



Zaheen Medical Center

Ph:978-655-1042 FAX:978-655-1246

Address:231 Sutton St Ste #1A North Andover, MA 01845

OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing Zaheen Medical Center. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at Zaheen Medical strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so we have implemented an appointment/cancellation policy.

The policy enables us to better utilize available appointments for our patients in need of medical care. Please feel free to contact our office if you have any questions regarding our policies.

OFFICE HOURS

Our office is available Monday-Friday 8:30am to 5:00pm, and may be reached at 978-655-1042. Our Physicians are available after hours 24 hours per day/365 days per year by calling our phone number and following the prompts. If you need an appointment, prescription refill or test results, please call during regular business hours.

WALK-IN/URGENT CARE

We have a convenient WALK IN urgent care available for our patients dedicated on Wednesdays. This service is available 8:30am-4:30pm. Our goal is to provide urgent medical care within one hour for acute illness.

APPOINTMENTS

Zaheen Medical is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of follow-up due dates. When calling for an appointment, please provide your name, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information. While we strive to schedule appointments appropriately, emergencies can and do occur in Primary Care. We strive to give all of our patients the time that they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling become necessary on your appointment date.

To ensure quality care, Zaheen Medical, does not treat patients we have not seen (i.e., we will not call in prescriptions or offer medical advice for patients prior to their initial visit).

Follow up may be required to be scheduled after testing has been completed, so that results may be reviewed together, so an effective and appropriate plan for your healthcare can be determined.

We encourage you to schedule appointments for preventative health visits, physicals, pap exams, chronic medical conditions, prescription renewal and sick visit.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of our patients please be courteous and call Zaheen Medical promptly if you are unable to attend an appointment 24 hours before your



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appointment. This time will be reallocated to someone who is in need of treatment. This is how we can best serve the needs of our patients.

If it is necessary to cancel your scheduled appointment, we require that you call one (1) working day in advance. Appointments are in high demand, and your early cancellation will give another person the ability to have access to timely medical care.

NO SHOW POLICY

A “no show” is someone who misses an appointment without canceling it within one (1) business day in advance. No-shows inconvenience those individuals who need access to medical care in a timely manner.

A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a “no show”. **An administrative fee of \$25.00 will be billed to your account.** You will be sent a letter alerting you to the fact that you failed to show for a scheduled appointment and did not cancel the appointment within one (1) business day in advance along with the bill for the administrative fee. A copy of the letter will be placed in your medical record. Three (3) “no-shows” within one (1) calendar year will result in a temporary suspension of services. In order to reinstate services, you will be required to meet with your Primary Care Physician within 30 days of the third no show letter to evaluate your situation. In the event you do not respond and/or schedule an appointment within 30 days, we will consider your patient status as terminated.

****Please note that No-Show charges are patient responsibility and will not be billed to your insurance company.**

INSURANCE

Zaheen Medical accepts most insurance plans. If you have specific questions regarding your insurance, **please contact our billing department at 978-296-4177.**

It is patient responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment.

Patients are responsible for co-pays at time of service. If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract) by our billing department.

PAYMENTS

Zaheen Medical accepts cash, personal checks, MasterCard, Discover, Visa and American Express. Checks can be made out to Zaheen Medical.

It is the policy of Zaheen Medical to make all reasonable attempts to collect outstanding balances should they accrue, including, convenient payment arrangements. Following these attempts, accounts in poor standing will be outsourced to a third party for the purpose of collection.

FORMS/LETTERS

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff at Zaheen Medical will be happy to complete forms and write



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medical letters as necessary upon your request. So as physician give full attention to your needs, **there will be an appointment booked with Physician to get forms completed.**

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical records one time with a **cost of \$15**. Additional copies may be requested at a cost of \$0.75 per page. The law allows Medical Offices 30 days to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

Please inform Zaheen Medical of which Pharmacy you use and update us if this should change. Please allow two to three business days for refill requests. We encourage our patients to review their medications prior to their office appointments and to request refills at that time, if needed. Please note that we do not fill Narcotic Medications or order Antibiotics over the phone.

Our Practice does not routinely order Narcotic Pain Medicine; therefore, you may be required to obtain these medications through Pain Management.



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RECEIPT OF ACKNOWLEDGMENT FORM

By signing below, I acknowledge that I have received, reviewed, understand, and will comply with the policies and procedures explained in the Zaheen Medical OFFICE POLICIES & PROCEDURES FOR PATIENTS form.

Printed Name

Signed Name

Date

THANK YOU!



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NEW PATIENT REGISTRATION FORM

Today's Date: _____

Patient Name: _____

DATE OF BIRTH: _____ AGE: _____

Address: _____

Home Phone#: _____ Cell Phone #: _____

Social Security Number: _____ Marital Status: _____

Email Address: _____

PREVIOUS PRIMARY PHYSICIAN: _____

WHY ARE YOU LEAVING YOUR PREVIOUS PHYSICIAN?

HOW WERE YOU REFERRED TO OUR OFFICE?

Race: Please select one

White

Asian

Black or African American

Hispanic

Refuse to report

Other: _____

Ethnicity: Please select one

Hispanic

Non-Hispanic

Refuse to Report

INSURANCE INFORMATION

PRIMARY INSURANCE: _____

ID# _____ GROUP# _____

EFFECTIVE DATE: _____

Subscriber Name: _____ Subscriber DOB: _____



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SECONDARY INSURANCE: _____

ID# _____ GROUP# _____

EFFECTIVE DATE _____

Subscriber Name: _____ Subscriber DOB: _____

EMERGENCY CONTACT

Name: _____

Address: _____

Phone#: _____ Relationship: _____

_____ Please initial to give ZMC permission to discuss your health care with your emergency contact

PHARMACY INFORMATION

Pharmacy: _____ Phone# _____

Address: _____

City: _____ State: _____ Zip code: _____

MEDICATION LIST (use separate page if needed)

PLEASE BRING ALL OF YOUR CURRENT MEDICATION BOTTLES WITH YOU TO YOUR FIRST APPOINTMENT

MEDICATION	DOSE	TIMES PER DAY	MEDICATION	DOSE	TIMES PER DAY



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ALLERGIES/SIDE EFFECTS

MEDICATION ALLERGY	REACTION/SIDE EFFECT

Tobacco Yes NO

Tobacco	Never	Current	Former	Age of ONSET	Packs per day	# of Year	Year When Quit

PAST MEDICAL HISTORY

MEDICAL CONDITION	DATE OF ONSET	TREATING DOCTOR (if different from Primary Physician)	DETAILS



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PAST SURGICAL HISTORY

OPERATION TYPE	DATE	DETAILS

FAMILY HISTORY

Check That Apply	MEDICAL HISTORY	FAMILY MEMBERS	AGES OF ONSET



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SOCIAL HISTORY:

Primary Language: _____

Translator Needed? YES or NO

Do you have any cultural or religious customs that we should be aware of? YES or NO

If yes, explain _____

RECENT HOSPITALIZATION: ___ NO ___ YES, Location/Dates: _____

Details: _____

PATIENTS UNDER 18

Has patient begun puberty? ___ YES ___ NO

If Patient is a girl, has menstruation begun? ___ YES ___ NO

If Patient is a boy, has their voice changed or have facial hair? ___ YES ___ NO

Parent/ Legal Guardian Name:



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Signature of Parent/Legal Guardian:

Relationship to Patient _____

Date _____

Patient Signature: _____ **Date:** _____