



Carolinah HealthCare System

## **Welcome to Bessemer City Family Medicine . . .**

[www.carolinahhealthcare.org/bessemer-city-family-medicine](http://www.carolinahhealthcare.org/bessemer-city-family-medicine)

3326 Bessemer City Road  
Bessemer City, NC 28016  
(704) 629-0412

### **Introduction**

Thank you for selecting us as the Primary Care Providers for you and your family. **Bessemer City Family Medicine** was founded in 2007 and its mission is to provide **outstanding** medical care for all of our patients. We will provide you and your family with high quality care through superior customer service.

### **Services**

Our staff includes a board certified physician, David Cosenza, MD and a board certified Physician Assistant, Savanna Hancock, PA-C; nursing and clerical personnel, and a practice manager.

All efforts will be made to schedule your appointments with your Continuity Provider. There may be times in which your Continuity Provider may be unavailable and we will schedule you with their Partner Provider within the Practice to ensure timely service for our patients.

We provide comprehensive, high quality care to children and adults from birth through their entire adult life. We offer same day sick examinations, well child examinations, school and sports physicals, adult physical exams, breathing treatments, immunization/allergy vaccinations, laboratory services, and minor procedures such as suturing, EKG, pulmonary function testing, etc.

The providers also refer patients to the admitting physicians at Cleveland Regional Medical Center and/or Kings Mountain Hospital for inpatient care and hospital procedures. This specialized group of physicians is qualified to treat you and your family in the hospital setting, as well as consult with other specialists in order to render the best care available to you.

### **Prescriptions**

Please notify your pharmacy in regards to prescription refills and they will fax a request to our office. The providers may also call in certain prescriptions and these requests are taken **only** during regular business days until 4 PM. We require a **full business-day notice** for these medications, as the provider needs time to review the medical record.

Prescriptions, such as medicines for Attention Deficit Disorder (ADD), cannot be phoned into a pharmacy. **The Providers do not prescribe Controlled Substances (Narcotics) for Chronic Pain or Chronic Anxiety Management.** If you are a new patient, the providers **will not** prescribe certain medications until they have reviewed your medical record from your previous physician. You will be asked to follow up with a Pain Specialist for Chronic Pain Treatment or a Psychiatrist for Chronic Anxiety Treatment.

**Chronic illnesses require periodic visits. Refills will be denied if scheduled visits are not kept.**

### **No Shows and Cancellations**

Situations may arise when you cannot keep your medical appointment and we fully understand. However, we require at least **24 hours** advanced notice, unless it is an emergency. Repeated no shows or cancellations may result in dismissal from the clinic for the patient.

## Referrals

In some cases our Providers may need to refer you to a specialist. In these instances our Nurse will set up the appointment before you leave the office with the **exception** of some referrals that may take longer due to the policies of the office where we are referring you to be seen. In this case we will notify you once the appointment is available.

## Hours of Operation

You can reach us at **(704) 629-0412**. The providers will respond to your calls and questions as quickly as possible, as they need time to review your medical record and the information given by you to our staff.

Our office hours are from 8:15 AM to 5:00 PM Monday through Friday. To reach us after hours or on weekends, we use an answering service. These highly trained nurses can address a variety of your concerns. Complicated or serious medical conditions are discussed with the on-call physician for final disposition. The providers are on call 24 hours a day, 7 days a week.

**Sick and physical exam** visits are made by appointment **only**. Any walk-in patients will be given the next available appointment, depending on the severity of the illness/injury. Patients arriving late for appointments may have to reschedule, depending on the patient volume for the day.

**Allergy shots** are given by appointment on Monday - Friday from 8:30 AM to 11:00 AM and from 2:00 PM until 4:30 PM. Patients must remain in the clinic for 30 minutes **after** the injection is given.

**The official holidays** for the clinic are Good Friday, Memorial Day, July Fourth, Labor Day, Thanksgiving Day, Christmas Day, and New Year's Day. We will post any holiday changes in advance. **For closings due to bad weather**, please call the clinic or check the local TV stations of WSOC TV 9 (ABC) and WCNC-TV (NBC).

## Forms, Medical Records, and Results

Medical Records will be issued within 10 business days upon a signed medical release from the patient.

Results for laboratory, x-rays, or other studies are usually available 5-7 business days after the test was performed.

There will also be forms and documents we will ask you to complete periodically. Please update those documents every time your demographic information changes, as it is imperative that we have the most recent information about you on file.

We require **5-7 business days** to complete forms for school, sports physicals, daycare, shot records, disability, etc. Excuses for the day of the visit are available at the checkout desk. If a longer absence is expected, please discuss this with the provider.

## Payment

We participate with a variety of insurance plans and **require proof of insurance at each visit**, including Medicaid cards. In order to expedite your claim, we request co-pay at the time of service, and/or a deductible, if it is required by your insurance plan. Noncompliance may result in dismissal from the clinic. Remember, it is your responsibility to know the level of coverage provided by your insurance plan.

We participate with Traditional Medicare part A & B and Blue Care Medicare Advantage. Medicare deductibles and co-insurance are expected at the time of the visit. We accept cash, personal checks, and credit cards (Visa, Master Card, Discovery, and American Express).

## Customer Service

Periodically, you may receive a survey in the mail for you to provide us with feedback about our services. This survey is completely confidential and we would certainly appreciate if you could complete it and mail it back. These surveys allow us to continue improving our processes to serve you better and to celebrate our successes based on your responses. **We are here for your family and you!**

*Thanks again for trusting us with your medical care. We look forward to a healthy relationship with you and your family.*



Carolinians Physicians Network  
Patient Registration-Adult

ORG# \_\_\_\_\_

MRN# \_\_\_\_\_

Patient	Parent/Responsible Party- if different Patient Relationship <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Legal Last Name	
Legal First Name, Middle	
Nick Name	
SSN	
Date of Birth	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	

Address	
Apt/Bldg/Suite #	
City, State, Zip	

Home Phone	
Work Phone	
Mobile Phone	
Email Address	

Employer Name	
Address	
City, State, Zip	

Emergency Contact	Reason for visit _____
Name	
Home Phone	
Work Phone	Who referred you? _____
Mobile Phone	Permission to leave voice mail @ primary phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Insurance	Secondary Insurance
Insurance Company	
Primary Policyholder Name	
Primary Policyholder DOB	
Primary Policyholder Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

<b>Primary Care Physician</b>	If none, do you need help finding a Primary Care Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Authorization, Assignment of Benefits, and Referral Medical Release**

I hereby authorize the release of medical information including complete medical records, test results, and billing information to my insurance company, and to other medical professionals and medical care institutions that I may be referred to for treatment. I understand that this information will be used to review, investigate, or make payment of a claim, and to review records for quality improvement initiatives, audit compliance, utilization management, and complaint resolution. I authorize payment directly to Carolinas Physicians Network for all medical or surgical benefits otherwise payable to me under terms of my insurance. I understand that I am financially responsible for all co-payments, co-insurance, deductibles, and non-covered services. A photocopy of this authorization shall be considered as effective and as valid as the original.

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

**Request for Treatment:**

The Group maintains personnel and facilities to assist my physicians in providing my medical care, and I authorize the Group personnel to perform the care ordered by my physicians. I understand that I have the right to be informed by my physicians of the nature and purpose of any proposed procedure and any available alternative methods of treatment, together with an explanation of the risk associated with each procedure. This form is not a substitute for such explanations, which are the responsibility of my physicians to provide according to recognized standards of medical practice, and I acknowledge that the Group and its personnel are responsible for providing this information.

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