

PROLIANCE

**Surgical Specialists  
of Edmonds**

**Mill Creek Campus**

13020 Meridian Ave. S., Everett, WA 98208  
Phone: 425-778-8116 • Fax: 425-775-9526  
[www.surgicalassociatesedmonds.com](http://www.surgicalassociatesedmonds.com)

WELCOME TO PROLIANCE - SURGICAL SPECIALISTS OF EDMONDS **MILL CREEK CAMPUS**

**13020 Meridian Ave. S., Everett, WA 98208**

Thank you for choosing our office to meet your specialized medical needs. Your concerns are very important to us and we want to assure you that it is our intent to give you the best care possible for your medical condition at all times.

The first visit with one of our surgeons is usually a consultation to review the medical issues and mutually plan for a course of action. This may include additional testing and evaluation with other specialists and your primary care provider to be sure that all medical issues are considered and addressed.

**What to bring:**

- Your insurance cards
- A picture ID, if available
- A check, cash, credit card for co-payments, deductible, and co-insurance amounts due before you visit
- Please complete and bring the enclosed forms to your appointment

**Please arrive in our office 20-25 minutes early**, as we will need you to verify your address and insurance information. This will allow our patient service staff to complete the preparation of your medical forms and records as necessary. If cancellation is made with less than 24 hours notice a cancellation fee of \$50.00 will be assessed and this will need to be paid prior to rescheduling your appointment.

**North or Southbound I-5 Directions TO SWEDISH/MILL CREEK CAMPUS**

- Take exit #186 for WA-96 E/128<sup>th</sup> St. S.W.
- Turn East on 128<sup>th</sup> St. S.W.
- Take the 1st right onto 3rd Ave. S.E.
- Continue onto 130<sup>th</sup> St. SE/Meridian Ave. S.
- Swedish/Mill Creek will be on your right.

For more information, please see our website at: [www.proliance-sse.com](http://www.proliance-sse.com)

**We look forward to seeing you soon.**

**BMI:** \_\_\_\_\_ **Ht:** \_\_\_\_\_ **Wt:** \_\_\_\_\_ **BP:** \_\_\_\_\_ **HR:** \_\_\_\_\_ **T:** \_\_\_\_\_

**PLEASE LIST CURRENT MEDICATIONS:**

Name: \_\_\_\_\_ Strength (mg/mcg): \_\_\_\_\_ Times per day: \_\_\_\_\_

\*ARE YOU TAKING A BLOOD THINNER SUCH AS COUMADIN, PLAVIX, ASPRIN, or OTHER? YES NO

**PLEASE LIST CURRENT ALLERGIES (OR REACTIONS YOU MAY HAVE):**

Name: \_\_\_\_\_ Reaction: \_\_\_\_\_

**WHAT IS YOUR PAST SURGICAL HISTORY:**

Year: \_\_\_\_\_ Operation: \_\_\_\_\_

**CARDIAC HISTORY:**

**\*HAVE YOU EVER SEEN A CARDIOLOGIST (HEART DOCTOR)** YES NO NAME OF CARDIOLOGIST

**\*DO YOU HAVE AN IMPLANTABLE ELECTRONIC DEVICE** YES NO

Type (circle):  
PACEMAKER AICD/ICD (DEFIBRILLATOR) INSULIN PUMP PAIN PUMP OTHER

**PLEASE LIST YOUR PAST MEDICAL HISTORY OR CIRCLE BELOW:**

HIGH BLOOD PRESSURE HIGH CHOLESTEROL STROKE/SEIZURE/TIA  
CORONARY ARTERY DISEASE/MI HEART RHYTHM PROBLEM BLEEDING/CLOTS/DVT/PE  
DIABETES ASTHMA/COPD HEARTBURN/GERD  
DEPRESSION/BIPOLAR SLEEP APNEA/CPAP PROBLEM VOIDING

**SOCIAL HISTORY AND HEALTH HABITS:**

|                      |           |             |              |               |             |         |
|----------------------|-----------|-------------|--------------|---------------|-------------|---------|
| Relationship Status: | Single    | Partnered   | Married      | Separated     | Divorced    | Widowed |
| Smoking              | No:       | Packs/Day:  | Packs/Year:  | Quit (Year):  |             |         |
| Alcohol              | No:       | Drinks/Day: | Drinks/Week: | Drinks/Month: | Quit(Year): |         |
| Drugs                | Marijuana |             | IV Drugs:    |               |             |         |

**FAMILY HEALTH HISTORY: (CANCER, CARDIAC DISEASE, ANESTHETIC PROBLEMS)**

|          |  |              |  |
|----------|--|--------------|--|
| Father   |  | Aunt/Uncle   |  |
| Mother   |  | Children     |  |
| Siblings |  | Grandparents |  |

**System Review:  
Check Box and Give Details**

**Constitutional Symptoms:**

- Weight Loss/Gain: \_\_\_\_\_ lbs.
- Fevers
- Night Sweats

**Eyes:**

- Glaucoma
- Macular Degeneration

**Head and Neck:**

- Sinus Infection
- Swollen Glands
- Dentures/Partial Plate
- Radiation to Face or Neck

**Heart:**

- Chest Pain/Angina Pectoris
- Heart Attack/Myocardial Infarction
- Irregular Heartbeat
- Shortness of Breath, Lying Down
- Swelling, in Feet or Legs
- Stents in Heart
- Pacemaker

**Lungs:**

- Asthma/Wheezing
- COPD/Emphysema
- Respiratory Infections
- Sleep Apnea

**Gastrointestinal:**

- Heartburn/GERD
- Ulcers
- Frequent Diarrhea
- Constipation
- Blood in Stool
- Hemorrhoids
- Hepatitis

**Genitourinary:**

- Difficulty Voiding
- Frequent Urination
- Kidney Stones

**Fertility/Reproduction:**

Pregnancies: \_\_\_\_\_  
Miscarriages: \_\_\_\_\_

- Menopause
- Tubal Ligation
- Vasectomy

**Muscles/Joints:**

- Arthritis
- Joint Replacement
- Back Pain

**Skin:**

- Rashes
- Skin Cancer

**Breasts:**

- Breast Pain
- Breast Mass
- Nipple Discharge

**Neurologic:**

- Stroke
- Loss of Memory
- Seizures
- Migraines
- Depression
- Bipolar Disorder
- Anxiety

**Endocrine:**

- Thyroid Problems
- Diabetes

**Blood Problems:**

- Anemia
- Bleeding Problems
- Clotting Problems
- Transfusions

**Allergies:**

- Latex
- Iodine



## NOTICE OF PRIVACY PRACTICES

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**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

Proliance Surgeons, Inc., P.S. respects your privacy. We understand that your personal health information is very sensitive. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Laws protect the privacy of the health information we create and obtain in providing our care and services to you. For example, your protected health information includes your symptoms, test results, diagnoses, treatment plans, health information from other providers, and billing and payment information relating to these services. Federal and state law allows us to use and disclose your protected health information for purposes of treatment and health care operations. State law requires us to get your authorization to disclose this information for payment purposes.

### **Examples of Use and Disclosures of Protected Health Information for Treatment, Payment, and Health Operations**

#### **For treatment:**

- Information obtained by a nurse, physician, or other member of our health care team will be recorded in your medical record and used to help decide what care may be right for you.
- We may also provide information to others providing you care. This will help them stay informed about your care.

#### **For payment:**

- We request payment from your health insurance plan. Health plans need information from us about your medical care. Information provided to health plans may include your diagnoses; procedures performed, or recommended care. NOTE – You may request that we not share information with your health plan provided that: (i) the disclosure is for purposes of payment or health care operations and is not otherwise required by law, and (ii) the health information pertains solely to health care items or services for which you, or another person on your behalf (other than a health plan) has paid in full.

#### **For health care operations:**

- We use your medical records to assess quality and improve services.
- We may use and disclose medical records to review the qualifications and performance of our health care providers and to train our staff.
- We may contact you to remind you about appointments and give you information about treatment alternatives or other health-related benefits and services.
- We may contact you during negotiations with your health insurance carrier or to inform you of changes with our relationship to your health insurance carrier.
- Under certain circumstances, we may use and disclose your information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose your information for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who

may be included in their research project or for other similar purposes, as long as they do not remove, take, or copy your information.

- We may use or disclose your health information to provide legally required notices of unauthorized access to or disclosure of your health information.
- We may use and disclose your information to conduct or arrange for services, including:
  - medical quality review by your health plan;
  - accounting, legal, risk management, and insurance services, and
  - audit functions, including fraud and abuse detection and compliance programs.

## **Your Health Information Rights**

The health and billing records we create and store are the property of the practice/health care facility. The protected health information in it, however, generally belongs to you. You have a right to:

- Receive, read, and ask questions about this Notice.
- Ask us to restrict certain uses and disclosures. You must deliver this request in writing to us. We are not required to grant the request, but we will comply with any request granted.
- Request and receive from us a copy of this or the most current Notice of Privacy Practices for Protected Health Information (“Notice”).
- Request that you be allowed to see and get a copy of your protected health information. You may make this request in writing. We have a form available for this type of request.
- You have the right to request to be given or have transmitted to another individual or entity, an electronic copy of your medical record, if they are maintained in an electronic format. We will make every effort to provide the electronic copy in the format you request, however, if it is not readily producible by us, we will provide it in our standard format (fees may apply).
- Have us review a denial of access to your health information—except in certain circumstances.
- Ask us to change your health information. You may give us this request in writing. You may write a statement of disagreement if your request is denied. It will be stored in your medical record, and included with any release of your records.
- When you request, we will give you a list of disclosures of your health information. The list will not include disclosures to third-party payors. You may receive this information without charge once every 12 months. We will notify you of the cost involved if you request this information more than once in 12 months.
- Cancel prior authorizations to use or disclose health information by giving us a written revocation. Your revocation does not affect information that has already been released. It also does not affect any action taken before we have it. Sometimes, you cannot cancel an authorization if its purpose was to obtain insurance.
- You have the right to request a restriction or limitation on the disclosure of your health information for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone involved in your care or involved in the payment of your care. Your request must be made in writing with specific instructions. If we agree to this restriction, we may violate the request only for emergency treatment. You may not request that we restrict the disclosure of your health information for treatment purposes.

For help with these rights during normal business hours, please contact the administrator of the location at which you have been treated. Please call the main office phone number and ask for the administrator.

## Our Responsibilities

### We are required to:

- Keep your protected health information private;
- Give you this Notice, and
- Follow the terms of this Notice and state and federal laws.

We have the right to change our practices regarding the protected health information we maintain. If we make changes, we will update this Notice. You may receive the most recent copy of this Notice by calling and asking for it or by visiting our office to pick one up.

## Other Disclosures and Uses of Protected Health Information

### Notification of Family and Others

Unless you object, we may release health information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may tell your family or friends your condition and that you are in a hospital.

You have the right to object to this use or disclosure of your information. If you object, we will disclose it to your family member or friends.

### We may use and disclose your protected health information without your authorization as follows:

**With Medical Researchers**—if the research has been approved and has policies to protect the privacy of your health information. We may also share information with medical researchers preparing to conduct a research project.

- **To Funeral Directors/Coroners** consistent with applicable law to allow them to carry out their duties.
- **To Organ Procurement Organizations (tissue donation and transplant)** or persons who obtain, store, or transplant organs.
- **To the Food and Drug Administration (FDA)** relating to problems with food, supplements, and products.
- **To Comply With Workers' Compensation Laws**—if you make a workers' compensation claim.
- **For Public Health and Safety Purposes as Allowed or Required by Law:**
  - to prevent or reduce a serious, immediate threat to the health or safety of a person, or the public, and
  - to public health or legal authorities;
  - to protect public health and safety
  - to prevent or control disease, injury, or disability
  - to report vital statistics such as births or deaths.
- **To Report Suspected Abuse or Neglect** to public authorities.
- **To Correctional Institutions** if you are in jail or prison, as necessary for your health and the health and safety of others.
- **For Law Enforcement Purposes** such as when we receive a subpoena, court order, or other legal process, or you are the victim of a crime.

- **For Health and Safety Oversight Activities.** For example, we may share health information with the Department of Health.
- **For Disaster Relief Purposes.** For example, we may share health information with disaster relief agencies to assist in notification of your condition to family or others.
- **For Work-Related Conditions That Could Affect Employee Health.** For example, an employer may ask us to assess health risks on a job site.
- **To the Military Authorities of U.S. and Foreign Military Personnel.** For example, the law may require us to provide information necessary to a military mission.
- **In the Course of Judicial/Administrative Proceedings** at your request, or as directed by a subpoena or court order.
- **For Specialized Government Functions.** For example, we may share information for national security purposes.

### **Other Uses and Disclosures of Protected Health Information**

- Uses and disclosures not in this Notice will be made only as allowed or required by law or with your written authorization.
- Uses and disclosure of psychotherapy notes or HIV status will only be made with your written authorization or as allowed by law.
- Uses and disclosures of Protected Health Information for marketing purposes; and disclosures that constitute a sale of your Protected Health Information will be made only with your written authorization.

### **For Additional Information, For Assistance or To Complain**

- We have a Web site that provides information about us. For your benefit, this Notice is on the Web site at this address: [www.proliancesurgeons.com](http://www.proliancesurgeons.com).
- If you have questions, want more information, or want to report a problem about the handling of your protected health information, please contact the administrator of the location at which you have been treated. If you believe your privacy rights have been violated, you may discuss your concerns with any staff member. You may also contact the administrator at any of our practice/health care facilities or Proliance Surgeon's privacy office at (206)838-2590. You may also contact the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will not retaliate against you.

We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the last page, in the lower left-hand corner.



## Acknowledgement of Notice of Privacy Practices

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Our Notice of Privacy Practices provides information about how we may use and disclose the medical information that we maintain about you. It also explains how you can access this information. By signing, you acknowledge that you have reviewed the Notice of Privacy Practices of Proliance Surgeons, Inc., P.S.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Printed Name





## Patient Financial Responsibilities

**SURGICAL ASSOCIATES OF EDMONDS**, a division of Proliance Surgeons is committed to providing you with the highest quality medical care. Because patients are ultimately responsible for the charges associated with their care, even when insurance is in place, you may find the following information helpful. We realize you have choices for your medical care and appreciate your choosing **SURGICAL ASSOCIATES OF EDMONDS**.

### Patient Responsibilities

You can help ensure an efficient experience by assisting with the following:

- Providing us with your picture identification, insurance card and Social Security number to enable us to submit your claims timely and accurately
- Knowing your insurance benefits and limitations
- Ensuring there is an authorization for our providers to treat you if it is required by your insurance, including obtaining a referral
- Providing us with copies of any pertinent medical records, including tests (MRI/CT/Arthrogram) and x-rays
- Paying your estimated portion of the charges at the time of service
- Paying any additional amount owed when due
- Completing required incident/accident forms within 30 days of date of service
- Maintaining a current account with Proliance Surgeons at all times
- Providing us with at least 24 hours advance notice should you need to cancel or reschedule an appointment

Please note that co-payments, co-insurance and deductibles are a contractual agreement between you and your insurance carrier. We cannot change or negotiate these amounts.

### Insured Patients

We will bill your primary and secondary insurance carrier in a timely manner. If you are disputing payment with your insurance carrier or have a balance over \$100.00 with us, you must notify our business office and make payment arrangements.

**Co-Pays/Deductibles/Co-Insurance** – Please be prepared to pay for your portion of the charges on the date of service.

**Surgery** – If surgery is indicated, a pre-payment of both physician and facility fees is required for all elective, non-emergent procedures prior to the surgery being performed. Your out-of-pocket cost is estimated based on your benefits and our fees. Anesthesia and other providers are separate fees.

**Non-Participating Insurance** – If we do not participate in the insurance you have, we will file a claim as a courtesy. All unpaid claims will become your responsibility 45 days following filing and be immediately due and payable.

### Uninsured Patients

**Office Visits** – A \$200 deposit is required prior to the appointment. If visits and services are paid in full at the time of service, we offer a 20% discount (see exclusions below). Office visits may include x-rays, casting and materials at an additional charge. Charges are not finalized until chart notes are complete.

**Surgery** – For uninsured patients having surgery, we offer a 20% discount when charges are paid before or on the day of service (see exclusions below).

**Exclusions** – The discounts referenced above do not apply in cases of motor vehicle accidents, third party insurance claims or in other cases when the patient may be reimbursed in full.

Private pay patients who receive retroactive Medicaid coverage need to immediately notify our business office.



**Motor Vehicle Accidents (MVA) Insured and Third Party Patients**

We do not extend discounts for MVA-insured accidents, third party insurance claims or in other cases when patients may be reimbursed in full. We will bill the MVA insurance carrier one time. The bill becomes your responsibility if not paid by the carrier in 30 days. We regret that we are not in a position to confer with attorneys or defer payment obligations while a case settles. If your personal injury protection benefit on your MVA policy is exhausted, we will bill your private insurance at your request provided we are furnished the necessary information at the date of service.

**Workers' Compensation**

If your visit is work-related, we will need the case number and carrier name prior to your visit in order to bill the workers' compensation insurance carrier. If your workers' compensation claim is not yet accepted and you have no other insurance, we require a \$200 deposit that will be refunded after the claim has been opened.

**Other Charges**

**No Show** – Please provide us with at least 24 hours advance notice if you need to cancel or reschedule an appointment. We will charge a fee of \$50 for missed appointments.

Please provide us with at least 48 hours advance notice if you need to cancel or reschedule an appointment and an interpreter has been scheduled. Otherwise, you may be charged for the interpreter.

**Forms** – There will be a \$10 fee associated with our completion of some forms. We require payment of the charge before returning the completed form to you. A signed Release of Information may also be necessary. Please allow five business days for us to complete forms.

**Payment**

**Payment Options** – We accept cash, checks, major credit/debit cards and money orders for payment (no post-dated or third party checks). We charge a \$40.00 NSF fee for any returned checks.

**Delinquent Accounts** – We charge a \$10.25 monthly account management fee on balances over 45 days old. We may assign an account to collections if balances are unpaid after 60 days. Patients assigned to collections may be denied additional service.

**Alternative Payment Arrangements** – If you are unable to pay your balance when due, please contact our business office to make alternative arrangements. Any patient with a past due amount may be denied additional service until the amount is paid or the patient is complying with an alternative payment arrangement.

**Bankruptcy/Prior Bad Debt** – Patients who have previously filed for bankruptcy or never satisfied their payment obligations for prior episodes of care with [Practice Name] or other Proliance Surgeons care centers may be required to pay for their portion of new charges at the time of service.

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Signature of Patient/Guardian

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Printed Name of Patient

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Date