

Up 2 Par is a golf-themed Primary Care Clinic dedicated to exceeding the medical expectations of Yumans.

WELCOME TO UP2PAR MEDICAL CLINIC

Welcome to a new way of doing medicine. A patient centered approach that values your time and your health and puts a premium on prevention.

We value your time and therefore we DO NOT OVERBOOK. New Patients are given 60 minutes, Hospital Follow-ups are given 40 minutes and Routine follow-ups are given 20 minutes. If you have a Routine Follow-up scheduled, but have more than two (2) new complaints, you may be asked to make a follow-on appointment in order to have your needs properly met. (Please do not save up a "laundry list" of problems for your 20 minute appointment) We are a "hands on" clinic so expect a full physical on your first visit and brief physical exam for most new complaints.

Since we do not overbook, we strongly encourage you not to miss your appointment or cancel 24 hrs prior to your appointment. If you do not cancel ahead of time, a \$50 charge will be collected before you can schedule another appointment. Also since we run on-time, you will be considered a missed appointment if you are more than 11 minutes late for your appointment, otherwise it would run into the next patients' appointment.

We do offer Same-Day appointments for urgent illnesses. Each provider has 5 Same-Day appointments and if you call EARLY in the day we will almost always get you in, although it may not be your regular Primary Care Provider if they are already booked.

If you are scheduled for an Annual Physical Exam or want to make a Pre-Op appointment, we strongly encourage you to get the labs done ahead of your visit to prevent the need for follow up visits.

We try to be a "one-stop shop" for most of your health needs. We offer Well Woman Exams (PAP/Pelvic and order Mammograms), dermatology services (cryotherapy, skin biopsies) including Botox and Fillers, Botox for Migraines, Hormone Replacement Therapy (Pellets at VERY reasonable prices), joint injections, In-House Ultrasounds, and we insert Norplant Birth Control for women.

We have two offices; the original on 8th Ave in Yuma and the Foothills Blvd location. Both have a Sonora Quest drawing station for our patient's convenience. We encourage you to use Sonora Quest as they are linked directly to our Electronic Medical Records and the data integrates seamlessly.



Up 2 Par Medical Clinic, reserves the right to modify the privacy practices outlined in the notice.

| I have received a copy of the Notice of Privacy | Practices for Up 2 Par Medical Clinic. |
|---|--|
| Signature of Patient | Date |
| Name of Patient Printed | Date |
| Relationship to Patient Representative | Date |
| Signature of Patient Representative | Date |

(Required if the patient is a minor or an adult who is unable to sign this for



24 Hour Cancellation/Reschedule, "No Show" Fee Policy & Electronic communication consent

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, **Up 2 Par Medical Clinic reserves the right to charge a fee of \$50.00 for all missed appointments** ("no-shows") and appointments which, absent a compelling reason, are not cancelled or rescheduled with a 24-hour advance notice.

"No-show" fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment. If your account is sent to collections, 40% of the total bill will be added for collection fees.

Multiple "no-shows" in any 12-month period may result in termination from our practice.

By signing this form you are consenting to receive messages from us, your healthcare provider, that utilizes an automatic telephone dialing system to deliver a text, voice, pre-recorded messages, or e-mails that may contain health related information or healthcare management advice at the telephone number(s) and/or e-mail that you have provided. Types of messages include but are not limited to, appointment reminders, notification of lab results, prescription notifications, vaccination reminders, etc. We respect your privacy and Up 2 Par Medical Clinic will not send you telemarketing related messages or share your contact details with anyone.

Thank you for your understanding and cooperation as we strive to best serve the needs of all of our patients.

| By signing below, you acknowledge that you have re | eceived this notice and understand this policy. |
|--|---|
| Printed Name | Date |
| Signature | |

YUMA: 2775 S 8th Ave Yuma, AZ 84364 PH: (928) 341-0700 Fax: (928) 341-0900 **FOOTHILLS**: 11463 S. Foothills Blvd. Yuma, AZ 85367 PH: (928) 955- 0189 Fax (928)341-0900



Financial Responsibility

Verification of eligibility and benefits are conducted every time you have an office visit. However, per your insurance, this is not a guarantee of payment.

A copayment may apply if an illness is evaluated or procedure is performed during a Well Exam.

Please, be advised that you may be subject to a deductible, co-insurance amount or copayment which we may not be aware of until the claim for the office visit has been processed by your insurance carrier.

Should there be a remaining balance due after your insurance carrier has processed the claim; a statement will be sent to you for payment.

Also, please be advised that failure to provide correct, new or additional insurance information in a timely manner may result in additional financial charges. This includes any private insurance coverage as well as AHCCCS.

In the event that I have failed to pay for the services provided by this office, and the account is placed for collection, I understand and agree that an additional amount equal to 40% of the balance owing at the time the account is placed for collection, will be added to the current balance owing. In addition to a collection fee of 40% of the balanced owed, I agree to pay interest at the rate of (10%) ten percent per annum until the amount owed is paid in full. I further agree to pay all attorneys fees and court costs, necessary to collect this balance.

| I have read the above statement a | and understand my financial responsibility | <u>y.</u> |
|-----------------------------------|--|-----------|
| | | |
| <u> </u> | | |
| Signature of Patient | Date | |

YUMA: 2775 S 8th Ave Yuma, AZ 84364 PH: (928) 341-0700 Fax: (928) 341-0900 **FOOTHILLS**: 11463 S. Foothills Blvd. Yuma, AZ 85367 PH: (928) 955- 0189 Fax (928)341-0900

| PATIENT INFORMATION | | | Cocial Convitu # | |
|--|----------------------------|-------------------|--|---------------------|
| Name: | IVII | Ргетіх: _ | Social Security # | |
| Home Phone ()Cell Phone (|) - | ∩ ∩ R· / | / Sex: | |
| Home Address: | | | | |
| Mailing Address: (PO Box if Required) | | - | | |
| | Race: | | Ethnicity: | |
| Referred to clinic by: | | | Ethnicity. | |
| Email Address: | | - ' | | |
| PATIENT EMPLOYER | | | | |
| Employer: | E | mplovment Sta | atus: | |
| Phone () | | | Status: | |
| GUARANTOR INFORMATION | | 2 ta a citt | GUARANTOR EMPLOYER | |
| Name: | | Name: | GOARANTON EINITEOTER | |
| Address: | | | | |
| | | Audi E33. | | <u> </u> |
| City State | Zip | | City State | _ Zip |
| Phone #: () | • | | Phone #: () | - -• |
| Social Security # | | Relations | ship to Patient: | |
| INSURANCE INORMATION | | | | _ |
| PRIMARY: | ID# | | Group#: | |
| Policy Holder: | | | | |
| Social Security # | | | | |
| SECONDARY: | | | | |
| Policy Holder: | | | | |
| Social Security # | | | | |
| EMERGENCY CONTACT: | | | | |
| Name: | Phone #: (| _) | _ | |
| Last First | | | - | |
| | | | Relationship to Patient: | |
| ASSIGMENT OF BENEFITS-FINACIAL ARRA | NGFMFNT | | - | |
| ASSIGMENT OF BENEFITS-FINACIAL ARRA I hereby give authorization for payment of insurance | | ectly to Up2Par | | |
| for services rendered. I understand that I am financi agree to pay all costs of collection and reasonable at payment of benefits. I agree that a photocopy of this | ttorney's fees. I hereby a | uthorize this hea | althcare provider to release all information | |
| I AM AWARE THAT THESE CHARGES ARE E | ESTIMATES ONLY AN | ID THAT I MA | Y RECEIVE ADDITIONAL BILLING. | |
| | | | D | |
| Patient, Parent, or Guardian | | | Date / / | |



Health History Questionnaire

| Patient Name: | | | Date: |
|--|----------------------------------|-----------|----------------------------|
| | <u>Print</u> and <u>fill</u> out | t cor | mpletely |
| Current medications (pres | | | |
| Name of medication | Reason you take it for? | Dose | e/Strength How often |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Currently not taking a | ny medication | | |
| | | | |
| Current medical problems | 1 | | |
| Asthma | | 0 | Seizures |
| Cardiac disease | | 0 | Stroke |
| Dizziness | | 0 | Fatigue |
| Hypertension | | 0 | Gall bladder |
| Depression | | 0 | Stomach, bowel problems |
| Cholesterol | | 0 | Kidney or bladder problems |
| Headaches | | 0 | Anemia |
| Migraine | | 0 | Cancer (Type of) |
| Blood Transfusion | | 0 | Diabetes Type 1 or Type 2 |
| Additional information: _ | (Diagnosis, treat | ment. | |

Medical History

| Medicatio | on allergies | /intole | erance: | | | Т | ype of r | eaction: | |
|----------------------------|-----------------------|-----------|-------------------------|-------------|-------------|-------------------|----------|--------------------|--------|
| | | | | | | | | | |
| Surgeries | | 00 Tm.+ | a ha as Smaaif i | • • • • • • | aciblo | | | | |
| List any surg | geries and date Ty | | o be as Specifi | c as pos | ssible | | Date | | |
| | - , | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Hospitaliz | | other tha | an surgeries, a | nd date | .s: | | | | |
| | | ason | 0, . | | | | Date | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Family Hi | story | | | | | | | | |
| Members | Alive/ Deceased | Age | Diabetes | Нуре | ertension | Heart Disease | Stroke | Mental Disorder | Cancer |
| Father | | | 0 | (| O | 0 | 0 | 0 | 0 |
| Mother | | | 0 | (|) | 0 | 0 | 0 | 0 |
| Additiona | al Family his | story: | 1 | | | 1 | | <u>'</u> | 1 |
| Siblings: Bro Children: | thers S | | Daughters | | lthy: Yes o | r No /: Yes or | - | | |

YUMA: 2775 S 8th Ave Yuma, AZ 84364 PH: (928) 341-0700 Fax: (928) 341-0900 **FOOTHILLS**: 11463 S. Foothills Blvd. Yuma, AZ 85367 PH :(928)955-0189 Fax :(928)341-0900

Social History

| Do you use Tobacco | products? | | | | | |
|---|---------------------------|--------------------------|-----------------------------|-------------------|--------|---------|
| Current | Never | 0 | Former | | | |
| Type of product | | | | | | |
| Cigars | o Chew | 0 | Cigarettes | o Va _l | эе | |
| If former: | | | | | | |
| How long has it been sin | ce last smoked | ? | _ | | | |
| Alcohol: | | | | | | |
| Did you have a drink con | taining alcohol | in the past yea | r? | | | |
| o No | o \ | ′es | | | | |
| If yes, how often did you | ı have six or mo | re drinks on or | ne occasion in th | ne past year? | | |
| Never | | o 2 to 3 | 3 times a week | (| | |
| Less than month | thly | 4 or r | more times a v | veek | | |
| o 2 to 4 times a r | month | | | | | |
| Sexual History: Had Sex in the past 12 m | onths: Yes: | No: | | | | |
| o Men | o Women | | Both Men & | Women | | |
| Use Protection? Yes: | | | | | | |
| Prevention Strategies: A | | | Other: | | | |
| Have you ever had an ST | | | other | | | |
| | | | C [-1] | | 1 | Othern |
| Chlamydia | o Gon | orrnea | Syphili | S 0 F | ierpes | o Other |
| Miscellaneous: | | | | | | |
| Are you currently: | | | | | | |
| Employed | o Ur | employed | o Ro | etired | | |
| Recreational drug use | | | | | | |
| Yes | o No |) | o Fo | ormer | | |
| Do you exercise? | | | | | | |
| Regularly | o Ra | rely | o N | one | | |
| Marital Status: | | | | | | |
| ○ Single | | arried | O D | ivorced | o 1 | Widowed |

YUMA: 2775 S 8th Ave Yuma, AZ 84364 PH: (928) 341-0700 Fax: (928) 341-0900 **FOOTHILLS**: 11463 S. Foothills Blvd. Yuma, AZ 85367 PH: (928)955-0189 Fax: (928)341-0900

Preventive Health History (Please fill out completely)

| Colonoscopy: | | | | |
|---|--|--|---|---|
| • • | Date: | _ | | |
| Benign Polyps | o Pre-Cance | rous Polyps | 0 | Cancer |
| Diverticulitis | o Hemorrho | ids | 0 | Normal |
| Mammogram: | | | | |
| No: Yes: | Date: | _ | | |
| Suspicious Calcificat | cions o Be | nign Calcifications | | |
| o Breast Cancer | o No | ormal | | |
| Bone Density: | | | | |
| No: Yes: | Date: | _ | | |
| Normal | 0 | o Osteopenia | | o Osteoporosis |
| Pap Smear: | | | | |
| i ap sincar. | | | | |
| No: Yes: | Date: | | | |
| • | | _ | | |
| No: Yes: o Normal o | | _ | | |
| No: Yes: o Normal o Advanced Directives | Abnormal | − ○ No | 0 | Yes |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives | Abnormal | | | Yes Yes |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? | Abnormal ctive? | NoNo | 0 | |
| No: Yes: O Normal O Advanced Directives Do you have Advanced Directive Do you have a Living Will? Do you have a Medical Pow | Abnormal ctive? er of Attorney? | NoNoNoNo | 0 | Yes Yes |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Power of the second of | Abnormal ctive? er of Attorney? this questions pleas | NoNoNoNose give a copy to the r | 0 | Yes Yes |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Powelf you answered yes to any of | Abnormal ctive? er of Attorney? this questions pleas | NoNoNoNose give a copy to the r | 0 | Yes Yes |
| No: Yes: Normal O Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Power of the second o | Abnormal ctive? er of Attorney? this questions pleas | NoNoNoSe give a copy to the r | 0 | Yes Yes onist. Date: |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Powelf you answered yes to any off Preventative Medicine (Tetanus | Abnormal ctive? er of Attorney? this questions pleas (immunizations) No | NoNoNoSe give a copy to the r:Yes | 0 | Yes Yes onist. |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Power of the second of | Abnormal ctive? er of Attorney? this questions pleas (immunizations) | No No No se give a copy to the r : Yes Yes Yes | 0 | Yes Yes Onist. Date: Date: |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Power of the second of | Abnormal ctive? er of Attorney? this questions pleas (immunizations) | No No No Se give a copy to the r Yes Yes Yes Yes Yes | 0 | Yes Yes Date: Date: Date: |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Power of the second of | Abnormal ctive? er of Attorney? this questions pleas (immunizations) | No No No Se give a copy to the r : Yes Yes Yes Yes Yes Yes Yes Yes Yes | 0 | Yes Yes Date: Date: Date: Date: Date: |
| No: Yes: Normal Advanced Directives Do you have Advanced Directives Do you have a Living Will? Do you have a Medical Power of the your answered yes to any of the your answere | Abnormal ctive? er of Attorney? this questions pleas (immunizations) | No No No No se give a copy to the r : Yes | 0 | Yes Yes Date: Date: Date: Date: Date: Date: Date: Date: |

YUMA: 2775 S 8th Ave Yuma, AZ 84364 PH: (928) 341-0700 Fax: (928) 341-0900 **FOOTHILLS**: 11463 S. Foothills Blvd. Yuma, AZ 85367 PH: (928)955-0189 Fax: (928)341-0900