



# ASHEVILLE INTEGRATIVE MEDICINE

James Biddle, M.D.

## Annual Visit Form

We request that you provide the following information so that we may best meet your needs at your upcoming visit. Please bring this with you to your visit, along with any medical records available.

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Are you covered by Medicare or Medicaid YES/NO \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you want us to send office notes to this doctor? YES/NO If YES please initial here: \_\_\_\_\_

Current Medications (including dosage, Example: Minocin 100mg 2 xs daily)

Current Supplements (including dosage):

Have you had any surgeries since your visit? (Circle one) YES / NO If yes, when and what?

Have you been hospitalized since your visit? (Circle one) YES / NO If yes when and what for?

**Please bring records with you from the previous year to include the following:**

Any lab results

Colonoscopy

Bone Density

Report from your most recent visit with another medical practitioner

Females: Mammogram, Pap smear or Thermogram

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## Tips to get the most from your visits:

- Make a list of new or changing symptoms and questions you want to ask the doctor.
- Bring a list of current medicines, supplements & vitamins, including dosages. A copy of your supplement list (which will be kept in your chart) is mailed to you with dictation from your second visit. Please keep this list up-to-date and bring to all appointments with you.
- Bring any past medical records if you have them. The doctor will decide which ones we need to make copies of.
- Bring any recent (within 1 year) lab reports or tests done by other doctors. This will save you time and money!
- Before your visit, check all prescription medications to see if you will need refills in the next couple of months. Bring the bottles of ones needing refills to your visit.
- Bring a list of any new medications or supplements prescribed by other doctors (or yourself). Include the medication name, strength, and how often you are taking it, or bring the bottle. If you are curious about a new product or supplement, bring in the ingredient list and strength.
- Bring your Medicare or Medicaid card with you. Labs cannot be billed to Medicare/Medicaid without your card.
- To avoid confusion and delayed or denied Medicare/Insurance claims, use your legal name on all forms. Your medical chart is a legal document. If you wish to be called by a nickname, that can be put on your chart also.
- Drink water!!! Unless you have been specifically told not to drink water, drink water!!! The nurses have a much harder time finding veins in dehydrated people. Also, if it is cold outside, dress warmly. Cold constricts veins.
- Plan to arrive at the office 10 minutes before your visit. This will allow time for you to be checked in and have your vital signs taken. Allow time for unexpected delays like having to stop for gas or traffic back-ups. We strive to run on time at AIM. If you are late, we will not be able to extend the length of your appointment in respect to the remaining patients on the day's schedule.
- Have realistic expectation of what can be accomplished in the scheduled time.
- **Please, keep in mind our office is fragrance free. We ask that you, and anyone that comes with you, not wear anything with a scent. Keep in mind that detergents and dryer sheets may also contain scent.**

# ASHEVILLE INTEGRATIVE MEDICINE

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## Patient Information and Consent to Treat

Please, read this form, sign, and bring it with you to your appointment.

**Extent of Services:** Asheville Integrative Medicine is an outpatient consulting practice. We focus on “bridging the gap” between conventional and alternative health care. Please be aware that the treatments you will be offered at AIM may be very different than what is offered through conventional physicians who practice the usual “Standard of Care”. As often as possible, we will attempt to help you reduce prescription medications, find and reverse the root causes of illness, and use natural and nutritional substances to re-balance your system. In general, these approaches are usually much safer than conventional treatments, with fewer side effects, but they are also more likely to not be FDA-approved. Please realize that you always have the final decision in choosing your treatment program. It is understood that recommended treatments may not be considered a conventionally-accepted medical treatment but that the practitioner believes may be of potential benefit. We do not provide services in primary care or hospital care, but we can act as a liaison with other physicians and practitioners. We advise that you have a primary-care physician and we desire to communicate with them, but only with your permission. We are available only during scheduled office hours. We are not available for after-hours emergencies.

**Fees and Billing:** Payment is expected at the time of service. We do not accept assignment for any insurance, nor do we participate in any insurance plans, or file insurance. Your insurance may reimburse you for “out-of-network” expenses incurred here. We will provide the necessary papers so you may file your private insurance; however, we are not responsible for non-payment by your insurance company. We have “Opted Out” of Medicare, so Medicare will not pay for office visits or procedures here, but will still pay for many labs. As a courtesy, we offer a 10% discount on office visits to our Medicare patients.

**Office Hours:** Office hours are Monday through Thursday, 9 AM to 5 PM.

**Appointments:** Your commitment to an appointment time is necessary for us to serve you. Please arrive 15 minutes prior to your scheduled time so that we can check you in and have you at the practitioner’s door on time. **If you need to cancel or reschedule a new-client appointment, advance notice of one week prior to your visit is required; if you do not call one week prior, you will forfeit your deposit.** Cancellation of 12 and 25 min appointments requires advance notice of one business day. Cancellation of 40 and 55 min appointments requires notice of 2 business days. Lack of advance notice and “no-shows” will result in the following charge to you: \$25 for a 12 min appt., \$38 for a 25 min appt, \$49 for a 40 min appt, or \$76 for a 55 min appt. Please note that we are closed on Fridays, so if your follow-up appointment is on a Monday, you must cancel the prior Thursday to avoid the missed-appointment fee or the forfeit of your deposit. Two missed appointment charges or one no show will necessitate pre-payment for all appointments. Please remember that reminder phone calls are a courtesy and do not relieve you of missed appointment fees.

**Deposit:** We require a \$250.00 deposit to reserve a new-patient slot for a first appointment. This deposit will be credited toward the charges of your first visit. If you must change or cancel your appointment, your deposit will be refunded **provided a one-week notice is given.** We also require a \$100 deposit on all re-establishment of care visits.

**Supplements:** We provide a list of your recommended supplements and their dosages, so that you can purchase them where you desire. “Nutrients, Etc.” is a store that provides many items at excellent value. Dr. Biddle has an ownership interest in Nutrients, Etc. Supplements at Nutrients, Etc. have been chosen based on quality and formulation but there is no guarantee that they are more effective than supplements purchased elsewhere.

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**Paperwork processing:** Time spent completing patient-generated paperwork and forms will be billed at corresponding physician rates. The patient's medical record at AIM is tailored to help us improve patient outcomes, not to document levels of disability. We regret that Dr. Biddle will not complete Physical Assessment type forms for insurance or disability claims.

**Records:** Patient is provided one copy of visit notes and labs/consults at no charge. There is a fee for additional copies.

**Pre-authorization/Pre-certification:** Forms must be supplied by the patient with insurance information and fax/phone numbers provided in order for our office to complete these forms. Since we are "out-of-network" we do not have access to forms or insurance information.

**Emails:** Practicing medicine via email is not the "standard-of-care" we wish to achieve. While email may appear to be more convenient, scheduling a telephone consult or appointment is much more effective for us.

**Telephone calls:** Requests for medical advice will be answered by trained staff members and Dr. Biddle will be consulted whenever necessary. The staff may need to take a message and return your call after patient hours. Please note that return calls from Dr. Biddle will be billed at appointment rates if they take longer than 3 minutes to complete.

**Telephone Consultations:** Telephone consultations are offered as a convenience to our patients. They are billed at the same rate as an office visit. We require a credit card over the phone at the time of scheduling. Be aware that most insurance companies do not reimburse for phone consultations.

**Prescription refills:** If you are requesting a prescription that has not been written for you before, you must schedule an appointment. You must have seen a practitioner within 12 months for us to refill your prescription. Bring refill requests to your appointments to save everyone time and to avoid a charge for refills between visits. If you do not request your prescription refill at your appointment, there will be a handling charge of \$25 to process your refill request between appointments.

#### **Consent to Treat:**

The information that I have given to Asheville Integrative Medicine is complete and true to the best of my knowledge. I authorize the doctors and staff of AIM to administer such procedures and treatment as they deem necessary and that I find agreeable. I understand that AIM implies no guarantees of cure, that I have the right to choose my treatment plan, and that I may refuse any or all treatment suggestions at any time. I acknowledge that I have been given no guarantees or warranties, expressed or implied, regarding the outcome of these procedures. I acknowledge that I have not been asked to discontinue care provided by any specialists or my primary care physician. I understand that these are widely-used and accepted therapies among Integrative Health Practitioners, but are not considered mainstream therapies among conventional physicians. **In the event a dispute shall arise** between the parties to this contract, prior to any legal action, **the parties agree to participate in at least four hours of mediation** in accordance with the mediation procedures of the State of North Carolina. The parties agree to share equally in the costs of the mediation. The mediation shall be administered by a Buncombe County certified mediator. Mediation involves each side of a dispute sitting down with an impartial person, the mediator, to attempt to reach a voluntary settlement. Mediation involves no formal court procedures or rules of evidence, and the mediator does not have the power to render a binding decision or force an agreement on the parties. I have read and understand the policies set forth above.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_