



**INTERNAL MEDICINE ASSOCIATES
AN OFFICE OF HERITAGE VALLEY MEDICAL GROUP
Phone: 412-749-6821**

**1155 Merchant Street, Ambridge, PA 15003
Fax: 724-266-3978**

**100 Hazel Lane St. 100 HVMG IMA, Sewickley, PA 15143
Fax: 412-749-6822**

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Dear _____

We would like to welcome you to our office and thank you for choosing Heritage Valley Medical Group Internal Medicine Associates. Our hours of operation are Monday through Thursday 8am-5pm, and Fridays 8am-4:30pm.

We now offer walk-in appointments for minor illnesses at our Ambridge location from 3-5pm Mondays and Wednesdays. At our Sewickley location we offer walk ins from 8am-10am Monday-Friday, and from 3pm-5pm Tuesdays and Thursdays. Walk in to either location during these designated hours!

Enclosed you will find a patient registration form and a medical history form to complete prior to your appointment. Please bring the completed forms with you to your appointment, which is scheduled for:

Heritage Valley Medical Group Internal Medicine Associates
1155 Merchant Street Ambridge, PA 15003
100 Hazel Lane St. 100 Sewickley, PA 15143
412-749-6821

We ask that you arrive at our office at least 15 minutes before your appointment time so that we may make a copy of your insurance card and review your completed new patient form. Also, if you are taking any medications on a regular basis, please bring a list of these medications. In addition, if you have copies of your previous medical records, please bring them with you or contact your former physician and have them sent prior to your appointment, if possible.

If you have any questions, feel free to call our office. We look forward to seeing you.

Sincerely,

Heritage Valley Medical Group/Internal Medicine Associates
<http://www.heritagevalley.org/pages/internal-medicine-associates>



Health Link Patient Portal

Before your appointment we encourage you to become a member of the Health Link patient portal in order to securely communicate and view your health information online.

To sign up go to www.heritagevalley.org/healthlink or download the app from Apple's App store or Android's Google Play by searching the app name FollowMyHealth.

Instead of calling:

- Communicate by sending your physician non urgent secure messages
- Request prescription renewals
- Request an appointment
- View lab results and read summaries from physician office, Convenient Care visits
- Securely review your health information (allergies, medications, conditions, etc.)

We also will communicate non urgent results and messages to you.

Be sure to save your username and password once you are registered.

For help with Health Link, contact: healthlink@hvhs.org or 724-773-8344

Heritage Valley Medical Group Internal Medicine Associates offers Walk-In Hours for minor illnesses at both locations!

No Appointment Necessary with our Physicians Assistant!

Ambridge Walk-in Hours

1155 Merchant Street
Ambridge, PA

**Mondays and Wednesdays
3pm-5pm**

Edgeworth Walk-in Hours

100 Hazel Lane, Suite 100
Sewickley, PA

**Monday through Friday 8am-10am
And
Tuesdays and Thursdays 3pm-5pm**

Minor Illnesses include – Abrasions, allergies, bladder infection, bronchitis, cough, colds, ear infection, fever, influenza, insect bites, minor burns, pink eye, poison ivy, shingles, sinus infection, sore throat, sprains, strains.

Please continue to schedule any chronic illnesses, disease management problems and physicals

IMPORTANT NOTICE – 01/2018

1. PLEASE ARRIVE ATLEAST 15 MINUTES PRIOR TO YOUR APPOINTMENT TIME IN ORDER TO SIGN IN AT THE KIOSK AND COMPLETE ANNUAL PAPERWORK. IF YOU ARE LATE TO YOUR APPOINTMENT YOU MAY BE ASKED TO RESCHEDULE.
2. YOU MUST SHOW YOUR INSURANCE CARD AT EACH VISIT.
IF A PCP IS LISTED ON YOUR INSURANCE CARD, IT IS REQUIRED THAT YOU HAVE THE CORRECT PHYSICIAN LISTED, OR YOU MAY BE ASKED TO RESCHEDULE YOUR APPOINTMENT UNTIL THE CORRECT CARD IS RECEIVED.
3. PLEASE LET THE CHECK-IN STAFF KNOW IF THERE HAS BEEN A CHANGE IN YOUR ADDRESS OR PHONE NUMBER.
4. IF YOU HAVE A COPAY, YOUR INSURANCE COMPANY REQUIRES YOU TO PAY AT THE TIME OF YOUR VISIT.
5. IF YOU DO NOT HAVE INSURANCE, YOU WILL BE REQUIRED TO PAY AT THE TIME OF YOUR VISIT.
6. MEDICATIONS: WITH EACH APPOINTMENT BRING A LIST OF ALL THE MEDICATIONS THAT YOU ARE TAKING INCLUDING OVER THE COUNTER MEDICATION.
7. REFERRALS REQUIRE 5 – 7 DAYS NOTICE. IF YOU CALL THIS OFFICE THE SAME DAY AS YOUR APPOINTMENT TO SEE THE SPECIALIST, WE CANNOT GUARANTEE THAT YOUR INSURANCE WILL COVER YOUR VISIT.
8. DUE TO THE CHANGES IN YOUR INSURANCE, IT IS THE PATIENT RESPONSIBILITY TO KNOW WHERE TO GO FOR BLOOD WORK, X-RAYS AND ALL DIAGNOSTIC TESTS. THIS OFFICE CANNOT BE HELD RESPONSIBLE FOR ANY BILL THAT THE PATIENT RECIEVES FOR HAVING SERVICES AT THE WRONG LOCATION.
9. CONFIRMATION CALLS ARE DONE 24 HRS PRIOR TO YOUR APPOINTMENT. YOU MUST CONFIRM YOUR APPOINTMENT. IF YOU ARE UNABLE TO CONFIRM AT THE TIME THE CALL IS PLACED, YOU MUST CALL US DURING BUSINESS HOURS AT BETWEEN 8AM-4:30PM AT 412-749-6821. YOU MAY NOT BE SEEN WITHOUT CONFIRMING YOUR APPOINTMENT
10. IF YOU DO NOT SHOW FOR AN APPOINTMENT OR DO NOT CANCEL 24 HOURS PRIOR TO YOUR APPOINTMENT YOU WILL BE CHARGED A \$25 FEE.

HERITAGE VALLEY
MEDICAL GROUP
PATIENT INFORMATION

Date _____ Referring Dr. _____ Social Security # _____

Patient Name _____ Date of Birth _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Home Phone # (_____) _____ Day Phone # (_____) _____ Cell Phone # (_____) _____

Sex _____ Race _____ Ethnicity _____ Occupation _____
F - Full Time R - Retired
P - Part Time N - Not Employed

Marital Status _____ Student Status _____
S - Single D - Divorced F - Full Time
M - Married W - Widowed L - Legally Separated P - Part Time N - Not A Student

Employer _____ Employer Phone # _____

Employer
Address _____ City _____ State _____ Zip _____

***HEALTH LINK** – Please provide us with a current email address to securely view your results and health information online

Email Address _____

SPOUSE OR PARENT (please complete even if spouse/parent is uninsured)

Name _____ Relationship to Patient _____

Address _____ City _____ State _____ Zip _____

(only if different from Patient)

Check here if the address is the same as patient's

I authorize payment of insurance benefits to
Sewickley Valley Medical Group _____
Sign Here

I also authorize release of any medical records
As necessary to... _____
(Please CIRCLE OPTION AND PRINT name) Sign Here

▪ Myself _____

▪ Spouse _____

▪ Other _____

Please provide us with a family contact and phone
Number in the event we are unable to reach you _____

DO YOU HAVE A LIVING WILL OR AN ADVANCED DIRECTIVE YES _____ NO _____