



# Michigan Avenue Immediate Care New Patient Registration

Of Chicago Consulting Physicians  
James A. Runke, M.D.  
Medical Director

Office Use Only  
Hx \_\_\_\_\_  
Demos \_\_\_\_\_  
ROS \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle) (MM/DD/YYYY)

How would you liked to be addressed? \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(i.e. "Jim", "Mr. Miller", or John, etc.) (MM/DD/YYYY)

Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ S.S. # \_\_\_\_\_

Billing Address \_\_\_\_\_  
(Street) (Unit/Apt) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

*\*\*Please only list phone & email addresses that we may contact you at regarding your lab results*

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Pharmacy & location (If known): \_\_\_\_\_ Phone #: \_\_\_\_\_

Employment Status:  Full-time  Part-time  N/A; or Unemployed

Student Status:  Full-time  Part-time  N/A Student ID # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ School \_\_\_\_\_

Who should we contact in case of an emergency? \_\_\_\_\_ Phone # \_\_\_\_\_

### Insurance Information – (skip this section if you brought your insurance card(s) today)

Insurance Name \_\_\_\_\_ Insurance Phone # \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Claims Address \_\_\_\_\_  
(P.O. Box / Street) (Suite)

(City) (State) (Zip)

*\*Please notify the Front Desk Staff if you have a Secondary insurance.*

### Policyholder Information – (skip this section if you are the policyholder)

Name of Policy Holder \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Social Security # \_\_\_\_\_ Policy Holder's Birth Date \_\_\_\_\_  
(MM/DD/YYYY)

### How did you hear about us?

Internet (www.\_\_\_\_\_.com)  Yellow Pages: please check:  online  book

School: \_\_\_\_\_  Hotel: \_\_\_\_\_

Insurance Company: (Name: \_\_\_\_\_)  Other: \_\_\_\_\_

# Michigan Avenue Immediate Care

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Medical Director

## Medical History

1. Primary reason for your visit today: \_\_\_\_\_

Is the reason for your visit related to an injury or an accident?

No  Yes, please explain: \_\_\_\_\_



**Please notify Front Desk Staff if you have been in an auto accident or have a Work Related injury**

2. Are you presently under a doctor's care for any medical problem?

No  Yes, please explain: \_\_\_\_\_

3. Do you have any chronic medical problems?

No  Yes, please explain: \_\_\_\_\_

4. Allergies

A. Are you allergic to any medications?

No  Yes, please list: \_\_\_\_\_

B. Do you have any seasonal or food allergies (hay fever, pollen, ragweed, grass, nuts, shellfish etc.)?

No  Yes, please list: \_\_\_\_\_

C. Do you have any allergies to any other substances (i.e. latex, etc.)?

No  Yes, please list: \_\_\_\_\_

5. Medications:

A. Do you take any prescription or non-prescription medications at this time for this current illness/problem?

No  Yes, please list: \_\_\_\_\_

B. Do you take any prescription or non-prescription medications for other reasons?

No  Yes, please list: \_\_\_\_\_

6. Please list any past surgery or hospitalizations you have had & the date of occurrence:

\_\_\_\_\_

7. Do you have a family history of any of the following?

Diabetes  No  Yes    Hypertension  No  Yes    Heart Disease  No  Yes (please specify \_\_\_\_\_)

Cancer  No  Yes (please specify \_\_\_\_\_)    Other (please specify \_\_\_\_\_)

## General Medical and Other Lifestyle History

8. Please approximate the average number of times per week you exercise:

0             1-2             3-5             6-7

9. Do you currently smoke?

No  Yes, how much: \_\_\_\_\_

10. Have you smoked in the past?

No  Yes, how much: \_\_\_\_\_

11. Do you have a history of alcohol excess or treatment for alcohol dependence?

No  Yes  Social Drinker

12. Do you have a history of illicit drug use or dependence?

No  Yes

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## Review of Systems

Please check any/all that apply currently:

### General:

- Fatigue
- Body aches and pains
- Fever
- Night Sweats
- Unexplained weight loss
- Unexplained weight gain
- None of the above**

### Skin:

- Rash
- Itching
- Unusual Moles
- Sores that don't heal
- Change in nails
- Color change
- Acne
- Dry skin
- Warts
- None of the above**

### Breast:

- Currently breastfeeding
- Breast mass
- Nipple discharge
- Breast skin changes
- None of the above**

### Eyes:

- Glaucoma
- Cataract
- Dry and/or itchy eyes
- Blurred vision
- Double vision
- Eye discharge
- Eye pain
- Eye discomfort due to light
- None of the above**

### ENT:

- Earache
- Ear damage
- Ringing in ears
- Hearing loss
- Nose bleeds
- Nasal Congestion
- Nasal ulcer
- Runny Nose
- Sinus pressure
- Bleeding gums

- Hoarseness/change in voice
- Sore throat
- Tooth pain
- None of the above**

### Respiratory:

- Shortness of breath
- Productive cough
- Dry cough
- Asthma or wheezing
- COPD (chronic bronchitis/emphysema)
- Tuberculosis
- Pneumonia
- Past smoker
- Occupational lung exposure (dust/chemical/toxin)
- Coughing up blood
- Chest pain with inspiration (Pleurisy)
- None of the above**

### Cardiovascular

- Chest pain
- High blood pressure
- Congestive heart failure
- Blocked arteries of the heart
- Heart attack
- Swelling of ankles
- Heart murmur
- Rheumatic fever
- Leg cramps
- Varicose veins
- None of the above**

### Endocrine (hormonal):

- Excessive thirst or hunger
- Heat/cold intolerance
- Infertility
- Hair loss
- History of diabetes
- History of thyroid problems
- None of the above**

### Gastrointestinal:

- Nausea/vomiting
- Heartburn
- Difficulty swallowing

- Abdominal pain
- Jaundice, liver disease or hepatitis
- Constipation
- Diarrhea
- Blood in stool
- Black, tarry stools (melena)
- Vomiting blood
- Vomiting bile
- Hemorrhoids
- Ulcer
- Hernia
- Irritable bowel syndrome
- None of the above**

### Genitourinary Male:

- Pain / burning with urination
- Frequent urination
- Delay/slow stream of urine
- Blood in urine
- Genital lesions
- Penile discharge
- Problems getting erections
- High risk sexual behavior
- Unprotected intercourse
- Testicular pain/swelling/mass
- Urinary incontinence
- None of the above**

### Genitourinary Female:

- Chance you might be pregnant
- Pain / burning with urination
- Blood in urine
- Frequent/urgent urination
- Genital lesions
- Vaginal discharge
- Vaginal bleeding outside of normal menstruation
- Lack of menstruation
- Painful menstruation
- Vaginal itching
- Urinary incontinence
- Use of birth control pills
- None of the above**

### Musculoskeletal:

- Back problems
- Joint pain

- Muscle pain
- Past injury or fracture
- Prior joint or ligament surgery
- None of the above**

### Hematologic/Lymphatic:

- Easy bruising
- Easy/excessive bleeding
- Lymph node swelling
- History of blood transfusion
- None of the above**

### Allergic/Immunologic:

- Seasonal allergies
- Year long allergies
- Frequent (>4 per year) respiratory infections
- HIV risk factors
- Use of immune modulating medications (chemotherapy, rheumatoid arthritis, etc..)
- None of the above**

### Neurologic:

- Dizziness/vertigo
- Fainting spells
- Seizures
- Debilitating headaches
- History of stroke
- Numbness
- Weakness
- Tremors
- None of the above**

### Psychiatric:

- Current excessive stressors
- Anxiety
- Depression
- Prior psychiatric treatment/counseling
- Mood swings
- Personality change
- Poor concentration
- Poor memory
- Sleep disturbance
- Suicidal/homicidal thoughts
- Racing thoughts
- Drug/alcohol abuse
- None of the above**



# Michigan Avenue Immediate Care Administrative Policies

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## IMPORTANT FOLLOW UP INFORMATION/INSTRUCTIONS

### I. **If your symptoms persist, or worsen, follow up with:**

1. A primary care physician, including a physician who has an “on call” service after hours (please see referral list shared with you as options for physician providers), and/or,
2. Physicians associated with Michigan Avenue Immediate Care, during regular office hours, and/or,
3. As needed, or if in doubt, go to the nearest emergency room or call 911. Even if the primary care physician or physicians associated with Michigan Avenue Immediate Care are not immediately available (for example, during hours in which the clinic is not open), be aware that emergency room physicians and nurse practitioners are available 24 hours a day, 365 days a year, at Northwestern Memorial Hospital, which is only five minutes north of this Immediate Care center. If you do not live in the downtown area, you may seek out the nearest emergency room or call 911.

Remember that even “routine” or minor medical problems may:

- i. progress and become more severe,
- ii. not respond to treatment,
- iii. mimic more serious medical conditions/diagnoses, which need to be investigated further.

### II. **Regarding potential side effects of antibiotics and other prescribed medications:**

1. Concerning **allergic reactions** - while uncommon (occurring between 1:1000 to 1:1,000,000 people), allergic reactions, potentially serious, can occur. A small percentage of these can be life-threatening and require immediate medical attention. If developing potential side effects from medication, or if in doubt, discontinue the medication and notify this office and/or the primary care physician with whom you are following up.
2. Regarding pseudomembranous **colitis** - again, while an uncommon complication, this may occur following administration of virtually any antibiotic, especially the stronger “broad-spectrum” antibiotics. This results from the antibiotic’s ability to eliminate the normal inhabitants of the colon (normal flora), setting up the opportunity for more serious invasive bacterial pathogens (destructive bacteria) to invade the intestine and cause a serious, sometimes potentially life-threatening, intestinal infection. Watch for diarrhea and/or abdominal pain, etc.
3. A multitude of additional **drug reactions** may potentially develop in some patients, without prior history or warning concerning these reactions

(Including rare, unpredictable reactions affecting red blood cells, white blood cells, platelets, the liver, the neurologic system, etc.). Again, no medication is 100% benign. Closely monitor symptoms and communicate with a treating physician if your symptoms are not improving or if new symptoms develop.

4. **Remember to carefully read the precautions regarding antibiotics or any other drug as supplied by the pharmacy** where you purchase these medications and discontinue use of the medication immediately if this or any other complication is potentially developing.

### III. **Remember that nothing in medicine (or life) is 100% certain.**

- Example #1: A small percentage of sinus infections (or headaches) initially having benign characteristics, may progress to serious and life-threatening meningitis.
- Example #2: Chest pain that has relatively benign characteristics suggestive of pleurisy/pleuritis (i.e. inflammation of the lining of the lung associated with a viral infection), can mimic and therefore be confused with more serious underlying causes such as tumors, cancer, or serious life-threatening cardiovascular problems. Even with appropriate initial diagnostic testing, these conditions may not be evident initially. Again, follow up if your symptoms persist or worsen.
- Example #3: Regarding orthopedic conditions involving joint trauma, even hairline fractures may not show up on an initial set of x-rays, and may require additional radiological and orthopedic follow up.

Therefore, additional urgent or non-urgent medical follow up will sometimes be necessary. At times, it is the passage of time (allowing for the natural evolution of the disease process to fully express itself) that determines when additional medical follow-up is necessary. In this case, a primary care physician (not an immediate care center) is the best source for additional evaluation and treatment.

**In summary, follow up as needed with the referral physician(s) provided for you at the time of your visit at Michigan Avenue Immediate Care and/or this office.**

### **Remember,**

1. **Carefully review the precautions and warnings concerning your prescribed medications before initiating treatment.**
2. **Follow up as needed with a health care provider if you have any questions, uncertainty or need additional assistance.**

### **If you had x-ray(s) performed today:**

- 1) Please be aware that the **final and official** interpretation will be performed by a Board-certified radiologist. If your x-ray was read today as **negative** (by our treating doctor), and any abnormal findings are discovered **subsequently** by the reviewing radiologist, we will call you promptly with these official findings.
  - 2) At times, new fractures are extremely difficult to discriminate and diagnose during an initial set of x-rays, even to the trained eye (and even for a radiologist). Therefore, be certain to follow-up with a treatment source (primary physician, specialist, emergency room or Michigan Avenue Immediate Care) **if your symptoms are not improving and return sooner for treatment if the symptoms are worsening.** Be aware that new fractures are especially difficult to decipher if the two portions of the fracture are not separated, or out of alignment (this is called a “non-displaced” fracture).
  - 3) At times, a repeat set of x-rays (or an MRI scan) performed several days after the first set of x-rays will more clearly and definitively demonstrate subtle and/or non-displaced fractures.
  - 4) Until your symptoms resolve, or until you have seen a specialist, **avoid bearing weight** or using any joint that remains painful.
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### **Medication Refill Policy:**

Michigan Avenue Immediate Care

We are committed to giving you the best combination of patient care and customer service. To this end, we are happy to refill medications taken for chronic conditions.

For your safety we do not, as a rule, prescribe or refill antibiotics, pain medications, or other controlled substances without a face-to-face re-evaluation.

If you do take medications for one or more chronic conditions, you should be evaluated several times per year. These re-evaluations focus on effectiveness of your current treatment and screening for important side-effects, and are best performed by your primary care physician. If you do not have a primary care physician, can't find one, or simply prefer to be seen at MAIC, it is our pleasure to take care of you.

If you are taking medications regularly and it has been less than three months since your last office visit, we will gladly provide a one-month refill of your medications. In order to expedite the process and assure clear communication, we suggest that you call your pharmacy at least three days before you expect to run out of medication and ask the pharmacy to fax us a refill request. Our fax number is (312) 201-1202.

If you are taking medications regularly and it has been over three months since your last office visit, you should be re-evaluated prior to obtaining a refill.

Again, please note:

For your safety we do not, as a rule, prescribe or refill antibiotics, pain medications, or other controlled substances without a face-to-face re-evaluation.

## **Acknowledgement of Receipt of Notice of Privacy Practices**

The Notice of Privacy Practice (NPP) tells you how we may use and share your health records. It also describes your rights with respect to your health records. **Please read it.**

- We will use and share your health records to provide medical care for you and to bill you for these services.
- We will use and share your health records as required by law.
- We will use and share your health records to run our business.
  - (For example, our IT person may have temporary access to medical records should a computer problem arise)

I understand that the NPP is available at the Michigan Avenue Immediate Care office.

## **Michigan Avenue Immediate Care Fee and Payment Policy**

### **Are You Uninsured?**

Payment is expected in full on the date of service. We do offer discounted self pay pricing. Please see the front desk associate for additional information on our fees and discounted pricing available.

### **Do You Have an HMO?**

**Cigna, Aetna, UHC, and Greatwest HMO:** We are in network with your insurance and a Primary Care Referral is not needed for *sick or urgent visits*. Some visit types (i.e. vaccinations and well visits) may not be covered in an immediate care setting. It is the patient's responsibility to know and/or confirm coverage ahead of time for these visit types.

**Humana HMO:** Though we are an "in network" provider with Humana, Humana does **require a Primary Care Referral** in order for your visit to be covered. **You must contact your primary care physician prior to treatment to receive a referral or the patient will be responsible for payment at the time of the visit** (upon check-out, following services rendered).

**Other HMOs:** We are not currently in network with any other HMOs. Self pay prices are available. Please ask the front desk associate for more information on our self pay policies. Payment will be collected at the end of the visit. Your insurance company may reimburse you for medical expenses. Coverage will depend on your individual HMO policy.

# Michigan Avenue Immediate Care Fee and Payment Policy

*Michigan Avenue Immediate Care is dedicated to providing the best possible care for you. We trust that, as we make your medical care our priority, you will make timely payment of your balance your priority.*

1. **Insurance:** Complete insurance information and your insurance card must be presented at the time of service. If we are not in network with your insurance, payment is expected in full at the time of service unless we agree to submit a claim on your behalf. Your insurance policy is a contract between you and your insurance. It is the patient's responsibility to verify coverage and benefits before the visit.
2. **Copayments and deductibles:** Your urgent care copay must be paid at the time of service. Most insurance plans also include a deductible or other portion the patient is responsible. Please expect to receive a bill from our office once your insurance has processed the claim for your visit, which can take several months. Payment is expected upon receipt of a statement.
3. **Non-covered services:** Some insurance plans do not cover specific procedures or visits for certain diagnoses. It is your responsibility to know your benefits. Any non-covered services will be your responsibility.
4. **Timely Payment by Insurance Company:** In the event that your balance remains unpaid by your insurance company after 90 days, it will automatically become your responsibility, as your insurance policy is a contract between you and your insurance. We will make every effort possible to collect payment from your insurance company.
5. **Balance Due:** Payment for old balances is expected before we will be able to see you for additional appointments.
6. **Nonpayment:** For every 30 days your balance is overdue, a late fee of \$30 will be added to your balance. Please be aware that if an account remains unpaid, we may refer your account to a collections agency.
7. **Payment Accepted:** We accept cash, check, Visa, Mastercard, Amex, and Discover. There is a \$30 fee for returned checks.
8. **Travel Medicine Exams:** We are unable to bill insurance for Travel Medicine exams. Discounted self pay pricing is available.
9. **SAIC & MBI Students:** Your insurance company requires a student form be completed for each visit.
10. **Other Students:** Please be sure you have updated your proof of full-time student status if required by your insurance.
11. **Lab Work:** Many of our laboratory specimens are processed by UIMCC (University of Illinois Medical Center at Chicago). UIMCC may bill you directly for these services.

\*\*Please see the following page for more information about insurance coverage and benefits.

# 90 Second Crash Course On Insurance Coverage Issues

(Why Your Insurance Company May Not  
Cover a Portion of the Medical Fee)

We recognize that medical bills from a doctor's office sometimes come as a surprise (or at least an unwelcome reality). We also know that the "fine print" of most insurance plans can be confusing, unclear, intimidating, and at times overwhelming. We offer this information in an attempt to help you avoid non-coverage "**surprises**".

The **most common** reasons patients become responsible for their medical bills are as follows:

- A. **Deductibles:** Defined as the portion of the medical bill to be paid out of pocket by the patient each policy year before insurance coverage begins. \$100-\$1,000 deductibles are common these days.
- B. **Co-insurance:** A percentage of the bill paid for by the insurance company, with corresponding percentage paid by the patient. For example, the terms of an insurance policy could state that the insurance will pay 70% of the total medical costs, leaving the patient responsible for 30%.
- C. **Non-covered services:** Specific aspects of medical care excluded from coverage by the "fine print" of the insurance policy.

**What you, as the "consumer", can do to avoid an unexpected medical bill:**

1. Clarify coverage issues in advance.
2. Read and understand the terms and limitations of your insurance policy/contract.
3. Be informed about these confusing insurance coverage issues.

**\*\*While the medical staff of any physician's office may try to answer insurance coverage questions, it is ultimately up to the patient or "consumer" to remain informed as to the specifics of their insurance policy.**

**\*\*\*If unsure you can check the specific terms and limitations of your insurance policy by calling the 800 number on the back of your insurance card, or asking your human resources director, or checking the insurance benefit packet shared with you by your workplace or school.\*\*\***

# Michigan Avenue Immediate Care

*Of Chicago Consulting Physicians*

James A. Runke, M.D.

Medical Director



## Acknowledgement of Receipt Administrative Policies

1. I acknowledge that I have received and understand the Michigan Avenue Immediate Care Follow-up Instructions, including the xray follow-up instructions.

In summary,

I will follow up as needed with the referral physician(s) provided for me at the time of my visit and/or at Michigan Avenue Immediate Care.

I will carefully review the precautions and warnings concerning my prescribed medications before initiating treatment.

I will follow up as needed with a health care provider if I have any questions, uncertainty or need additional assistance.

I have received a copy of the physician referral list.

2. I acknowledge receipt of the Michigan Avenue Immediate Care Notice of Privacy Practices (NPP).
3. I have read and understand the Michigan Avenue Immediate Care Fee and Payment Policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice at any time without notification.

I authorize Michigan Avenue Immediate Care to bill my insurance company for all services provided on this and all future visits. I authorize payment to the provider and understand that the processing of medical insurance is done as a courtesy and that I am ultimately responsible for payment of medical bills incurred.

I authorize the release of any medical information necessary to process this claim for health care payment only.

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of MAIC staff: \_\_\_\_\_ Date: \_\_\_\_\_