

Welcome to Paramount Family Medicine

We look forward to meeting you and providing you with excellent healthcare. Paul Cox, M.D., M.S. is committed to providing you with traditional medical care with an emphasis on preventative services and a balanced lifestyle to enhance healthy living.

Please take a moment to review the following information and enclosed items:

Paperwork

Please fill out the enclosed forms: Patient Information and Disclosures; Review of Systems; Patient Medication List; Financial Policy; Medication Refill Policy; and Client Contract. Please bring these completed forms along with your insurance card, photo identification and your copayment to your appointment.

Please use **BLACK** ink only to fill out these forms.

Copayment

Your copayment is due at the time of service. **IF YOU CANNOT KEEP YOUR APPOINTMENT, PLEASE CALL US AT 404-586-9985 TO CANCEL AND RESCHEDULE.** There is a \$25 charge for failing to cancel an appointment within 24 hours of the appointment time.

Directions to our office

We have included a map and directions to our office. Please note that we have also included specific directions to our office from the parking deck.

Insurance coverage

Please bring your insurance card with you at the time of your visit. It is your responsibility to know your insurance coverage.

Additional information

Patients that are more than 15 minutes late to their appointment may need to reschedule. Please visit our website at www.PaulCoxMD.com to read about Dr. Paul Cox, our practice hours, insurance plans in which we participate, services that we offer, and other helpful information.

For your health and convenience we offer Botox Cosmetic for the treatment of facial lines; Juvederm for treatment of lower facial lines and lips; and Latisse for longer, lush lashes. We also have a complete line of pharmaceutical-grade supplements including multi-vitamins and detoxification regimens. Feel free to ask Dr. Cox if you want more information on any of these products or services!

Introducing Paramount Family Medicine's Patient Portal



Online services include:

Prescription Refill Requests

Appointment Requests

Statement Downloads

Demographic Updates

Reminders/Updates from Paramount Family Medicine

**See our Front Office today to receive your
password.**

My email address is: _____

PARAMOUNT FAMILY MEDICINE

Driving Directions

Interstate 75/85 South

Take Exit 248C to right and continue across the Interstate to the first traffic light (Boulevard N.E.)
Turn left onto Boulevard
Turn right at traffic light onto East Avenue (you will see a pedestrian bridge at this intersection)
Turn into the first driveway on your right, which will take you to Parking Deck "B"
Park in Parking Deck "B"

Interstate 75/85 North

Take Exit 248C (highway 10 East/Carter Center) to the right
Continue to the traffic light on Boulevard
Turn left onto Boulevard
Turn right at traffic light onto East Avenue (you will see a pedestrian bridge at this intersection)
Turn into the first driveway on your right, which will take you to Parking Deck "B"
Park in Parking Deck "B"

Interstate 20 East and West

Take Interstate 75/85 North to Exit 248C (Highway 10 East/Carter Center) and exit to the right
Bear right and continue to the traffic light at Boulevard
Turn left onto Boulevard
Turn right onto East Avenue
Turn into the first driveway on your right, which will take you to Parking Deck "B"
Park in Parking Deck "B"

Parking

0 to 30 minutes = \$1.50
31 minutes to 1 hour = \$2.50
1 hour to 2 hours = \$3.50
2 hours to 3 hours = \$4.50
3 hours and beyond = \$5.50

Handicapped parking is available near the elevators on every level of the parking deck.

Directions To Our Office From The Parking Deck

Take the parking deck elevator to Level 3. Exit right off of the elevator and go through the automatic door. Take the first hallway to your left (this will enter you into the 285 Building). Continue until you see the elevators on your left and take the elevators to the third floor. Exit left off of the elevators. We are located on the left side of the hallway in Suite 345B.

Marta Line Directions

East-West Line

Take the Marta train to station E2- King Memorial and take Bus #99 to Atlanta Medical Center. (We are located in Suite 345B of the 285 Building)

North-South Line

Take the Marta train to station N3 - North Avenue and take Bus #99 to Atlanta Medical Center. (We are located in Suite 345B of the 285 Building)

Paramount Family Medicine
Paul Cox, M.D., M.S.

404-586-9985
Fax: 404-586-9987

I hereby request medical records in paper or CD format for the patient below
(Please send larger medical records on a CD, if your facility has the capability)

Patient Name: _____ **Chart:** _____

SS#: _____ **DOB:** _____

You are hereby authorized to release copies of:

Office Notes _____ **Lab Reports** _____ **X-Ray Reports** _____

All Records _____ **Other:** _____

From:

To: Paramount Family Medicine

285 Boulevard NE
Suite 345B
Atlanta, GA 30312

Signature: _____ **Date:** _____

Have you been a hospital patient at Atlanta Medical Center (AMC) or
South Fulton Medical Center (SFMC) in the past year?

_____ **YES** _____ **NO**

Paramount Family Medicine Medication Refill Policy

Plan Ahead:

- 1. Request for medication refills may take 24-72 hours for a response to the request.*
- 2. You should contact our nurses three (3) days before your medication is due to run out. If you use a mail order company, please contact us fourteen (14) days before your medication is due to run out.*
- 3. It may take 1-3 business days to refill your prescription. We must review your medical records, check for expiration dates, verify the number of refills and ensure refill eligibility. Once the necessary information has been researched, it is presented to the doctor for final authorization. Certain medications require laboratory testing before they can be refilled.*
- 4. Refill requests may also be made through your pharmacy. The pharmacy will forward the necessary information to our office to begin the research process.*
- 5. We utilize strict controls for medications containing opioids. Some opioids cannot be called into the pharmacy for refills. The patient must be seen in the office for those non-refillable pain medications to be refilled. Patients taking opioid, ADD or ADHD medications cannot have the medication refilled until the current prescription is fully expired. Patients taking these medications must be seen by the physician at least every 90 days.*
- 6. Refills on medications can only be authorized on medications prescribed by physicians in our office. We will not refill medications prescribed by other physicians.*
- 7. If a patient has not been evaluated in six (6) or more months, a follow up visit will be needed to verify medication needs.*

Signature

Paramount Family Medicine

Physician and Client Contract for Cooperation in Health Management Policies and Office Procedures

Name: _____

Date: _____

1. *I appreciate that the responsibility for my health and wellness belongs to me. I recognize that Dr. Cox is here to assist me in maintaining health.*
2. *I commit to learning what I most want and need to learn to maximize my physical and mental wellness.*
3. *I am open to assistance in learning what I most want and need to know about the issues I present for discussion.*
4. *I am open to suggestions concerning how I might improve my health.*
5. *I understand that I am solely responsible for all copayments and that they are due when services are rendered.*
6. *I understand that balances on my account will be collected on the next office visit (this does not include copays).*
7. *I understand that if I have forms to be filled out and signed by Dr. Cox, I must schedule an appointment to ensure that all of the information has been completed correctly.*
8. *I understand that if I require a referral, I must give proper notice (24-48 hours) to ensure that the referral reaches my specialist in a timely manner. If I wait and contact Paramount Family Medicine for a referral on the day of the specialist's appointment, I will be asked to reschedule that appointment for another date. No back-dated referrals will be processed.*

Client's Signature

I, Dr. Cox, commit to being fully present and to exploring both traditional and nontraditional ways to maximize your health and wellness in collaboration with you.

Paramount Family Medicine's Financial Policy

- **Self Pay** - Payment is due on the date of service if you are not covered by medical insurance.
- **Insurance** - We participate with most insurance companies.
 - You must provide us with current insurance information and personal identification.
 - We will file your charges to your medical insurance company for you.
 - You are responsible for all unpaid balances.
- **Co-Payments and Deductibles:**
 - Insurance co-payments are due at check-in.
 - If you cannot pay your co-payment at your appointment, we will be happy to reschedule your appointment.
 - Insurance deductibles, co-insurance and other patient responsibilities should be paid at your visit.
- **Forms of Payment:**
 - We accept cash, checks, and all major credit cards (Visa, MasterCard, American Express, and Discover).
 - We accept credit card payments over the phone and also have the ability to send you a bill electronically to pay with your credit card over the internet.
 - We also offer a line of credit through our billing partner, CareCredit®. Interest-free payment plans are available for those who qualify.
- **Medicare** - Medicare requires 20% of their allowed fee to be paid by the patient or by a supplemental policy.
 - A deductible is also required by most Medicare policies.
 - If you do not have a supplemental policy, you will be billed for the 20% not covered by Medicare as well as your deductible.
- **No-Show Policy:**
 - Established Patients:
 - Paramount Family Medicine reserves the right to charge a \$25 fee if you fail to show up for an appointment. We may require you to pay the \$25 fee prior to your next appointment.
 - New Patients:
 - Paramount Family Medicine reserves the right to charge a \$25 fee for missed appointments. Please pay this when you arrive at your rescheduled appointment.
- **Cancellations:**
 - Call us if you cannot keep your appointment.
 - No fee will be charged for cancellations made at least 24 hours prior to your appointment.
- **Fees for Forms:**
 - There is a \$25 fee for each form that you request Dr. Cox to complete.
 - Fees must be paid in advance.
 - Please allow 72 hours for the completion of forms.

I have read and understand this financial policy. I clearly understand that it is my responsibility to pay my bill in a reasonable time. If for any reason any portion of my bill is not paid by my medical insurance, I hereby agree to make immediate payment in full or to make arrangements for prompt payment. I further agree to pay all reasonable costs of collection including attorney fees, if any.

→ **Signature:** _____

Date: _____