



AAPHC

Albany Area
Primary Health Care

Welcome to the Albany Area Primary Health Care, Inc. network of clinics. We are so glad that you have chosen us for your health, dental, and/or vision care needs.

We look forward to serving you!

Albany Area Primary Health Care (AAPHC)

Albany is a metropolitan community with a slow and steady way of life... large enough to meet the "big city" needs of many, but with a small town feel. Albany is a community that cares about its citizens and a place where names and faces are not forgotten. You can find this same atmosphere within the Albany Area Primary Health Care (AAPHC) family; we develop partnerships with our patients in the context of family and community. Serving the Southwest Georgia community since 1979, AAPHC is a non-profit community health center with offices in Baker, Colquitt, Crisp, Calhoun, Dooly, Dougherty, Lee, and Terrell Counties and is governed by a board of local citizens. As AAPHC continues its commitment to delivering the highest quality of care to all residents of this area, we look to and appreciate the tremendous effort we have received from members of our community. As a community health center, it is our goal to offer a broad range of health and wellness services. We strive to provide comprehensive, coordinated, and continuous care to all who access our services.

AAPHC provides health care services to more than 38,000 patients and is the largest primary care practice in southwest Georgia. We take great pride in our accreditation by the National Association for Quality Assurance as a Patient Centered Medical Home. Our Rural Model Clinic, specializing in HIV management, has earned national recognition. Albany Area Primary Health Care provides health care services for both adults and children. Our services cover the entire spectrum of modern medicine. Laboratory work is also available within our clinics for routine testing and we utilize LabCorp for other laboratory testing as necessary. In addition to the primary care specialties of internal medicine, family medicine, and pediatrics offered at multiple locations, we also offer obstetrical and some gynecological services at Mirian Worthy Women's Health Center and gynecological services only at AAPHC Women's Health Center. Some Behavioral Health resources are available in our primary care offices, but all Behavioral health services are available at the AAPHC Renaissance Center. Podiatry services, including care for acute foot problems, ankle sprains & twists, bunions & hammertoes, plantar fasciitis, heel spurs and ingrown toenails are provided at West Albany Dental & Medical Center. Our podiatry staff travels to other AAPHC primary care locations on a rotating basis to ensure access for our rural communities. AAPHC's Department of Dentistry provides oral health care services at AAPHC Glover Dental Center and West Albany Dental & Medical Center; services include general dentistry & preventive services, crowns & root canals, dentures as well as disease management. Optometry services are available at Hotz Scoggins Family Medical Center with a great team of technicians working with our optometrist and optician for the whole family's vision care needs. AAPHC also operates School-Based Health Centers in multiple school locations and communities.

Our health care teams are comprised of physicians, dentists, psychologists, physician assistants, nurse practitioners, licensed counselors, and nurse midwives. Assisting these providers are social services staff members, clinical staff members, laboratory personnel, and business office professionals. Most medical problems can be handled at our offices, but if a specialist is needed, an appointment will be made for you as a referral from your physician. If hospitalization is required, AAPHC works closely with our partners at Crisp Regional, Phoebe Putney Memorial Hospital, and Phoebe North. Our physicians also provide care at several local long-term care facilities. AAPHC offers after-hours coverage to our patients. A provider is always available by phone after hours for both adults and children. He/she may be reached by calling the number of the office at which the patient is seen. All phones are forwarded to an answering service at the close of each business day, weekends, and holidays.

A portion of our funding comes from federal grants and we operate within a limited budget. Even though we cannot monetarily compete with private practices, we don't skimp on quality care for our patients! Please visit us at <http://www.aaphc.org/> for additional information.

AAPHC Facilities Listing

AAPHC Glover Dental Center

2607 Gillionville Road
Albany, GA 31707-3003
Phone (229) 883-9001, Fax (229) 888-3342
Office Hours: Monday – Thursday 7:30am – 6:00pm

AAPHC Northwest Family Medical & Dental Center

2403-A Osler Court
Albany, GA 31707
Phone (229) 405-6196, Fax (229) 299-9305
Office Hours: Monday – Friday 8:30am – 5:00pm

AAPHC Renaissance Center

2403-B Osler Court
Albany, GA 31707
Phone (229) 639-3135, Fax (229) 639-3136
Office Hours: Monday – Friday 8:30am – 5:00pm
Coventry Counseling clinic operates in Moultrie, GA on Tuesdays and Fridays each week.

AAPHC Women's Health Center

810 13th Street, Suite 107
Albany, GA 31701
Phone (229) 405-6194, Fax (229) 255-2743
Office Hours: Monday – Friday 8:30am – 5:00pm

Baker County Primary Health Care *Baker County*

327 Sunset Avenue SW, Ste 3., P.O. Box 130
Newton, GA 39870-0130
Phone (229) 734-5250, Fax (229) 734-5606
Office Hours: Monday – Friday 8:00am – 4:30pm

***Dawson Medical Center** *Terrell County*

420 Johnson Street SE, P.O. Box 391
Dawson, GA 39842-0391
Phone (229) 995-2990, Fax (229) 995-2993
Office Hours: Mon – Fri 8:30am – 5:00pm; Sat 8am – 12noon

Dooly County Community Health Center *Dooly County*

1212 E. Union Street, P.O. Box 679
Vienna, GA 31092-0679
Phone (229) 268-8865, Fax (229) 268-8864
Office Hours: Monday – Friday 8:30am – 5:00pm

***East Albany Medical Center**

1712-A E. Broad Avenue, P.O. Box 50098
Albany, GA 31703-0098
Phone (229) 639-3100, Fax (229) 888-6516
Office Hours: Monday – Friday 8:30am – 5:00pm

East Albany Pediatric & Adolescent Center

1712-C E. Broad Avenue, P.O. Box 50098
Albany, GA 31703-0098
Phone (229) 639-3103, Fax (229) 888-8935
Office Hours: Monday – Friday 8:30am – 5:00pm

Edison Medical Center *Calhoun County*

19519 W. Hartford Street, P.O. Box 849
Edison, GA 39846-0849
Phone (229) 835-2238, Fax (229) 835-3032
Office Hours: Monday – Friday 8:00am – 4:30pm

Hotz Scoggins Family Medical Center

4001 S. Madison Street
Albany, GA 31701
Phone (229) 405-6959, Fax (229) 405-6975
Office Hours: Monday – Friday 8:30am – 5:00pm

***Lee Medical Arts Center** *Lee County*

235 Walnut Street, P.O. Box 542
Leesburg, GA 31763-0542
Phone (229) 759-6508, Fax (229) 759-9950
Office Hours: Monday – Friday 8:30am – 5:00pm

Mirian Worthy Women's Health Center

2100 Palmyra Road
Albany, GA 31701
Phone (229) 888-3636, Fax (229) 888-5535
Office Hours: Monday – Friday 8:30am – 5:00pm

Rural Model Clinic (800) 393-1423

2202 E. Oglethorpe Blvd.
Albany, GA 31705-2940
Phone (229) 431-1423, Fax (229) 438-0738
Office Hours: Monday – Friday 8:30am – 5:00pm
Clinic in Thomasville 1st & 3rd Fridays of each month

***South Albany Medical Center**

1300 Newton Road
Albany, GA 31701-3424
Phone (229) 431-3120, Fax (229) 431-3345
Office Hours: Mon – Fri 8:30am – 5:00pm; Sat 8am – 12noon

West Albany Dental & Medical Center

1412 W. Oakridge Drive
Albany, GA 31707-5307
Phone (229) 435-2424, Fax (229) 435-2324
Office Hours: Tuesday – Friday 6:30am – 5:00pm

School-Based Health Centers

AAPHC operates 8 primary care clinics within schools in the following counties: Dougherty, Terrell, Crisp & Dooly

**Saturday AM hours are available for all AAPHC patients at multiple office, see your clinic staff for more details on Saturday Clinic opportunities.*



Albany Area Primary Health Care, Inc.

Walton Brown Administrative Office
204 N. Westover Blvd., Albany, GA 31707-2983
Phone (229) 888-6559, Fax (229) 436-4107

Dear Patient:

We are delighted to welcome you to our clinic and are pleased that you chose us to serve your health care needs. We are serious about providing superior care to our patients. Our goal is to help you feel and be your very best through excellent care. Attached are some forms for you to complete prior to your appointment to assist our office staff and providers in making sure that we have all the information necessary to provide you with quality health care and treatment.

To facilitate being seen in a timely manner, please arrive on time for your appointments. We will call you the day before your appointment to confirm your visit. If you are unable to keep an appointment you have scheduled with us, please notify us in advance. We will be glad to reschedule the appointment at a more convenient time.

Most of our office have operating hours of 8:30am – 5:00pm Monday - Friday to assist you with your health care needs. Please refer to the included clinic listings for hours available outside of this standard time from. Additionally, several facilities offer Saturday morning hours from for urgent needs affecting any AAPHC patient. AAPHC also has after-hours coverage through our answering service. This service can put you in touch with a provider after hours for any concerns that cannot wait until the next business day. To reach the answering service, please call your main clinic number and they will ensure your need is taken care of expeditiously.

Once again, welcome to our office. We look forward to providing you with quality care.

Sincerely,

The AAPHC Family

ALBANY AREA PRIMARY HEALTH CARE, INC.

PATIENT INFORMATION

Patient's Name: _____ SS# _____
(Last) (First) (Middle Initial)

Date of Birth: _____ Sex: _____ Marital Status: Single Married Divorced

Address: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Employer: _____ Work Phone Number: (_____) _____

Emergency Contact Name: _____ Emergency Phone: (_____) _____

RESPONSIBLE PARTY INFORMATION IF DIFFERENT FROM PATIENT

Last Name First Name MI SS#

Date of Birth: _____ Sex: _____ Marital Status: Single Married Divorced

Address: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Employer: _____ Work Phone Number: (_____) _____

INSURANCE POLICY HOLDER INFORMATION

Primary Policy Holder _____ DOB _____ SS # _____

Employment Name & Address: _____

Policy # _____ Group # _____ Effective Date _____

Secondary Policy Holder _____ DOB _____ SS # _____

Employment Name & Address: _____

Policy # _____ Group # _____ Effective Date _____

PLEASE PROVIDE ALL INSURANCE COVERAGE INFORMATION TO RECEPTIONIST AT FRONT DESK

The above information that is provided is correct to the best of my knowledge.

Patient/Responsible Party's Signature

Date

Patient Financial Policy

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. The **patient or responsible party** is responsible for seeing that the entire bill is paid in full.

We will ask to see your insurance card on your first visit and will copy your card for our record. We will ask for this information on a regular basis, at least once a year, in order to ensure that no change in benefits or carrier has occurred. Please notify us if your insurance carrier or policy has changed. **Billing of insurance is a courtesy we provide for patients.**

Copayments:

Your insurance **REQUIRES** that we collect your designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.

Deductibles and Co-Insurance:

AAPHC will bill your insurance company as a courtesy to you. If a coinsurance and/ or deductible apply, you are financially responsible for this amount.

Self-Pay/Uninsured:

Self-pay accounts shall exist if a patient has no insurance coverage or no evidence of insurance coverage. For new patients, a payment is required on the day of your appointment **before** being seen by the health care provider. AAPHC also offers the Sliding Fee Discount Program to assist our patients in financial need (qualification for the program is based on household size and income). Application including instructions is available for those who wish to apply.

Referrals:

If your insurance plan requires a referral from your primary care physician it is your responsibility to obtain it prior to your appointment and to have it with you at the time of the appointment. If you do not have your referral, **YOU MAY BE REQUIRED TO RESCHEDULE.**

Workers' Compensation and Automobile Accidents

In the case of a workers' compensation injury or automobile accident, you must obtain the claim number, phone number, contact person, and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to either reschedule your appointment or pay for your visit at the time of service.

Extended payment arrangements

In certain circumstances, extended payment arrangements may be made with the Business Office. **The balance is to be paid over a three month period in equal monthly installments due by the first of every month.** Responsible parties who fail to make a monthly payment will be sent to a collection agency.

Divorce cases

In cases of divorce, the parent or legal guardian bringing (a) child in for care is responsible for payment at the time of service.

*If you have any questions regarding our Patient Financial Policy, please contact our **Billing & Claims Department Monday through Friday, 8:30 am to 5:00 pm at (229) 518-5140.** We are dedicated to providing the highest quality service to our patients and are happy to assist with your account.*

Albany Area Primary Health Care Specialty Services

Patient Portal

AAPHC offers you electronic access to your health information through our secured Patient Portal. This system allows you to review your health record online and also gives you the opportunity to communicate with our office electronically to schedule an appointment, retrieve tests results, or request medication refills. This service is provided as a benefit for our patients. If you are interested in this program, please let our registration clerk know.

Patient-Centered Medical Home

We practice under the Patient-Centered Medical Home (PCMH) model of care. This program is a way of saying that you, the patient, are the most important person in the health care system. A medical home is a process specific to how comprehensive health care is delivered to individuals. The team at Albany Area Primary Health Care, Inc. (AAPHC) manages your care and services for you—acting as the “hub” of your medical home. PCMH puts you, the patient, at the center of the health care system, and provides primary care that is Accessible, Continuous, Comprehensive, Community-Oriented, Coordinated and Compassionate.

Accountable Care Organization (ACO)

AAPHC is a member of Morehouse Choice ACO. **Accountable Care Organizations (ACOs)** are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients. Patients on Medicare may opt in or out of participation in an ACO. The ACO will use data from claim submissions to improve the availability of needed services for patients to improve their health status, and reduce ER visits and hospitalizations. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Medication Assistance Programs

AAPHC offers two prescription assistance programs (for qualifying participants) which help with the cost of medications.

The **Indigent Drug Program (IDP)** requires an approved sliding fee scale application on file and a minimal \$25.00 co-payment per year. If you utilize this program our IDP Facilitators will assist you and your provider with the applications for various patient assistance programs that are available through pharmaceutical companies. These applications are sent off for approval by our staff and if approved, your medications will be mailed to your provider’s office for pick-up.

There is also a **Prescription Savings Plan (P\$P)** which gives qualifying patients direct discounts on medications through participating pharmacies. These discounts may vary depending upon the medication(s) that you have been prescribed. Our medical providers are available to discuss this program with you specific to your medications at the time of your visit.

What to Expect From our Office



Always remember to bring in your medication(s) to each appointment.

Front Desk staff will update personal information at each appointment.



IMPORTANT:

If you are in need of a medication refill please call your pharmacy two weeks before medications are out and have them fax a medication refill request to our office. Please allow at least 72 hours to have a response answered.

AAPHC also offers the Sliding Fee Scale Program to assist our patients in financial need (qualification for the program is based on household income). Application including instructions is attached for those who wish to apply.



AAPHC works to provide our patients with timely, respectful and considerate healthcare health care services. We ask that you afford our staff and providers the same courtesy. If you are unable to keep your appointment, please call our office to cancel. We can reschedule your appointment at a more convenient time for you.

Patients who fail to call to cancel or reschedule are considered no-show appointments. We value your time and ask that you value our time as well. Three consecutive no-show appointments are justification for dismissal from our practice.



After hours medical services are available by calling your clinic office number which will connect you with our answering services. The answering service will have the on-call provider contact you.

If you receive care at an emergency room or urgent care center, please let us know by calling the main office within 48 hours so we can assist with follow-up care as needed.



Albany Area Primary Health Care, Inc.

204 N. Westover Blvd., Albany, GA 31707-2983

Phone (229) 888-6559, Fax (229) 436-4107

Patient Acknowledgement Form

Authorization, Consent, and Disclosure

Consent for Treatment

I hereby consent to any treatments or diagnostic studies considered necessary by the Physician, Nurse Practitioner, Physician Assistant or other medical personnel of Albany Area Primary Health Care, Inc.

Information Release

I authorize the release of any medical information including information related to psychiatric care drug and alcohol abuse and HIV/AIDS confidential information necessary to process insurance claims or any medical information that is needed for an utilization review or quality assurance activities.

Assignment of Benefits

I assign all medical and/or surgical benefits including major medical benefits to which I am entitled to Albany Area Primary Health Care, Inc.'s provider and/or representative. This assignment will remain in effect until revoked by me in writing. A photocopy of this authorization shall be considered as effective and valid as the original.

Childproof Container Waiver

I waive Albany Area Primary Health Care, Inc., of any responsibility in dispensing medication to me. I understand that the medication is not in a childproof container. I understand I will be advised of the directions for taking the medication and the potential side effect(s).

External Prescription History

I authorize Albany Area Primary Health Care, Inc. and its affiliated providers to view my external prescription history via the RxHub service.

I understand that the prescription history from multiple other unaffiliated medical providers, insurance companies and pharmacy benefit managers may be viewable by my providers and staff here, and it may include prescriptions back in time for several years.

HIE Consent & Change Form

The Albany Area Primary Health Care (AAPHC) Health Information Exchange (HIE) grants clinicians participating in your care access to your most up to date medical records. This consent is to establish if you would like to participate in the AAPCH HIE. Note: You can change your consent at any time by going to your healthcare provider and requesting a change.

I give consent to allow access to my medical records, when necessary, to participating healthcare professionals through the AAPHC HIE.

Acknowledgement of Receipt of Notice of Privacy Practices

By signing below, I acknowledge that I have received a copy of the Notice of Privacy Practices.

Our practice will make a good faith effort to obtain written acknowledgement of receipt of the Notice of Privacy Practices provided to the individual. If written acknowledgement is not obtained, our practice must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not obtained.

Patient Responsibility

We believe that each patient has a responsibility:

1. To cooperate with the staff.
2. To provide accurate and complete health care information.
3. To indicate whether he/she understands the contemplated plan of medicine and nursing management, and the kind of compliance that is expected of him/her.
4. To keep appointments, if at all possible, or to notify the clinic if unable to do so.

Patient Rights

It is the objective of Albany Area Primary Health Care, Inc. and all professional and supportive personnel working in behalf of the patient to uphold rights of all patients. We believe:

1. That the individual dignity of man should be upheld at all times.
2. All patients should be provided supportive and rehabilitative care to their individual needs and environment.
3. An environment should be provided that contributes to the patient's care, safety and sense of well-being.
4. Fair and humane treatment should be provided to all patients under all circumstances, regardless of considerations of race, color, creed, or national origin, or the source of financial payment for care.
5. Each individual patient has certain rights of privacy regarding care and personal circumstances, medical information, and financial information concerning patients should be treated confidentially at all times. The patient has a right to ask questions and receive appropriate information regarding the nature and extent of his/her medical problem, the planned course of treatment, and the prognosis.
6. Each patient will be given the opportunity for informal participation in his/her health care.
7. The patient has the right to refuse treatment to the extent permitted by law, to be informed of the medical consequences of his/her actions, and to request consultation or referral.
8. The patient has the right to efficient and cost-effective care in order to hold his/her health costs to a minimum.

9. When a neonate, child, or adolescent is a patient, his/her family and/or guardian may represent the patient in securing his/her rights as a patient and shall be given the care appropriate to his/her needs.
10. Each patient has the right to present complaints concerning the quality of patient care that he/she has received.
11. Each patient has a right to a copy of his/her medical records.
12. Each patient has a right to formulate advance directives and to appoint a surrogate to make health care decisions on his/her behalf.

The above includes requisite information for services at Albany Area Primary Health Care, Inc. My signature acknowledges my review, understanding, and consent of all items included herein.

Patient/Guardian Signature

Date



Albany Area Primary Health Care, Inc.

204 N. Westover Blvd., Albany, GA 31707-2983

Phone (229) 888-6559, Fax (229) 436-4107

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Address: _____

By signing below, you hereby authorize Albany Area Primary Health Care, Inc. and all affiliated clinics to use or disclose information about yourself (or another person for whom you have the authority to sign) that is protected under federal law, for the sole purpose of treatment, payment, and health care operations. You may refuse to sign this authorization. Subject to certain exceptions, you have the right to inspect and copy the protected health information. A copy of the Notice of Privacy Practices is provided to you by us prior to you signing this Authorization. The terms of this notice may change from time to time; you may request a current copy of the Notice of Privacy Practices at any time.

Your “protected health information” means all health information and medical records, including demographic information, collected from you and created or received by your physician, another health care provider, a health plan, your employer or a health care claims clearinghouse. Additionally, this authorization includes release of all medical records. You may revoke this authorization and consent in writing at any time except to the extent that AAPHC has already taken action in reliance upon this authorization. This protected health information relates to your past, present or future physical or mental health or condition and identifies you, or there is a reasonable basis to believe the information identifies you.

If someone calls or visits and asks about you, can we acknowledge that you are here? Yes No

There are multiple ways for our office to communicate with you. Your preference will be discussed during the registration process and this will be documented within your electronic health record. *We utilize the following methods to contact patients: Telephone/ Messaging, Email, Patient Portal, and/or Written documentation.*

I hereby give permission to the person(s) listed below to authorize treatment, attend examinations, and to receive information about the care of the patient listed at the top of this form. This includes but is not limited to: information about the patient’s general medical condition and diagnosis (including treatment and payment options), access to medical records (protected health information), prescription pick-up, and the ability to set appointments.

1. _____ Relationship to patient: _____
2. _____ Relationship to patient: _____
3. _____ Relationship to patient: _____

Patient Signature or Personal Representative

Date

As a personal representative, I have authority to act for the individual because I am their: _____