



2874 NC HWY 127 SOUTH

HICKORY, NC 28602

828-294-4100

828-294-4112 (FAX)

NEW PATIENT WELCOME LETTER

Dear New Patient:

The physicians and entire staff of Unifour Family Practice want to warmly welcome you to our practice. Our desire is to provide comprehensive medical care for you and your family while not compromising on our commitment to individual attention, personal integrity, and professional excellence.

Here we pride ourselves on our patient-center approach, providing an all-encompassing medical service to safeguard your family's well being through every stage of life. From infants to the elderly we provide a wide range of primary care, catering for the majority of patients within the practice, in addition to some hospital visits such as for newborns. Where further specialist expertise is required, we manage all referrals, providing you with one convenient central point for all of your medical needs and ensuring continuity of care.

We treat a broad spectrum of illnesses from acute minor problems to complicated chronically ill patients. We emphasize preventive care and encourage regular well child exams, well women exams, and complete physicals. Our goal is to develop a plan of treatment that incorporates both state-of-the-art medical management and ongoing preventive care. Our care team will learn about you, communicate effectively and efficiently with you, and provide support in caring for you by helping you set goals for your health and a plan to meet these goals.

In this start up package, you will find a map and contact information to help make your first visit here easier. We have also enclosed our HIPPA privacy policy for your review along with a Patient Registration Intake Form, HIPAA Form, Personal Health Assessment Form and Medical Records Release Form, which allows us to obtain medical records from your previous physician. Your initial check in process will be much smoother if you have these forms completed ahead of time. Also, you will find Unifour Family Practice's E-mail Consent Form, and our Consent to Access Prescription History.

We look forward to seeing you soon and will do our best to make each visit as pleasant, efficient, and complete as possible. Thank you for giving us the opportunity to serve you and your family

Sincerely,

Unifour Family Practice

UNIFOUR FAMILY PRACTICE

PHYSICIANS/PROVIDERS

The physicians of Unifour Family Practice are all medical doctors with further training in family practice. Our physicians practice as a group for your convenience. This means all of the providers in our practice may treat you or a member of your immediate family. If you or a member of your family are sick and your condition requires a same-day appointment, we should be able to treat you for this acute sick problem.

Robert H. Lee, M.D.

Dr Lee is board certified in family practice with the American Academy of Family Practice. He is the founder of Unifour Family Practice on October 16, 1995.

He has clinical expertise in the area of diabetes and cholesterol. He graduated from the St. Louis University and completed his internship at Portsmouth Naval Hospital and did his Family Practice Residency at Geisinger Medical Center. Dr. Lee is affiliated with Frye Regional Medical Center and Catawba Valley Medical Center. Dr. Lee is member of North Carolina Academy of Family Practice, North Carolina Medical Society, American Medical Association, and American Academy of Family Practice. Dr. Lee resides in the Hickory area with his wife and children.

David R. Duralia, M.D.

Dr. Duralia is board certified in family practice with the American Academy of Family Practice. He joined the practice in 2004.

Dr. Duralia received his medical degree from University of South Carolina and completed his Residency Training at Riverside Family Practice at Riverside Regional Medical Center. He is affiliated with Frye Regional Medical Center and Catawba Valley Medical Center. He is a member of the North Carolina Academy of Family Practice, North Carolina Medical Society, Catawba County Medical Society, American Medical Association, and American Academy of Family Practice. He resides in the Hickory area with his wife and children.

KIMBERLY Z. WEAVER, RN, MSW, FNP-C

Originally from the Ohio River valley of West Virginia, Kim earned her Associate Degree in Nursing in 1997 from the University of Rio Grande in Ohio. Relocating to North Carolina, she completed her BS in Nursing at UNC-Pembroke in 2003. Kim's nursing career, spanning almost two decades, brings experience in cancer screening & prevention, oncology, and cardiac issues. Since moving to Hickory in 2003, she has worked in the oncology department at Catawba Valley Medical Center and served as the Breast Cancer Navigator since 2013. Kim received her Masters of Science in Nursing with a family nurse practitioner focus at Duke University in 2015. She is board certified through the American Academy of Nurse Practitioners as a Family Nurse Practitioner. She is a member of the American Academy of Nurse Practitioners, the Honor Society of Nursing, Sigma Theta Tau International, & the Oncology Nursing Society. Kim is nationally certified as an Oncology Certified Nurse.

Kim and her husband, Jason Weaver of Mountain View, are the parents of two little girls. In her free time, she enjoys gardening and canning, photography, crafting and exploring the small towns of the east coast. With her family, Kim is an active member of Bethlehem Lutheran Church, where she especially enjoys doing the children's sermon. She looks forward to being a part of Unifour Family Practice, where she will be seeing patients of all ages with acute and chronic illnesses.

Diana Williams, MSW FNP-C

Diana is from the Upstate of SC where she received a BS in Biology from North Greenville University. She moved to the Hickory area in 2007 to attend Lenoir Rhyne University where she graduated with a BS in Nursing in 2009. She has worked as a nurse in the Critical Care unit at Catawba Valley Medical Center as well as Grace Hospital. She also has special training in certain aesthetic procedures such as Botox and dermal fillers. She received her Master's in Nursing with a focus on family medicine from Western Carolina University in May, 2014. She is board certified through the American Academy of Nurse Practitioners as a Family Nurse Practitioner. She is a member of the American Academy of Nurse Practitioners and has certification as a Critical Care RN.

Diana is married to Allan Williams and enjoying their first child. She enjoys traveling, reading, running, attending her local church, and spending time with family and friends. She is excited to join our practice and will treat patients with acute and chronic illness of all ages.

UNIFOUR FAMILY PRACTICE

STATEMENT OF FINANCIAL POLICY FOR OUR PATIENTS

We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this statement of financial policy. Please read it, ask us any questions you may have, and sign the space provided. A copy will be provided to you upon request.

1. **INSURANCE:**

We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but **do not have an up-to-date insurance card, payment in full** for each visit will be required until we can verify your insurance coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. **Co-payment and Deductible:**

All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect a co-payments and/or a deductible from patients this can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. We accept cash, check, or credit cards (Visa, Master Card, and Discovery).

3. **Non-Covered Services:**

Please be aware that some-and perhaps all-of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. Payment will be required in full for these services at the time of the visit. You will be required to sign a waiver to acknowledge that you are aware that your insurance will not cover these services and that you are financially responsible for payment of this service.

4. **Proof of Insurance:**

All patients must complete and sign our Patient Information Intake Form prior to being seen by a physician. We must obtain a copy of your driver's license and a copy of your current valid insurance card. If you fail to provide us with the correct information in a timely manner, you will be responsible for the balance of the claim.

5. **Medicaid:**

We accept Medicaid for new children who are **12** years of age and under. However, you must provide proof of coverage by presenting your Medicaid card **each** time you visit our office. If you are enrolled in Carolina Access, **our name must appear** on your card in order to be seen in our office. It is your responsibility to ensure that our name is listed as your primary care physician on your card. If you do not present your Medicaid card at the time of service, you will be responsible for payment at the time of service prior to being seen. If you have a copay with your Medicaid, you are required to pay this copay at the time of service. Failure on our part to collect co-payments can be considered **fraud.**

6. **Claim Submission:**

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is **your responsibility** to comply with their request.

Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company' we are not party to that contract.

7. Coverage Changes:

If your insurance changes; you are required to notify us before or at your next visit so we can make the appropriate changes to help you receive your maximum benefits.

8. Nonpayment:

If your account is over 90 days past due, you will receive a letter stating that you need to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to an outside collection agency and you and your immediate family members may be **discharged from** this practice. If this occurs, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Effective immediately if in the past, a balance on your account was transferred to an outside collection agency, you will be required to pay in full at the time of service all copays, deductibles, and non-covered services for that date of service. You will also be required to make a payment on your collection balance in order to continue to be treated at our facility. The payment that you make on your collection balance will be reported to the collection agency within twenty-four hours.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our geographic area.

9. Missed Appointments:

Our policy is to charge for missed appointments not cancelled within 24 hours preceding the date of your appointment. These charges will be your responsibility and billed directly to you. Please help us to serve you better by keeping your regularly scheduled appointments.

10. Late Appointments:

If a patient is late for an appointment, you will be given the option to reschedule or wait to be seen for an acute (sick) visit. However, all other visits will require to be rescheduled. However, please be advised that if you select to wait to be seen for an acute illness, you will be worked in the schedule and patients with scheduled appointments will be seen prior to you. You will be considered late for a scheduled appointment if you arrive **15 minutes after** the time of the appointment. We know that traffic is impossible to predict, so **please** allow extra driving time.

11. HIPAA PRIVACY STATEMENT:

Hippa Privacy Statement is required to be completed by all new patients and **updated on a yearly basis** by all patients in order to disseminate information and records concerning your medical health care and services that you receive at this office. This form describes the way we may use and disclose protected health information about you and also describes your rights and obligations regarding the use and disclosure of that information.

Thank you for understanding our financial/payment policy. Please let us know if you have any questions or concerns.

Signature of Patient or Responsible Party

Date

UNIFOUR FAMILY PRACTICE
LETTER OF AGREEMENT

As you know, Unifour Family Practice provides comprehensive services to our patients. You and your children are very welcome in our practice, and we look forward to building a long-lasting relationship with you.

IN ORDER TO PROVIDE THE VERY BEST CARE FOR YOU AND YOUR CHILDREN, YOU MUST AGREE WITH THE FOLLOWING GUIDELINES:

_____ 1. Keep **all** scheduled appointments. Failure to keep your appointment without cancelling properly deprives another patient from being treated. Failure to notify us 24 hours (on the preceding business day) prior to the scheduled appointment will result in a missed appointment charge. If you no show consecutively **3** times in a year for an appointment, you may be subject for discharge from the practice

_____ 2. Punctuality is imperative. If a patient is late for an appointment, you will be given the option to reschedule for an acute (sick) visit only or wait to be seen. However, please be advised that if you select to wait to be seen, you will be worked in the schedule and patients with scheduled appointments will be seen prior to you. You will be considered late for a scheduled appointment if you arrive **15 minutes** after the time of the appointment. If you arrive more than **15 minutes late**, you will be asked to reschedule your appointment for all visits other than an acute illness.

_____ 3. **No** food or drink is allowed in the lobby area. If you feel the need to eat or drink, please step outside.

_____ 4. **No** child is to be left unsupervised in our reception area. No parent is allowed to leave the premises while we are attending to your child's need. All children must be accompanied by their legal guardian at each visit. Legal guardian will be responsible to sign the parental consent form in order for us to treat your child.

_____ 5. **CELL PHONES:** Please turn your cell phone off when entering the building so you can give your full attention to our receptionist as you check in. Please do not allow your cell phone use to make you late for an appointment.

_____ 6. Insurance: Bring your insurance card to each visit so we can verify coverage.

_____ 7. Payment is to **be paid at the time of service for all** copays, deductibles, and non-covered services.

It is ultimately the responsibility of the patient to confirm their next appointment. Please call 828-294-4100 at any time to confirm your appointment. It is alright to leave a message on our voicemail and a staff member will call you back.

Signature

Date

UNIFOUR FAMILY PRACTICE

ADDRESS:

2874 NC HWY 127 SOUTH
HICKORY, NC 28602

PHONE: 828-294-4100

FAX: 828-294-4112

HOURS: FASTING LABS

7:15 AM

Scheduled Appointments:

Monday – Thursday 8:00 AM – 5:00 PM

Friday – 8:00 AM – 11:45 AM

