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Caro MI 48723

Phone: 888-758-5709

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INSTRUCTION SHEET

Please read directions carefully before filling out paperwork

Thank you for choosing Northview Medical House Calls for your care or the care of a loved one. We look forward to bringing our medical service into your home.

To give you the best possible care we need to get as much information as possible prior to the visit. Attached are some forms we need you to fill out and/or sign and fax back or mail to us **prior** to scheduling your visit.

1. Demographics Intake Form
2. Medical History Form: Please fill this out to the best of your ability and as completely as possible.
3. Consent for Treatment/Privacy Notice/ Assignment of Benefits/ Payment Agreement/Authorization to Leave Message: **Please sign in the places indicated by the X.** We will give you a brochure of our HIPPA privacy notice at your request or you may read it online at www.northviewmedicalhousecalls.com
4. Authorization to Release Medical Information: Signing this allows us to get medical records and to send our records to other providers involved in your care. (Please fill out only the personal information at the top of page. Do not fill in any requests. The form must be signed by the patient, spouse or the patient's Power of Attorney (POA). Please provide a copy of the POA. We will fill out what is needed and send for the information.
5. Please include a **current medication** list for the patient when submitting the new patient application.
6. Include copies of **insurance cards**. (Please make sure they are not too dark to read.)

Please fax 888-491-7220 or mail all of the above information along with a copy of your insurance cards (both front and back) to our office. Once we receive your information we will call you to schedule an appointment.

Thank you again for choosing Northview Medical House Calls.