

John M. Pramenko, MD, P.C.



Welcome

Thank you for choosing to see me for your health care needs. Please bring all of your present medications and any record of immunizations to your first visit. I also ask that you fill out a registration and health questionnaire prior to your exam. I will review the health questionnaire with you. Although I may have seen you at my previous practice, I ask that you still fill out this form as it will assist me in creating your new medical record here.

Other forms you should complete include:

- Patient Consent for Use and Disclosure of Protected Health Information
- Health Care Proxy (recommended mostly for adult patients)
- Authorization for Release of Medical Records (which you should send to your previous primary care practice as soon as possible).

Payment Policy

I accept the following insurance plans: Medicare, Fidelis, MVP, CIGNA and CDPHP (commercial and Medicare only). Payment of your co-pay is required at the time of service.

Policy for patients without one of the above insurance plans

Once you have become an established patient with an initial comprehensive history and examination, a monthly fee of \$40 for adults and \$20 for children will be charged to your credit card or checking account at the end of each month of service. This will cover up to three office visits yearly for any reason as well as minor office lab tests, all phone calls, and emails. Any visits beyond three a year will be charged per visit. Please be aware that the monthly fee is not health insurance and will cover only my home and office physician services but will not cover charges from other physicians, hospitalizations, immunizations, blood work, etc. I will supply you with the forms you need to submit to your insurance company for reimbursement.

For some income ranges discounted rates are available. Please ask for an application at your initial visit and bring proof of income if you wish to apply.

I look forward to working with you to improve your health.