

Mountain Diabetes & Endocrine Center

Skyland Office Park  
1998 Hendersonville Road, Bldg. 31  
Asheville, NC 28803

*Wendy Lane, MD , Stephen Weinrib, MD , Ashley Kaake, ANP*

Telephone: 828-684-9588

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**Welcome to Mountain Diabetes & Endocrine Center!** Our goal is to help you Understand your endocrine health issue(s) and to offer viable options. To optimize your encounters, please understand the following administrative and clinic policies:

**Office Hours:** Monday to Friday 8:30 AM to 5:00 PM. Doors open 8 AM to 5:00 PM

**Phones Answered:** 8:15 AM to 5:00 PM. All non-urgent calls are returned within 2 work days, although a vast majority are returned within the same day. If you have not received a return call within 48 hours, please call back.

**Arrival:** Please arrive 15 minutes before your scheduled appointment to allow adequate administrative check-in and nursing intake and to avoid losing time with the doctor. **We enforce a 24-hour cancellation notice or you will be charged a \$50.0 No-Show fee.**

**Please bring a current insurance card to each visit.** We do participate with Medicaid. However, if you do not bring a current Medicaid card we will have to reschedule your appointment. Patients who intentionally present insurance information that is outdated, cancelled or otherwise false will be discharged from the practice and may incur legal action. We also require a picture ID to be compliant with HIPAA regulations.

**Please be prepared for your visit.** Always have a current med list (with exact doses) or bring your medication containers to your visit. **Patients with diabetes should bring in their blood glucose meter for download or a logbook of finger stick glucose readings.** Patients without a meter or logbook may be rescheduled, as these items greatly impact care. Please bring all lab test and radiology reports/films dealing with your endocrine condition.

**Meters:** If you are a diabetic patient your blood glucose meter is an important tool we use to evaluate how well your sugars are controlled. For this reason, it is imperative that you bring your meter to every visit as this allows us to adjust your medications to optimize results. If we are unable to download your meter to our computer, we will ask that you record your blood sugars in a logbook, which we provide, and bring that to your appointment. We will better clarify this with you when we met with you face-to-face.

**Nurse Practitioner Visits:** we have recently expanded our practice by adding a Nurse Practitioner. Nurse Practitioners are advanced practice nurses who are licensed by the state of NC to diagnose and treat patients and have the ability to prescribe medications, order lab tests, and order any other diagnostic study needed to provide the best treatment for you. To best serve our patient population, we alternate

patient visits between the doctor and the nurse practitioner. Our Nurse Practitioner, Ashley Kaake, ANP, is extensively trained to follow our algorithms for best endocrinology practice and she regularly consults with each doctor about specific patient needs. By expanding our practice, we are able to more readily meet your same day walk-in needs, should they arise. We are also able to schedule more frequent visits if that is what is needed to optimize your care, something that has been difficult to do in the past.

**After hours “on-call” doctor:** An on-call doctor is available 24/7 by calling the main office number (828)-684-9588. However, please be confident that your issue is urgent and cannot wait until the next business day. Medication refills are not urgent with little planning. If you have not received a return call within 1 hour, please call back.

**Lab Results:** Depending upon the lab test, it may take anywhere from 1-5 days for us to receive results. We will notify you of results by telephone call or via letter. If you have not heard from us within 10-14 days, please call us.

**Hospital Care:** The MDEC physicians stopped seeing patients at Mission Hospital in 2006 in order to focus on out-patient care. The admitting physician can reach us any time for information and suggestions. When endocrine-specific care is required the admitting physician may contact your primary physician, in-house physician, or hospital endocrinologist. We will make every attempt to ensure communication with the hospital physicians when our input is needed.

**Clinical Research:** we perform clinical research for pharmaceutical companies and medical device makers, as well as perform studies we have independently designed. We have published 8 studies in peer-reviewed journals between 2002 and 2013. Most studies involve diabetes. All studies are approved by an independent ethical review board and registered with the FDA. Study participants usually receive free medication, testing supplies, medical care, and payment for time spent in the study. Ask if you qualify to participate.

**MDEC Website:** Visit [www.mountaindiabetes.com](http://www.mountaindiabetes.com) to learn more about our practice, providers, and research, as well as to find links to useful endocrine and medical informational sites. You can also provide us feedback regarding your visit.

## Mountain Diabetes & Endocrine Center Skyland Office Park

1998 Hendersonville Road  
Building III, Unit 31  
Asheville, North Carolina 28803

Phone: 828-684-9588

### Directions:

**Skyland Office Park** is located just north of Long Shoals Road on the east side of Hendersonville Road across from Asheville Eye, the drive between the new car wash and Papa's and Beer. We are located in the very back of the park among the trees.

**From 1-40:** Take Exit 50A. This will take you to Hendersonville Rd. Go twenty red lights until you see Papa's and Beer on your on your left. We are the next drive on the left. Skyland Office Park. We are located at the back of the complex, Bld.# 31.

**From 1-26:** Take Exit 37 (Long Shoals Road) and turn east off ramp. Drive 1.8 miles to Hendersonville Road. Turn left (stay in far right lane), the entrance is 0.1 mile on the right past the Dry Cleaners and the new Car Wash. Skyland Office Park.

**From Hendersonville Road** we are: 5.3 miles south of 1-40, 2.5 miles south of the Blue Ridge Parkway and 0.1 mile north of Long Shoals Road.

## INFORMATION AND ASSIGNMENT OF BENEFITS

Please read the information below and initial:

\*I am aware that if I am more than 10 minutes late for an appointment, my visit may be rescheduled. \_\_\_\_\_

\*I understand that if I am being seen for diabetes and do not bring in my blood sugar readings, my appointment may be rescheduled to later date when reading are readily available.  
\_\_\_\_\_

\*I understand that if I do not bring my current insurance card, my appointments may be rescheduled. \_\_\_\_\_

\*I understand that I will be responsible for all charges not paid by insurance or if insurance is not applicable. \_\_\_\_\_

\*I understand that payment is expected at the time of visit, including Medicare insured patients. \_\_\_\_\_

\*I understand that I may request copies of my medical records for my benefit or to be released to another party with signed release and payment according to policies of Mountain Diabetes & Endocrine Center. I also understand that any requests for medical records will be completed one (1) week after receipt of written release and payment. \_\_\_\_\_

\*I am aware that the doctor may/will alternate my visits with the nurse practitioner to optimize my care. \_\_\_\_\_

I hereby authorize the patient-care providers of Mountain Diabetes and Endocrine Center to apply for benefits on my behalf for covered services rendered by her/him or by her/his order. I request that payments from my insurance company or companies be made directly to Mountain Diabetes & endocrine Center or to the party who accepts assignment.

I permit a copy of this authorization to be used in the place of the original. This authorization may be revoked by either me or my insurance company or companies at any time in writing. I certify that the information I have reported with regard to my insurance(s) is/are correct.

Signature (patient or guardian) \_\_\_\_\_ Date \_\_\_\_\_

# Consent for Disclosure of Medical Information

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician: \_\_\_\_\_

In connection with the medical services that I am receiving from MDEC, and its medical staff, I hereby authorize the above named physician, and their respective agents to disclose any and/or all information concerning my medical condition and treatment, (including but not limited to, super-confidential information concerning sexually transmitted diseases, mental health, chemical dependence, or other such information) including copies of applicable hospital and medical records to:

- A. Any third party payer covering the medical services of the patient;
- B. Other health care professionals and institutions involved in the delivery of health care to the patient;
- C. The proponent of any legally sufficient subpoena, or in response to a court order;
- D. Employees and agents of the practice, to the degree necessary to facilitate the provision of health care services and payment for such services;
- E. Pharmacies; and as otherwise required by law.

I consent to allow Mountain Diabetes and Endocrine Center to use my health information for purposes of billing, utilization review, practice quality assurance and retrospective research endeavors, as long as my identifying information is removed.

A photograph of my face may be taken if used solely for purpose of identification in medical records.

When providing information to me, information may be transmitted to me by any or all of the following means (initial all that apply):

\_\_\_\_\_ Telephone Messages on house answering machine or cell phone voicemail.

\_\_\_\_\_ Messages to the following family members or friends as listed

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

\_\_\_\_\_ Email to the following address \_\_\_\_\_

\_\_\_\_\_ I also consent to the release of Protected Health Information (PHI) (Example: Husband- John Smith)

To the following individual(s):

\_\_\_\_\_  
\_\_\_\_\_

In each case, the practice shall take reasonable steps to ensure that only the minimum necessary information is disclosed in accordance with the above. I further understand that I have been given access to the physician's privacy notice and that I have had the opportunity to place special restrictions upon the consent hereby given:

Special Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

**This consent is valid from the date executed until revoked in writing by the patient.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## HIPAA Privacy Notice

In accordance with the Health Insurance Portability and Accountability Act, patients of Mountain Diabetes and Endocrine Center are entitled to and afforded the rights to privacy regarding their health related information as set forth under applicable law, and a patient's Protected Health Information (PHI) may only be released as authorized by this law. Mountain Diabetes and Endocrine Center will strive to ensure that patient information is used only for purposes authorized by the patient, including but not limited to patient treatment and payment operations, lawful subpoenas, sharing of information with other health care providers, and as otherwise required by law. Upon request we can provide you with a complete copy of our Privacy Policies.

Additionally, Patients have a right to review their medical records and furnish comments to their records during normal business hours, upon providing reasonable advance notice. In addition patients have the right to obtain information regarding entities to which Protected Health Information has been provided.

Moreover patients have the right:

- To be informed of any breach of their PHI
- To decline to have PHI delivered to Health Insurers if the patient pays for services in full without submitting an insurance claim.

Should you ever have a concern or complaint, you may contact Angelic Henderson, the Mountain Diabetes and Endocrine Center Practice Administrator and HIPAA Compliance Officer.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**PATIENT INFORMATION**

Date: \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Martial Status S M W Sep D

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If Patient is a student, name of school/college \_\_\_\_\_

Emergency contact and phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Referred by \_\_\_\_\_ Phone \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer Name \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Insured person's date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work # \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Insured person's date of birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Work # \_\_\_\_\_

In order to accurately file your insurance, we require recent copies of your insurance cards to be made

## **Diabetes Questionnaire**

**(Please complete prior to appointment)**

**Describe the diabetic issues that concern you most:**

(What can we do to help? Give background to your condition or symptoms.)

### **Diabetes Background:**

What year were you first diagnosed with diabetes (or told of abnormal sugars)?

How was it discovered? What was your weight then?

Have you ever been hospitalized for diabetes or had diabetic ketoacidosis? If yes, when?

Have you ever had any formal diabetes instruction from a diabetic nurse educator or nutritionist? If yes, when?

Are you a member of the American Diabetes Association?

### **Diabetes Lifestyle:**

Do you exercise? What type, how often, how long?

Who shops for and prepares your food?

How many times per week do you eat out?

Describe typical meals and give approximate examples:

Breakfast:

Lunch:

Supper:

Snacks:



## **MEDICATIONS**

How were you first treated after diagnosis?

What medications have you taken in the past and why were they stopped? Does anyone prepare your medications for you or inject your insulin for you? How often do you forget to take your medication(s)?

What are your current diabetic medication(s)?

Do you self-adjust your medications?

## **MONITORING**

Do you check your blood sugar? If yes, how often?

Which glucometer do you use and how old is it?

What are the ranges of your blood sugar readings at mealtimes and bedtime?

Pre-BF	Pre-Lunch	Pre-Supper	Bedtime
Post-BF	Post-Lunch	Post-Supper	2 a.m.

## **HYPOGLYCEMIA** (low blood sugars)

What symptoms do you get?

How often do you get them?

What brings them on? Can you explain why you get them?

How do you treat them?

Have you ever passed out from hypoglycemia, or had a reaction so severe that you required the help of someone else?

## **PREVENTION**

Do you get a Flu vaccine each fall?

Have you had a pneumococcal vaccine in the last 15 years?

Do you wear a medic alert medallion?

Do you examine your feet daily?

When was your last dilated eye exam?



**MEDICATIONS (Prescription and OTC) DOSAGE AND FREQUENCY**

**GYNECOLOGIC/OBSTERICAL HISTORY**

Age at menarche (first period)

Date of last menstrual period:

Age menses regular or irregular?

Date of Menopause:

Pregnancies (dates and outcome):

**SOCIAL HISTORY**

Marital Status:

Children (ages):

Who lives with you?

Employment:

Highest education level:

Alcohol (drinks per day):

Tobacco (packs per day):

**FAMILY HISTORY**

	Mother	Father	G'Parents	Other	Describe
Diabetes					
Thyroid					
Osteoporosis					
Hypertension					
Heart Disease					
Lipid Disorder					
Lung Disease					
Kidney Disease					
Ulcers/GI					
Arthritis					
Stroke/Neuro					
Cancer					
Blood Disorder					
Other					

**REVIEW OF SYSTEMS (PLEASE CIRCLE)**

Fatigue	Hoarseness	Sexual Problems (describe)
Weight Gain	Trouble swallowing	Osteoporosis
Weight Loss	Palpitations	High
Sweats	Chest Pain	Cholesterol/Triglycerides
Poor Sleep	Shortness of Breath	Arthritis (location)
Snoring	Nausea	Back Pain
Poor Vision	Diarrhea/Constipation	Leg Cramps
Poor Hearing	Liver Problems	Weakness
Excessive Hair	Indigestion	Numbness
	Urinary Problems (describe)	Edema
Hair Loss	Gout	Infertility
Acne	Excessive Thirst	Problem Periods (describe)
Dizziness		

Last EKG:

**Please describe any other health issue(s) which may relate to our current endocrine problem(s).**

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**Please remember that the patient-care providers at Mountain Diabetes and Endocrine Center are focusing on your endocrine conditions. It is important that you maintain regular follow-up with your primary care provider for general medical issues.**

**Attention:**

If you are interested in being a part of our waiting list, so that you will be notified when we have earlier openings for your appointment, please sign below.

Signature (patient or guardian) \_\_\_\_\_ Date \_\_\_\_\_

Thank you.