



Be Part of Our Family At

## *The Doctor's House*

Dr. Amy Dale Casto  
Jennifer Ranson, NP

612 Fifth Street  
St. Albans, WV 25177  
Phone: 304-729-0015  
Fax: 304-729-0016  
www.thedoctorshouse.org

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Welcome to the Doctor's House. We are pleased that you made the decision to be part of our Christian family. We will strive to assist you to live a long and healthy life. Please fill out the following forms and drop them off at the office. They will be reviewed by the staff; if approved by the physician we will call you to schedule an appointment with our Nurse Practitioner, Jennifer Ranson. She is currently available for new patients. She will be your health care provider while being overseen by Dr. Casto.

**Please read the following policy of the Doctor's House and sign if you agree to these conditions.**

**We do not accept Medicaid or Carelink**, but most other insurance we currently accept. It is your responsibility to notify us with any insurance changes. If not notified in a timely fashion your insurance may not pay for your office visit and you will be responsible for payment. We will collect co-pays prior to your office visit. Please have your insurance card with you at every visit to verify enrollment. We do accept Visa, MasterCard, check and cash. If checks are returned you will be responsible for all fees of the returned check.

**We will not be prescribing narcotics during a patient's first three visits** and then only for acute reasons. If for any reason chronic pain management is needed patients will have to go to pain management doctors for that care; Dr. Casto or Jennifer Ranson will not prescribe narcotic pain medication for longer than 3 months. **There are no pain medications (pills or shots) stocked in the office.** If acute pain is needed to be managed immediately you will need to go to the Emergency Room. At any time that you are receiving a prescription for a controlled substance (sleeping medication, anxiety medication or pain medication) you will be asked intermittently to come in for a drug screen that will be charged to your insurance. If they do not cover the lab fee it is your responsibility for payment to the lab.

\_\_\_\_\_ (initial)

If you have a minor (person less than 18 yrs old) that will be coming for appointments without a parent they need a permission slip for treatment. (You can write this out prior to first appt and we can keep on file...list all people that have the authority to bring your child to the doctor and make a medical decision for your child) If your child is part of a divorced household only the parents are legally allowed to bring them to the provider unless both parents agree that someone else can bring them. We also need this in writing with signatures of both parents for our file. For any other patient, adult or elderly, if you would like a family member to be called to remind of appointments or with any medical information we will need a letter stating this for our file.

We will try our best to call and remind you of your appointment, but we are not always able to reach everyone the day before their appointment. It is your responsibility to recall your appointment and arrive 5-10 minutes early if possible. If you are 10 minutes late for your appointment you may be asked to reschedule your appointment and will be marked for a missed appointment. **Any missed appointment or appointment that has been canceled or rescheduled without a 24 hour notice will be charged a \$25 FEE.** \_\_\_\_\_ (initial)

**Please bring all your medication bottles that you are taking with you to every appointment.** This helps us keep medications list up to date and assess need of refills. **No refills on medications will be called or faxed in to pharmacies under any circumstances.** At your regular appointment you are given enough refills on your medication to get you through until the next requested time for follow up.

Refills need to be done during your appointment, so be sure to bring your medication bottles with you to your appointment. **NEED A REFILL EQUALS NEED APPOINTMENT!** \_\_\_\_\_ (initial)

We do blood work in the office for our patients. Blood work is sent to Lab Corp and they bill your insurance separately from The Doctor's House. We are not responsible for any labs ordered that would not be covered by your insurance; it is your responsibility to know what lab agency your insurance will cover. If it is not Lab Corp we will be happy to write you an order to have it done elsewhere.

Lab work needs to be completed 2 days prior to your appointment so we will have results to discuss at your visit. If you wait and labs are done at your regular follow up appointment you may be asked to come back in for another appointment if there are abnormal results that need to be explained or further workup needs to be completed or medications changed. If blood work is normal you will be notified by phone call but **no details of the results will be given over the phone by the staff due to liability and privacy issues. If you would like details you will be asked to come for appointment.** \_\_\_\_\_ (initial)

**If a study is ordered, such as stress test, x-ray, CT scan, MRI, etc., you will need a follow up appointment to discuss results after the test is completed. NO results will be given over the phone due to liability and privacy issues and misinterpretation over the phone by patients and staff.** \_\_\_\_\_ (initial)

If you miss 3 or more appointments without calling 24 hours in advance to cancel you will be discharged from the practice. If you have a balance with The Doctor's House without any attempt for payment for over 6 months or sent to collections you will be discharged from the practice. \_\_\_\_\_ (initial)

If you need forms filled out you need to make an appointment and bring the form with you to be filled out at the time of the visit. If unable to come for appointment pt can drop off the form but will need to pay \$35 cash or credit card at time of drop off for the time spent for filling out the form. \_\_\_\_\_ (initial)

Dr Casto or Jennifer Ranson do not go to nursing homes, assisted living homes, or personal homes to see patients. You will still need to come in on a regular basis to the office for appointments. If that is not possible they will need to see the physician associated with these facilities.

Dr Casto has hospital privileges but has chosen not to practice hospital because of her young family. Hospitalists will cover her patients at Thomas Memorial and CAMC Putnam and the on call physician at CAMC Charleston Divisions. Patients will need to be assisted by the ER physician to see if admission is necessary and then will be admitted based upon their workup in the ER.

For EMERGENCIES ONLY you can speak with a provider after regular hours by calling (304)729-0015 AND THE PROVIDER ON CALL WILL BE PAGED. **Under no circumstances will any antibiotics be called in without being seen in the office.** If you are having a life threatening emergency call 911 immediately or proceed to the nearest emergency room. \_\_\_\_\_ (initial)

**Office Hours: Monday through Thursday 7:45am to 4:00pm Friday through Sunday: Closed**

I agree to the office policies as stated above:

Name \_\_\_\_\_ date: \_\_\_\_\_  
(Parent if minor)

There has been a Notice of Privacy Practices for Protected Health Information made Available to me I have read and understood and agree \_\_\_\_\_ (initial and date)

**Financial Policy**

We are committed in providing you and your family with the best possible care, and we are pleased to discuss bills with you at any time. Your clear understanding of our financial policy is important to our relationship. Please feel free to ask any questions about your account. We are happy to file and assist with insurance claims for you, but it is not our responsibility to get your insurance to pay for services rendered from our office. We will bill your secondary insurance one time only if not paid the remaining balance will be billed to you. Insurance is a contract between you and your insurance company. We are NOT a party to this contract. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charged, secondary insurances "usual and customary" charges, etc., other than to supply factual information as necessary. If you would like to file your own insurance claim we will be happy to provide you with the necessary documentation required by our office. Deductibles and co-payments for your insurance plan are your responsibility to pay our office at the time of your appointment. Law does not allow us to reduce or deduct these portions of your claim.

Remember that you are ultimately responsible for payment of services rendered in our office, not your insurance carrier. Any insurance payments not received by us within 60 days of treatment will be billed to you for payment upon receipt. Past due statement of 30 days will received a finance charge of 1.5% and an additional 1.5% each 30 days thereafter. Accounts neglected longer than 90 days will be reported to a Credit Bureau and will be turned over to a collection agency and all patients under that policy will be discharged from the practice. We reserve the right not to schedule appointments until accounts are paid in full.

For households that parents are divorced or separated... whoever brings children to appointment is responsible for co-payment on date of appointment. We will not bill 50/50 to each parent; the guarantor/policy holder will be billed for any remaining balance.

We do accept Cash, Checks, Debit cards, Visa, and MasterCard. (If Check is returned you will be responsible for returned check fees that have been charged to our account.)

By signing this policy I acknowledge that I have read and agree to the above financial policy.

Name of Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize release of my insurance and medical information to non-practice labs, radiology, pathologist, and radiologist who may interpret and/or report on diagnostic test to provide such treatment, if such tests are ordered by my physician/provider. I authorize The Doctor's House to use my medical information for treatment payment and healthcare operations, which includes submitting information to my insurance company for the purpose of processing claims, other physician for referrals, hospitals and radiology center for ordering tests. I authorize the physicians and providers of The Doctor's House to provide treatment to (Name) \_\_\_\_\_. I understand that I am responsible for my account to the terms written in The Doctor's House Financial Policy. I hereby Acknowledge and agree to accept the policies stated.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

I authorize release of any information necessary to process my insurance claims. I assign and request payment directly to The Doctor's House.

Signature of Patient \_\_\_\_\_ Date: \_\_\_\_\_

**Demographics**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip: \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Number (\_\_\_\_) \_\_\_\_\_ Work number (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_  
Birthdate \_\_\_/\_\_\_/\_\_\_ Social Sec # \_\_\_ - \_\_\_ - \_\_\_ Employer \_\_\_\_\_  
Occupation: \_\_\_\_\_ Full time Part Time Retired Disabled Student  
Spouse Name: \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_ Work # \_\_\_\_\_  
Emergency Contact person: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
Primary Insurance Carrier: \_\_\_\_\_ Policy holder name: \_\_\_\_\_  
Policy holder address: \_\_\_\_\_  
Policy holder's Birth date: \_\_\_/\_\_\_/\_\_\_ Social Sec # \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_  
Secondary Insurance Carrier: \_\_\_\_\_ Policy holder name: \_\_\_\_\_  
Policy holder address: \_\_\_\_\_  
Policy holder's birthdate: \_\_\_/\_\_\_/\_\_\_ Soc Sec# \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

\*We will need an insurance card & copy of driver's license for your file prior to appt\*

**Health History**

What is your main reason for your establishing care with us?

\_\_\_\_\_

Have you had any of the listed symptoms in the last 3 months?

- Fatigue Fever Chills Unexplained Weight loss Visual Changes Eye pain Hearing Loss
- Ear pain Nasal Congestion/Drainage Oral Lesions Sore Throat Difficulty Swallowing
- Voice Change Chest Pain Palpitations Shortness of Breath Wheezing Diarrhea
- Constipation Blood in stool Abdominal Pain Vomiting Heartburn Urinary Frequency
- Blood in Urine Incontinence of Urine Burning with urination Joint pain Joint swelling
- Muscle pain Rash Bothersome skin lesion Breast lumps Nipple discharge Herpes/STDs
- Headaches Seizures Numbness Confusion Unable to move arm or legs Gait Instability
- Anxiety Angry Feelings Panic Attacks Depression Feelings of hopelessness
- Suicidal thoughts Suicidal attempts Drug/ Alcohol Addiction Emotional or Physical abuse
- Easy bleeding Easy bruising Swollen glands Itching Sneezing Watery eyes
- Recurrent Sinus/Ear Infections Back pain Broken Bones Whiplash

Why have you been seen by a physician in the past (previous medical problems...diabetes, thyroid problems, depression, anxiety, blood pressure, heart attacks, cancer, etc)

Surgery's: \_\_\_\_\_

Other physicians you see and why \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a colonoscopy? Yes No If yes when and where? \_\_\_\_\_

Have you ever had a mammogram? Yes No If yes when and where? \_\_\_\_\_

Have you ever had a bone density test? Yes No If yes when and where? \_\_\_\_\_

Have you ever had a shingles vaccine? Yes No Pneumococcal vaccine? Yes No

When was your last tetanus vaccine? \_\_\_\_\_ Have you ever had a Meningococcal vaccine? Yes No

Do you have a medical power of attorney or living will? Yes No (If yes please provide copy)

Social History: Have you ever been a Smoker?? Yes No Currently Smoking? Yes No

Do you drink Alcohol? Yes No If yes 1/week 2/week 3/week 4/week 5/week 6+/week

Diet: good average poor

Exercise: None Occasional Regular Running Regular Aerobic

Family History:

Father's medical problems \_\_\_\_\_

Mother's Medical problems: \_\_\_\_\_

Other relevant family medical problems: \_\_\_\_\_

Current Medications (name of medication, dose when started and by what doctor and why started)

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Medication allergies and reactions: \_\_\_\_\_

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