Welcome to Endocrinology of Central Florida

I’m privileged to be your physician for your endocrinology needs. I and my staff are committed to providing you with the best care we can and to make your visit to my office as pleasant and comfortable as possible. Our hope is that we form a long lasting partnership to keep you as healthy as possible, no matter what your current state of health. I will share my medical expertise with you, and I hope that together we work toward the healthy lifestyle that is so important to your well-being. I value your time and strive to facilitate accurate and timely medical care.

Please visit our website at www.myendohealth.com to see the services offered and learn about our practice and the goals we hope to reach with you.

I look forward to working with you as your endocrinologist. If you have any questions, do not hesitate to contact my office at 407-691-3200 or 386-427-4544.

Sincerely,

Lee N. Metchick, M.D., F.A.C.E.
PRIOR TO YOUR APPOINTMENT, PLEASE COMPLETE AND RETURN 
THE FOLLOWING AS SOON AS POSSIBLE:

1) MEDICAL HISTORY FORM

Please take the time to **complete the above forms** with as much detail as possible and **mail back to us or fax** prior to your appointment date.

**All forms should be mailed to:**
109 W. Knapp Avenue, Edgewater, FL 32132 OR faxed to: 386-427-8688. (Do not mail any correspondence to the Lake Mary office). This will greatly help facilitate your initial appointment.

**Be sure to bring with you**
- All insurance cards
- Your co-pay / deductible if applicable
- All medication bottles

Photo I.D. (In keeping with federal mandates, if your photo ID does not reflect your current address, please bring a utility bill showing your current address)

**We will call you one week prior to your appointment to confirm your visit date and time. You must return our call to confirm that you will be keeping your appointment. If we do not hear from you within 3 business days, your appointment will be cancelled and you will need to reschedule to our next available time.**

If you need to cancel or reschedule your appointment, we request notice as soon as possible so that we may schedule patients that are waiting for appointments.

If you have any questions regarding scheduling, our payment policy, or office policies and procedures, we would be happy to address them personally. Please contact our office at (386) 427-4544 or (407) 691-3200 and ask for the Practice Administrator.

**Thank you again for choosing Endocrinology of Central Florida for your endocrinology healthcare needs.**
POLICY ON PRESCRIPTION REFILLS

• Please call your pharmacy directly for any prescription refills written by Dr. Lee Metchick even if the prescription has expired. The pharmacy will then contact us for refill of expired prescriptions.

• Prescriptions not written by Dr. Lee Metchick need to be filled by the prescribing doctor.

• Please allow 3 business days for refill requests

• Prescriptions will only be filled during working hours

• No prescriptions will be filled after 12:00 pm on Friday, or on Saturday or Sunday.

We appreciate your cooperation
MEDICAL HISTORY FORM

PLEASE PRINT ALL INFORMATION AND MAIL TO US PRIOR TO YOUR APPOINTMENT

ENDOCRINOLOGY OF CENTRAL FLORIDA
109 W. KNAPP AVENUE, EDGEWATER, FL 32132

APPOINTMENT: DAY: DATE: TIME:

NAME: Date of Birth: ____________________

Phone(s): Home (_____) ______-_________ Cell ( ) ______-_________
Work (_____ ) ______-_________ 

RACE: (check one): __Caucasian __African American __American Indian or Alaskan Indian
__Asian __Native Hawaiian or Other Pacific Islander

ETHNICITY (check one): __Hispanic or Latino __ Non-Hispanic or Latino __Other

MEDICAL PROBLEMS (heart disease, high blood pressure, diabetes, etc) & date of diagnosis.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
PRIOR SURGERIES (with dates):

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

FAMILY HISTORY (list significant medical history of parents, grandparents, siblings, aunts, uncles)

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

SOCIAL HISTORY:

Are you married? Y N
Do you live alone? Y N If no, who lives with you ________________________________
Do you have any children? Y N If yes, what are their ages ___________________________
Do your children have any health problems? ___________________

EMPLOYMENT:

Are you employed? Y N

If yes, employer’s name & address ________________________________
_______________________________________________________________

Occupation: ____________________________

If no, are you (circle one): retired disabled unemployed

ALLERGIES

Do you have any medication allergies? Y N
If yes, list medications and the reactions? (nausea, vomiting, rash, trouble breathing)
**MEDICATIONS:** (Please list all medications you are presently taking including vitamins, minerals, and supplements)

**PLEASE BRING IN ALL OF YOUR PRESCRIPTION BOTTLES TO YOUR APPOINTMENT**

<table>
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<tr>
<th>Medication Name</th>
<th>Strength (e.g. mg/ml)</th>
<th>How often?</th>
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</table>

**PHARMACY:**

| NAME:          | __________________________ |
| ADDRESS:       | __________________________ |
| PHONE:         | __________________________ |
| FAX:           | __________________________ |

**RISKS**

Do you *currently* use tobacco? Y N If yes, how much per day?____________

Have you ever used tobacco? Y N If yes, when?

___________________________ Did you quit? Y N

When?_________________________

Do you drink alcohol? Y N If yes, what type of alcohol? Beer, Wine, Cocktails

How many drinks/day?_________________________

Do you drink caffeinated drinks? Y N If yes, how many a day?_________________________

Do you exercise? Y N If yes, what type?_________________________

How many times per week?_________________________

**ENDOCRINOLOGY OF CENTRAL FLORIDA**
FINANCIAL POLICY

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office.

If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the plan for all charges for services rendered. We will bill both your primary and secondary insurance plans for contracted plans. You will be responsible at the time of service for payment of:

- The annual deductibles
- Co-payments / Co-insurance
- Charges for non-covered services

In the event we are not aware of a charge that is not covered by your plan, you will be balance billed after we obtain a denial from your insurance plan.

We are Medicare participating providers. We will bill Medicare and most secondary carriers (we do not participate with Medicaid). You will be responsible at the time of service for payment of:

- The annual deductibles
- Co-payments / Co-insurance if there is no secondary insurance or Medicaid is your secondary
- Charges for non-covered services

If you have Medicare as well as a secondary coverage with a commercial plan with which we have no contract, we will file a claim to your secondary/supplemental carrier. If no payment is received from your secondary/supplemental plan within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance. Also note, if you are covered with a Medicare Advantage Plan, please notify us so we can advise you if we participate in that plan. If we do not, you will be responsible for the charges at the time of service.

1. The adult/guardian who brings in the child/minor will be responsible for all co-payments and deductibles. We do not forward bills to other parties regardless of court rulings or divorce decrees.

2. We require a 24 business hour advance notice of any cancellation as we have implemented a $30.00 fee for “no show” appointments and appointments cancelled less than 24 business hours.

3. If you are not able to pay at the time of check-in, we will need to reschedule your visit; and this visit will be considered a “no show”. Payments may be made with cash, personal check, Visa, MasterCard, or Discover.
TELE-MEDICINE AVAILABLE

At the request of many of our patients who find it difficult or inconvenient to travel to our office due to work schedules, travel costs, physical difficulties, and/or time constraints, we are now offering “phone visits” for our established patients (new patient appointments must be in-office). A phone visit may not always be appropriate when your medical problem is complex requiring a face-to-face visit, or if you prefer the traditional in-office visit. The physician will decide if the “phone visit” is appropriate for you. You will still be required to see the physician / physician assistant periodically in the office.

We will schedule a “phone appointment” within a one-hour timeframe (e.g. between 1:00 pm – 2:00 pm) and will call you within this timeframe. As with your in-office visit, if lab work or radiology services have been ordered, you will need to have completed all testing two weeks prior to the “phone appointment” so that your results can be discussed.

Insurance does not pay for telephone consultations. The doctor’s time is charged in 15-minute increments (e.g. 12 minutes will be charged at the 15-minute rate). The cost is $55.00 for each 15 minute segment, however, we anticipate that most visits will not exceed 15 minutes. In order to serve your needs for phone consults, we need to keep your credit card number, current expiration date, and billing address on file. We appreciate your cooperation with our front desk on this matter, as well as keeping us updated on any changes. Your credit card information will be protected and maintained confidentially. We will process your payment at the end of the phone consultation.

We will verify the phone number you wish us to use to reach you. If we cannot reach you after two attempts, you will be charged a $25.00 fee for a “no show” appointment. Cancelling less than 24 business hours will also incur a $25.00 fee.

If you have any questions about this treatment option, please ask to speak to the Practice Administrator.

If you wish to avail yourself of this service, you will need to sign a tele-medicine authorization form and credit card authorization form.
ATTENTION DIABETES PATIENTS – BLOOD GLUCOSE LOG REVIEW

You will have several options available for blood glucose log reviews:

1) Wait until your regularly scheduled follow-up appointment
2) Schedule a blood glucose review appointment
3) Fax or e-mail your glucose log, they will be reviewed and a phone call or e-mail will be made to you to make the appropriate adjustments and recommendations ($25.00 fee applies which is NOT covered by your insurance).

If you wish to avail yourself of this service, you will need to sign a credit card authorization form in advance. If using e-mail for this service, an e-mail consent form must also be signed in advance.
DIRECTIONS TO EDEGWER OFFICE

ON ROUTE 1: WE ARE LOCATED ONE (1) BLOCK SOUTH OF THE NEW SMYRNA BEACH BORDER WITH EDEGWER – LOCATED NEXT DOOR TO SUNTRUST BANK

SOUTH ON US 1

ONE BLOCK SOUTH OF MCDONALD’S (10TH STREET) IN NEW SMYRNA BEACH
MAKE RIGHT AT SUNTRUST BANK (W. KNAPP AVENUE)
ENDOCRINOLOGY OF CENTRAL FLORIDA IS ON THE RIGHT

NORTH ON US 1

MAKE LEFT AT SUNTRUST BANK (W. KNAPP AVENUE)
ENDOCRINOLOGY OF CENTRAL FLORIDA IS ON THE RIGHT

STATE ROAD 44 EAST (FROM DELAND AND DUE WEST)

STATE ROAD 44 EAST
TO OLD MISSION ROAD - TURN RIGHT
TO NEXT TRAFFIC LIGHT (JOSEPHINE STREET) - TURN LEFT
TO SECOND TRAFFIC LIGHT (US 1 / SOUTH RIDGEWOOD AVENUE) - TURN RIGHT
TO NEXT STREET (W. KNAPP AVENUE - SUNTRUST BANK) – TURN RIGHT
ENDOCRINOLOGY OF CENTRAL FLORIDA IS ON THE RIGHT

FROM I-4

TAKE EXIT 118 (Rt 44/New Smyrna Beach) towards New Smyrna Beach
APPROX. 11.5 MILES (WALGREEN’S ON RIGHT – OLD MISSION RD) - TURN RIGHT
TO FIRST TRAFFIC LIGHT (JOSEPHINE STREET) – TURN LEFT
TO SECOND TRAFFIC LIGHT (US 1 – Ridgewood Avenue) – TURN RIGHT
TO NEXT STREET ON RIGHT (W.KNAPP AVENUE – SUNTRUST BANK) – TURN RIGHT
ENDOCRINOLOGY OF CENTRAL FLORIDA IS ON THE RIGHT
DIRECTIONS TO LAKE MARY OFFICE

OFF RINEHART ROAD: WE ARE LOCATED IN WILLISTON PARK. OUR OFFICE IS LOCATED IN THE FIRST BUILDING ON THE LEFT. WE ARE THE MIDDLE SUITE IN THE BUILDING.

FROM EAST ON I-4:

TAKE EXIT 101A SANFORD/HEATHROW (CR 46A-HE THOMAS PKWY). MAKE RIGHT ONTO HE THOMAS PARKWAY (46A). GO OVER I-4 THEN MAKE A RIGHT ONTO RINEHART ROAD. DRIVE APPROXIMATELY 1 MILE, THEN MAKE A RIGHT INTO WILLISTON PARK.

FROM WEST ON I-4:

TAKE EXIT 101A SANFORD/HEATHROW (CR 46A-HE THOMAS PKWY). MAKE RIGHT ONTO HE THOMAS PARKWAY (46A), THEN MAKE A RIGHT ONTO RINEHART ROAD. DRIVE APPROXIMATELY 1 MILE, THEN MAKE A RIGHT INTO WILLISTON PARK.

FROM FL-417 NORTH

EXIT 52 (W 25TH ST/HE THOMAS PKWY). TURN LEFT ONTO HE THOMAS PKWY. DRIVE APPROXIMATELY 2.8 MILES. MAKE LEFT ONTO RINEHART ROAD. DRIVE APPROXIMATELY 1 MILE, THEN MAKE A RIGHT INTO WILLISTON PARK.