and complete insurance information. We will regularly request copies of your insurance card(s). A member of our team will schedule your treatment as soon as insurance authorization is obtained. There can be up to a seven-day waiting period.

Co-Pays

Co-payments are expected at the time of service. We accept cash, personal checks, VISA, and MasterCard.

Financial Responsibility

Women's Cancer Care is a member of Santé Foundation Medical Group (SFMG), and your bill for services will come from SFMG. Although we file your insurance claims and accept assignment of benefits, you are ultimately responsible for any services not covered in your plan (deductibles, co-payments, co-insurance, etc.). We will mail you a monthly statement. All accounts with unpaid balances will be charged an annual interest rate of 18%.

Returned Checks

There is a \$25.00 charge for all returned checks.

Forms, Letters, & Records Requests

We charge \$25 per form or letter. A copy fee will be charged for copies of medical records if the number of pages exceeds 20 pages. Any record requests over 20 pages will be put on CD ONLY, at the cost of \$25 per CD. We will contact you when they are ready. Please allow up to five full business days.



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

Directions

DIRECTIONS TO WOMEN'S CANCER CARE

Women's Cancer Care is conveniently located off Freeway 41 and Bullard Avenue, directly across from Fresno Surgical Hospital.



Women's Cancer Care
6121 North Thesta, Suite 205
Fresno, CA 93710

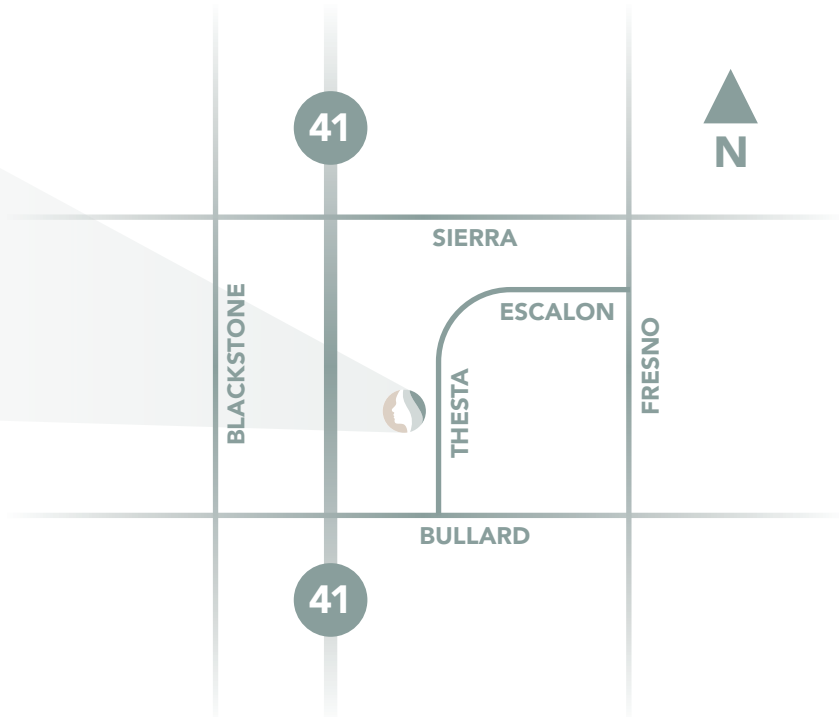
Call or click
559.438.7390
www.WomensCancer.care

From Herndon

- Travel south on Fresno Street
- Turn right on Escalon
- This becomes Thesta Street after the curve. Women's Cancer Care is located on the right side of the street.

From Freeway 41

- Exit Bullard Ave and head east
- Turn left on Fresno Street and left on Escalon.
- This becomes Thesta Street after the curve. Women's Cancer Care is located on the right side of the street.





Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

Patient Registration Information

First			Middle			Last			Nick Name			Marital Status					
												S	M	W			
Street Address						City & State			Zip Code			Phone No. ()					
Date of Birth			Age	Sex	Social Security No.			Cell Phone No. ()			Business Phone No. ()						
Patient's Employer (Name)						Patient's Occupation			Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino			Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
E-mail Address						Preferred Language											
Spouse's Name			Spouse's Date of Birth			Spouse's Social Security No.			Spouse's Cell Phone No. ()								
Spouse's Employer (Name)						Spouse's Occupation			Spouse's Business Phone No. ()								
Emergency Contact: (Friend, Neighbor, Relative not living in the home)						Relationship			Phone Number ()								
Referring Physician						Primary Care Physician			Primary Care Physician Phone ()								
Primary Insurance						Insurance Carrier											
ID No.						Group No.			Effective Date								
Primary Cardholder's Name						Primary Cardholder Social Security #			Primary Cardholder Date of Birth								
Primary Cardholder's Employer																	
Secondary Insurance						Insurance Carrier											
ID No.						Group No.			Effective Date								
Secondary Cardholder's Name						Secondary Cardholder Social Security #			Secondary Cardholder Date of Birth								
Secondary Cardholder's Employer																	
If Medicare is secondary, please indicate why:						Check One: working age (patient or spouse)			Disability			ESRD			Other: _____		

Patient Authorization

I hereby authorize Women's Cancer Care, a member of Santé Foundation Medical Group, to release information acquired during the course of my examination and treatment to the Health Care Financing Administration and its agents, or any other third-party carrier as necessary to secure payment of any benefits due me. I hereby assign payment of said benefits to include Medicare benefits directly to Women's Cancer Care. I understand that I am responsible for all charges regardless of insurance status as well as any associated costs for collection should such action become necessary. I agree that this authorization shall be valid until rescinded in writing or replaced by one of a later date. A photocopy of this assignment shall be considered as valid as the original. I have read the above and fully understand the terms thereof.

Signature _____ Date _____

Please initial below.

_____ I hereby acknowledge and agree to Women's Cancer Care's Office Policies.

_____ NOTICE TO CONSUMERS: Women's Cancer Care's medical doctors are licensed and regulated by the Medical Board of California. (800) 633-2322 | www.mbc.ca.gov

_____ I hereby acknowledge that the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is available to me upon request, to read and/or obtain a copy.

_____ I authorize Women's Cancer Care, a member of Santé Foundation Medical Group, to send me communication via emails and texts, including marketing information.



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

Patient Record of Disclosures

This information will help us communicate with you effectively and protect your privacy.

Your Support Team

No person automatically has the right to receive your medical treatment and care information, including your spouse, children, etc. Please list the people you give permission to receive information regarding your medical treatment and care:

Name: _____

Relationship: _____

Phone : _____

Home Cell Work

Name: _____

Relationship: _____

Phone : _____

Home Cell Work

Name: _____

Relationship: _____

Phone : _____

Home Cell Work

Your Healthcare Providers

There are times when Women's Cancer Care will need to request reports and health information from your other physicians and/or medical centers for your care. In order to do so, your authorization is required. I authorize the use, request and/or disclosure of my protected health information. I understand that the information used or disclosed as a result of this authorization may no longer be protected by federal privacy laws and may be further used or disclosed to persons or organizations receiving it without obtaining my authorization. I have the right to revoke this authorization by providing written notice to Women's Cancer Care.

Patient Name _____

Patient Signature _____

Today's Date _____



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

Patient Financial Responsibility Agreement

This form is provided for insured patients who wish to receive healthcare services from Women's Cancer Care that may not be covered by their insurance plan.

Your signature on this form acknowledges that you agree to bear full financial responsibility for all services provided as listed below if:

1. The services are not covered under your insurance plan, or,
2. The services have not been otherwise approved for payment by your insurance plan.
3. The bill for services will come from Santé Foundation Medical Group (SFMG). Women's Cancer Care is a member of SFMG.

SERVICES TO BE PROVIDED:

1. Labs
2. Office visits with physician and/or nurse practitioner
3. Infusion treatments including injections
4. In-office procedures (i.e., bone marrow biopsy)
5. Social Worker consultations
6. Other _____

Patients are strongly encouraged to familiarize themselves with the medical and prescription benefits provided by their insurance plan(s). It is the patient's responsibility to know this specific information as it applies to the services rendered by Women's Cancer Care.

Financial consultations are available and encouraged by contacting our Patient Service Coordinator at (559) 650-4785.

Patient Name _____

Patient Signature _____ Today's Date _____

Women's Cancer Care Representative _____ Today's Date _____



Women's Cancer Care

Part of Oncology Associates of Fresno Medical Group, Inc.
A Member of Santé Foundation Medical Group
Part of Santé Health Foundation

Receipt of Notice of Privacy Practices

As our patient, Women's Cancer Care is required by law to attempt to obtain acknowledgement of your receipt of our Notice of Privacy Practices.

We are required to have a notice available for our patients detailing how medical information about you may be used and disclosed and how you can get access to this information. You have a right to review our notice before signing this acknowledgement. A copy of our "Patient Notice of Privacy Rights" is posted in our waiting room and is made available from the receptionist to each patient.

I certify that I have received a copy of Women's Cancer Care's Notice of Privacy Practices. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment of my bills, or in the performance of Women's Cancer Care's health care operations. The Notice of Privacy Practices also describes my rights and Women's Cancer Care's duties with respect to my protected health information. The Notice of Privacy Practices is posted in Reception Area and on Women's Cancer Care's website at www.WomensCancer.care.

Women's Cancer Care reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by calling the office and requesting a revised copy be sent in the mail, asking for one at my next appointment, or accessing the Women's Cancer Care website.

Patient Name _____

Patient Signature _____

Today's Date _____

You are entitled to a copy of this acknowledgement after you sign it.

.....

For Staff Use Only

Documentation of Attempt to Obtain Acknowledgement of Receipt of Notice of Privacy Practices

This notice and acknowledgement was mailed to the patient's home on ____ / ____ / ____.

The acknowledgement was not obtained because:

The patient refused to sign the acknowledgement

The patient was undergoing emergency treatment

Other: _____

Women's Cancer Care Representative _____ Today's Date _____

