AOC Arthritis & Osteoporosis Center

Patient Information

Michael L. Mawby, MD
Marianne Peacock, CNP
1115 South Union St.
Traverse City, MI 49684
231.935.0550
Revised 8/13/19

Last: First: Middle: Preferred Name:

Social Security: Birth Date: Age: Gender: M F

Street: City: State: Zip:

Billing Address: County:

Home Phone ( ) Cell Phone ( ) Work Phone ( )

Contact Preference: (please circle one) Home Cell Work Other:

Race: ☐ Refuse to disclose **Preferred Language:** ☐ Refuse to disclose

(Please check one) Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown/Refuse to disclose

Marital Status: M S D W **Student Status: FT PT NA**

Primary Care Physician: Primary Care Physician's Phone:

Employer: Address:

Referring Physician: Referring Physician's Phone:

Previous Rheumatologist Name: Phone:

Emergency Contact Person: Phone:

Guarantor Name (if patient is a minor): Phone:

Patient Email Address:

Primary Insurance Company: Member ID #:

Subscriber: Self Other (if other) Name: Date of Birth: Soc Sec #:

Secondary Insurance Company: Member ID #:

Subscriber: Self Other (If other) Name: Date of Birth: Soc Sec #:

Third Insurance Company: Member ID #:

Subscriber: Self Other (If other) Name: Date of Birth: Soc Sec #:

Are you enrolled in Medicaid? No Yes (AOC is not able to see patients with Medicaid)
I understand that AOC is not able to see patients enrolled in any Medicaid plan. I understand that it is my responsibility to advise AOC if I am currently or newly enrolled in Medicaid. I also understand that should I enroll in a Medicaid plan, I will need to seek rheumatologic services through a different provider.

Patient or Responsible Party Signature: **Date:**

Office Policies for Arthritis and Osteoporosis Center

All new patients are expected to arrive 30 (thirty) minutes prior to their appointment time. Patients who arrive less than 30 minutes prior to the scheduled appointment time may have to be rescheduled to the next available appointment. When your appointments are scheduled you are given the "arrival time".

AOC requests that you speak directly to a staff member by noon two days prior to your scheduled appointment if you need to reschedule. If you are unable to do this you may be charged $45.00.

We will submit claims to your insurance company. However, the patient is responsible for any co-pays, deductibles or non-covered services at the time of service. The patient will be responsible for any insurance claims not paid after 90 (ninety) days from the date of service.

All checks returned for non-sufficient funds will have a $35.00 fee.

All prescription refills will be done at your appointment time. Refills needed outside of a scheduled appointment may require an additional appointment. Otherwise, please allow 3 (three) business days for refills.

Some requests for copies of medical records will be charged a fee. Please ask the front desk staff for an estimate. Allow 15-30 business days for completion. Completion of forms or letters may have applicable charges. Please inquire at front desk for applicable charges. An office visit may be required for completion of forms.

Dr. Mawby does not determine disability and currently does not accept or bill Workers Compensation.

Dr. Mawby does not provide hospital in-patient services. If you are admitted to the hospital, he can provide information/records to your admitting physician.

All sales of supplements or other products are final. AOC will not accept returns and will not issue a refund.
These policies may change at any time without notice.

Authorization

I authorize the office staff of Dr. Mawby's to discuss my treatment plan with the following people if they call the office with questions on my behalf. ☐ YES ☐ NO

_____	_____	(___)_____
Name	relationship	phone
_____	_____	(___)_____
Name	relationship	phone

Consent for Medical Treatment

I authorize AOC providers and personnel to render medical evaluation and treatment if needed for this appointment and all future appointments.

Notice of Privacy Practices & Signature

I have read the above policies and agree to abide by any and all of the items. AOC's Notice of Privacy Practices describes the specific meaning of "treatment", "payment", "health care operations" and how AOC may use and disclose my health information to carry out these functions. AOC has a copy posted in the waiting room and a copy available upon request, or you may access the document online at www.aoctc.com.

Name of Patient or Responsible Party: _____

Signature of Patient or Responsible Party _____Date:_____