

WELCOME

Welcome to Newport Beach Medical Associates (NBMA). The physicians and staff at NBMA look forward to establishing a healthy medical relationship with you.

OFFICE HOURS: 8:00am to 12:30pm and 2:00pm to 5:00pm, Fridays close at 4:30pm

DIRECTIONS: We are located in the Newport Lido Medical Building at 361 Hospital Road, Suite 322, across from Hoag Hospital. Cross streets are Hospital Road and Placentia Road.

PRIOR TO YOUR FIRST VISIT:

Please read, complete and bring the enclosed forms, along with your **insurance card**, with you on your first visit. If you do not bring the completed information, your appointment may be delayed while you fill the forms out. Plan to arrive 15 minutes before your scheduled appointment time. If available, please also bring the following:

1. Copies of any medical history and lab work.
2. List of your present medications and dosage amount.

APPOINTMENTS/ CANCELLATIONS

Please call **(949) 574-0777** at least 24 hours prior to your appointment time to cancel. We appreciate your courtesy cooperating with our request.

LABORATORY RESULTS

You will receive a call from the assistant or the doctor with your results within 5-7 days. If you have not heard from us within 2 weeks, please call for your test results.

Greater Newport Physicians (GNP) REFERRALS

Please allow us 24 hours to process your referral. You will receive a call from the assistant when completed. Once the assistant calls you, please wait 24 hours before calling the doctor's office you are being referred to.

PHARMACY REFILLS

Please ask your pharmacy to contact us.
Allow 24 hours for your prescription to be filled.

MESSAGES TO YOUR DOCTOR

All calls will be answered by the end of the day unless your doctor is out of the office. Please let us know if you are calling with a physical problem that needs immediate attention.

AFTER HOURS

A Physician is on call after hours and weekends for **emergencies**. Your doctor can be reached by calling the NBMA office phone number: **(949) 574 – 0777**.

COPYING OF MEDICAL RECORDS

There is a \$25 charge for each copy of your medical record. Please send your signed request along with your check, payable to "Diversified Medical Records."

Thank you for choosing Newport Beach Medical Associates; we look forward to serving you for your medical care.

Acknowledgement of Receipt of Notice of Privacy Practices

Newport Beach Medical Associates, Inc.
361 Hospital Road, Suite 322, Newport Beach, CA 92663

Privacy Officer: Ibis Hernandez (949) 650-0345 Effective Date: 1/1/2010

I hereby acknowledge that I received a copy of the Notice of Privacy Practices for the above physicians. I further acknowledge that a copy of the current notice is posted in the reception area and that any amended Notice of Privacy Practices will be made available at my next appointment.

Signed: _____ Date: _____
Print Name: _____ Telephone: _____

If not signed by the patient, please circle:

Relationship:

- parent or guardian of minor patient
- guardian or conservator of an incompetent patient
- beneficiary or personal representative of deceased patient

Name of Patient: _____

Communication of Personal health Information:

General office policy is that no information may be left with anyone but the patient. Many patients may find multiple methods of communication acceptable, even though total confidentiality cannot be guaranteed.

Below is a list of Communication Options. Please circle the methods that are acceptable means of communicating information regarding your health. Please understand that this circle grants us permission to COMMUNICATE ANY AND ALL INFORMATION TO YOU IN THIS MANNER.

Home Answering Machine/Voice Mail	Acceptable
Office Voice Mail	Acceptable
Cell Phone/Voice Mail	Acceptable
Message with Spouse/Designated Family Member	Acceptable
Discuss test results or medical condition with spouse or relative	Acceptable

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361 Hospital Road, Suite 322, Newport Beach, CA 92663 (949) 574-0777 Fax: (949) 650-3505

James J. Berman, M.D., F.A.C.P.
*Diplomate American Board
of Internal Medicine*

Atef E. Khouzam, M.D., F.A.C.P.
*Diplomate American Board
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David W. Brouwer, M.D., F.A.C.P.
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David J. Chun, M.D.
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Dear Patient:

When one of our patients has any type of laboratory test, x-ray or pathology results pending, and has not heard from us, Newport Beach Medical Associates requests that the patient calls our office for these results.

If you have not heard from us within **2 weeks** of taking your test, **do not assume your results are normal.**

We feel that you should know your results, and that **you** take responsibility to make sure you know they have been reviewed.

If abnormal test results are found, we plan to inform you. At times however, the results are sent to the wrong physician and not to our office. By participating in your care and assuring that you know the tests taken have been received and reviewed by the physician personally, we can act together as a team to achieve the highest quality health care.

I have been informed and understand that I am responsible for making sure my test results have been received/reviewed by my doctor.

Patient / Responsible Party

Date

Witness

Date

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WAIVER FORM

I understand that any eligibility for coverage by _____
cannot be verified at this time. I wish to receive medical services from Dr. _____.

If it is determined that I am ineligible for coverage, I understand that I will be responsible for payment
of all services provided.

Patient / Responsible Party

Date

Dear Valued Patient:

In an effort to better serve you our office is now prescribing your medications electronically.

Please assist us and take a moment to fill in the following pharmacy information:

NAME: _____ Date of Birth: _____ Phone Number: _____

Local Pharmacy Name: _____ Phone Number: _____

Address: _____

Mail Order Pharmacy: _____ Phone Number: _____

Fax Number: _____

ALLERGIES: _____

MEDICATION LIST

	Medication Name	Dose	Times per day
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9..			
10.			
11.			
12.			
13.			
14.			
15.			