

# Arbor Medical

1950 Laurel Manor Dr Bldg 200 • Suite 206 & 208 The Villages, FL 32162

Welcome!

Arbor Medical Group would like to extend a heartfelt welcome to you as a new patient to our practice. We look forward to providing services for all your medical needs.

Enclosed you will find forms to fill out that will expedite your visit. Fill these out to the best of your knowledge. If you are not sure what the question is asking, go ahead and leave it blank.

Remember to bring the following to your first visit:

1. Insurance Cards
2. Government issued I.D.
3. List of medications currently taking
4. Copies of all previous radiological imaging, procedures, labs and hospital discharge information as applicable

Does Arbor Medical Group have permission to contact you via phone/voice mail to relay medical information? Y / N

If you answered No, how would you like us to communicate with you \_\_\_\_\_

\_\_\_\_\_

You can opt out of communication at any time, please inform us.

If you have any questions or concerns, please feel free to call us at (352) 205-8812 and we will be able to assist you.

For complete practice details please visit us

[www.arbormed99.com](http://www.arbormed99.com)

\_\_\_\_\_  
Signature/date

# MEDICAL

(352) 205 – 8812 P

(352) 205 – 8184 F

Twitter: @arbormed99

[www.arbormed99.com](http://www.arbormed99.com)



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## Appointment Reminder Consent Form

By signing the below document, you are giving consent to Arbor Medical Group to send you appointment reminders by e-mail and SMS text formats. Practice Fusion (our electronic medical record) will automatically send appointment reminders through e-mail 1 week and 36 hours prior to appointment. A text message and/or voice message will be sent automatically 24 hours prior to appointment.

Please provide the appropriate e-mail and cell phone number below along with your signed consent.

E-mail: \_\_\_\_\_

Cell number: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Please call if you want to opt out

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## Practice Rules and Regulations (1/2)

**Please read the following rules and regulations and sign and date at the bottom.**

For out of network patients: You may be subjected to additional materials and labor charges. You will be informed of this prior to visits/procedures.

Prior authorizations: Arbor Medical will do its best to provide prior authorizations but due to staffing shortages and resources this may not be done in a timely manner, possibly not at all. If you are unable to wait you have the option to discuss with your insurance or you will be responsible for charges otherwise covered through the prior authorization process.

No show fee - if you no show for 2 appointments in a calendar year you will need to pay a reinstatement fee of \$15 dollar charged to credit card prior to scheduling another appointment.

No show = failure to call and cancel within 1 hour of appointment

Multiple cancellations within a calendar year may result in you being removed from clinic or subject to additional charges.

Arbor Medical is not responsible for bills submitted by third parties (Lab, radiology, etc.).

Arbor Medical is not able to change codes once orders have been submitted.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Practice Rules and Regulations (2/2)

**Please read the following rules and regulations and sign and date at the bottom.**

All paper copies of labs, pathology and radiology ordered by Arbor Medical providers will be provided to you at your date of visit. Extra copies can be obtained at a fee (\$1/page) or can be obtained directly from the lab or imaging center. Arbor Medical does not provide any records from any outside physician or hospital - Florida Statute - 395.3025

We request you treat all staff and doctors with courtesy and respect. Failure to do so may result in immediate termination from the clinic. Please refrain from cell phone use in the office as a courtesy to other patients.

Patients may be subjected to charge associated with damage to Arbor Medical Group facilities by patient and family.

Any charges not covered by your insurance may be the responsibility of the patient. Clarification of primary (ie initial payer) , secondary insurances and or any additional payers are the responsibility of the patient.

Patient will be responsible for all charges if they fail to notify Arbor Medical Group of any changes to insurance or eligibility. Arbor Medical Group will not resubmit charges to new insurances in these instances.

Copays stated on insurance card will be collected on date of visit, no exceptions

For patients with non-Medicare private insurance, there will be a collection of fees on the day of service. For clinic visits, there will be a \$20 co-pay collected for all visits. In addition there will be a \$100 dollar fee for new patients or a \$75 dollar fee for follow up visits applied to deductible. Procedures will incur a fee of at least \$150 during the visit applied to deductible. These dollar amounts may change depending on existing eligibility and deductibles.

HIPPA Notice of Privacy Procedures available at request and online

**Please see [arbormed99.com](http://arbormed99.com) for most up to date clinic policies**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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(352) 326 - 8081

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