



Dear _____,

Welcome to our practice! We are grateful you have chosen us for your cardiac needs and plan to make your experience as pleasant and efficient as possible.

First appointment tips:

- Bring all medications in their original pharmacy bottles, the enclosed bag has been provided for your carrying convenience.
- Bring your insurance cards.
- Bring any previous EKG, lab test results, procedure reports or other medical records. This is especially important if you are a self-referred patient.
- Be prepared to pay your co-pay, if applicable.
- Know your medical history and be prepared to discuss your history and/or ask questions.
- Read the contents of this packet, completing any needed information.
- Complete Medical Records Request form and bring the form with you.
- Be sure to visit our website at www.carolinacardio.com and view a video about the cardiologist you will be seeing and also to learn more about our practice.

Your appointment has been scheduled with:

Doctor: _____

Procedure: _____

Date: _____ Time: _____

Please arrive at: _____

Office Location

- Greenville Office • 877 W. Faris Road, Suite B • Greenville, SC 29605 • (864) 455-6900 P
- Greer Office • 315 Medical Parkway, Suite 200 • Greer, SC 29650 • (864) 455-6900 P
- Easley Office • 101 Richard Street • Easley, SC 29640 • (864) 455-6900 P
- Simpsonville Office • 727 S.E. Main Street, Suite 100 • Simpsonville, SC 29681 • (864) 455-6900 P
- Clemson Office • 101 Chapman Hill Road (Patrick Square) • Clemson, SC 29631 • (864) 455-6900 P
- Seneca Office • 772 N. Townville Street • Seneca, SC 29678 • (864) 455-6900 P



Office Hours

Greenville office	Mon.-Fri., 8 A.M. - 5 P.M.
Greer office	Mon.-Fri., 8 A.M. - 5 P.M.
Easley office	Mon.-Fri., 8 A.M. - 5 P.M.
Simpsonville office	Mon.-Fri., 8 A.M. - 5 P.M.
Seneca office	Mon.-Fri., 8 A.M. - 5 P.M.

Scheduling Appointments

Due to the time-sensitive nature of cardiac care, we schedule patient appointments no more than one month in advance. After you see our cardiologist, if you need to schedule a follow up appointment, we will enter the month in which you need to return into our computer system. When it gets closer to the time for you to return for your office visit, our computer system prompts our schedulers to make your appointment. After your appointment is scheduled, they will mail you the date and time.

To Summarize, you will be notified by mail approximately two weeks to one month before your return appointment is due. If you receive the appointment notice and cannot keep the appointment, kindly call our office to reschedule.

Prescription Refills

We strongly encourage all refills to be obtained at the time of your office visit. Please be sure to let your cardiologist know at the time of your visit if you need any prescription refills. Please take the prescriptions you are given to your pharmacy to put them on file.

To request a refill you may call our pharmacy line at 864-455-6930 (Greenville, Greer, Easley, or Simpsonville).

When leaving a voice mail make sure to include all information requested, including if you need a 30 day or 90 day supply.

Refill requests are completed in 24-48 hours unless additional information is needed from you. Written prescriptions will be available for pick up in 24-48 hours. If you require the prescription to be mailed, please make sure to indicate this at the time of your request.

After hours

At least one of our cardiologists is on call 24 hours a day for emergencies. If you should need to speak with a cardiologist after hours, please call the office and the answering service will forward your message to the on call physician.



Comprehensive Review of Systems

Please bring this form to your appointment.

Patient name: _____

SS#: _____ Date: _____

Please indicate any recent problems. Use the space provided if needed.

Constitutional: fever chills night sweats fatigue weakness loss of appetite weight loss

Eye: vision loss vision change cataracts glaucoma

ENT: hoarseness difficulty swallowing hearing loss nose bleeds

Cardiovascular: chest pain shortness of breath palpitations passing out
 shortness of breath with exertion difficulty breathing lying flat waking up at night short of breath
 swelling dizziness

Respiratory: cough shortness of breath coughing up blood wheezing snoring sleep apnea

Gastrointestinal: nausea vomiting constipation hiatal hernia blood in stools diarrhea
 indigestion/reflux abdominal pain jaundice

Genitourinary: difficult/painful urination blood in urine

Musculoskeletal: back pain muscle cramps joint pain muscle pain arthritis

Skin: rashes skin growths

Neurological: fainting headaches memory loss seizures stroke paralysis numbness
 poor balance dizziness

Psychiatric: depression anxiety panic attacks

Endocrine: diabetes thyroid problems

Hematology/Lymphatic: anemia blood transfusions blood disorder abnormal bruise

Allergic/Immunologic: food/insect/seasonal allergies difficulty breathing due to allergic reaction
 passing out due to allergic reaction

Financial Policy

Please read this financial policy carefully. If you have any questions about this policy, any member of our staff will be glad to assist you.

The following are the conditions for services provided to the patient by Greenville Health System, GHS Partners in Health, and the various entities and providers affiliated with them each individually and collectively referred to as Greenville Health System or GHS.

Payment for Service: Each office will inform you of co-pay and deductible amounts at check in or check out. These amounts are due at the time of service. As a courtesy to you, we will file your insurance claims if you provide us with a copy of your current insurance card. We require that you pay your deductible, co-payment, and/or any charges not covered by insurance.

Method of Payment: You may pay your bill with cash, personal check, certain credit cards, or debit card.

Returned Checks: A \$25.00 service charge will be added on all checks returned to us for insufficient funds.

Non-appointment Prescription Refills: A \$15.00 charge per incidence may be added for non-appointment prescription refills.

Non-appointment Prescription: A \$25.00 charge may be billed to you for new prescriptions filled via phone.

Completion of Medical Forms: There may be a charge for completion of forms such as disability, camp physicals, etc.

Copies of Medical Records: There may be a charge for completion of this process; SC Sec. 44-7-325 for Health Care Facilities

- \$.65 per page for the first 30 pages
- \$.50 per page for all other pages
- Clerical fee not to exceed \$25.00
- Plus actual postage

No-show Appointments: A fee of \$25.00 for a follow up visit and \$50.00 for a new patient visit or endoscopy procedure may be charged for all missed appointments not canceled at least 24 hours prior to the appointment time. You will be financially responsible for the fee, as insurance plans do not cover these charges. You may notify our office of any cancellations by calling during normal office hours.

Payment for Services Provided by Certain Providers: If you are having laboratory and/or diagnostic services by providers other than this office or other practices doing business as GHS University Medical Group, you may be billed separately by that service provider. This includes services provided by Greenville Health System.

Collection Policy: Delinquent accounts will be forwarded to a collection agency. We will inform you of your account status on your statement. If you are unable to pay your balance promptly, please call us at 864-454-2000 or 1-888-284-6024 to make payment arrangements. We will attempt to contact you by letter before your account is forwarded.

Questions: We are here to help should you have any questions regarding your statement or insurance.



AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

THE INFORMATION PROVIDED IN THIS FORM WILL BE RELIED UPON BY ALL HEALTH CARE PROVIDERS OF GREENVILLE HEALTH SYSTEM UNLESS REVOKED OR MODIFIED BY THE PATIENT IN WRITING.

Patient Name (PRINT) _____

(For Office Use Only)

MRN _____

DOB _____

Authorization for Disclosure of Medical Information: The privacy of your medical information is important. We will discuss your medical condition with person(s) you designate.

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? IF YES, WHOM? (Check and complete one)

The following family members or other individuals may receive information regarding my medical condition:
Print first and last name(s) _____

OR

Any family member or other individual inquiring about my medical condition may receive information from my provider, EXCEPT the following individuals: *Print first and last name(s)* _____

You may revoke/cancel or modify/change the above designation, but the revocation or modification must be in writing.

NOTE: This designation does not give the above named individuals the right to make health care decisions for you. If at any time you are unable to consent to care or treatment, we will follow the procedure set forth in the South Carolina Adult Health Care Consent Act.

Confidential Communication: Please provide phone number(s) where we can reach you:

Home: _____ Work: _____ Cell Phone: _____ Other _____

Messages: A request for return calls may be left on the following answering machine or voice mail: *(Check all that apply)*

Home Work Cell Phone I do not authorize

I authorize my medical information to be left on the following answering machine or voice mail: *(Check all that apply)*

Home Work Cell Phone I do not authorize

If we are unable to reach you or leave a message at the above phone number(s), please indicate with whom we may leave a message for you to call our facility.

Name _____ Phone Number _____

Name _____ Phone Number _____

Note: An automated appointment reminder system may call the number listed in our data base.

Signature: I hereby authorize the disclosure of my medical condition and information as described above.

Patient/Patient's Representative Signature: _____ Date: _____ Time: _____

PRINT Name (if Patient's Representative): _____

Relationship to Patient (if Patient's Representative): _____

GHS Representative: _____ Date: _____ Time: _____

Nondiscrimination Statement

Greenville Health System (GHS) does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, age or disability in its health programs and activities.

GHS provides appropriate aids and services, including qualified interpreters and written information in various formats, for people with disabilities. GHS provides language assistance services, including translated documents and oral interpretation, to people whose primary language is not English. All services are timely and offered for free. Those needing these services should call (864) 455-7000.

GHS has designated its Diversity Coordinator to ensure compliance with these services. Any person who believes someone has been discriminated against may submit to the Diversity Coordinator, within 60 days of becoming aware of the alleged discrimination, a written complaint with the name and address of the person filing the grievance, as well as the problem or action alleged to be discriminatory.

Complaints may be filed at diversity@ghs.org or 701 Grove Road, Greenville, SC 29605, attn. Diversity Coordinator. Individuals may file a complaint in court or with the U.S. Department of Health and Human Services, Office of Civil Rights, by mail at 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, online at <https://ocrportal.hhs.gov/ocr/office/file/index.html> or by phone at 1-800-368-1019.

Language Assistance Information

Si usted habla español, tenemos a su disposición servicios gratuitos de asistencia lingüística. Llame al (864) 455-7000. (Spanish)

如果您说中文，傳譯服務可免費提供服务。您可以拨打。(864) 455-7000 (Chinese)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (864) 455-7000. (Vietnamese)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (864) 455-7000 번으로 전화해 주십시오. (Korean)

Si vous ne maitrisez pas bien la langue anglaise, des services gratuits d'assistance linguistique sont disponibles au numero suivant (864) 455-7000. (French)

Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (864) 455-7000. (Tagalog)

Если Вы говорите на русском языке, то Вам доступны бесплатные услуги переводчика. Звоните (864) 455-7000. (Russian)

Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (864) 455-7000. (German)

જો તમે ગુજરાતી જાણતા હોય તો, ભાષા સહાયક સેવાઓ, વિના મુલ્યે, તમારા માટે ઉપલબ્ધ છે. ફોન કરો (૮૬૪) ૪૫૫-૭૦૦૦. (Gujarati)

إذا كنت من الناطقين باللغة العربية، تتاح خدمات المساعدة اللغوية لك. اتصل على الرقم (864) 455-7000. (Arabic)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (864) 455-7000. (Portuguese)

注意事項：日本語を話す場合、言語支援サービスは無料でご利用できます。(864) 455-7000 までお電話ください。(Japanese)

Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (864) 455-7000. (Ukrainian)

अगर आप हिंदी बोलते हैं, तो आप के लिए निः शुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। (864) 455-7000 पर कॉल करें। (Hindi)

បើលោកអ្នកនិយាយភាសាខ្មែរ លោកអ្នកអាចប្រើប្រាស់សេវាជំនួយភាសាបានដោយឥតគិតថ្លៃ។ ហៅទូរសព្ទទៅលេខ (864) 455-7000។ (Cambodian)