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Welcome to Beacon Healthcare Associates!

We are so glad you have chosen us for your health care. It is an honor to be able to serve you.

Enclosed is a packet of information and forms that we ask you to complete, sign and return to us before your appointment. Included is:

- **Patient registration information form** – please fill it out completely. We welcome you sending in a copy of the front and back of any health and prescription insurance plans you carry. Please clearly label the plans, including the order in which they cover your health care services (e.g., primary, secondary).
- **Reassignment of benefits form** – this gives us permission to bill your insurance company.
- **Financial policy**
- **HIPAA notice of privacy policy**
- **Request forms for medical records** – please fill out and return as many as you feel are relevant to your care.
- **Review of Beacon Healthcare communication procedures** – please review the form. Sign and return the last page and keep the first page for your reference.
- **Health history questionnaire** – please complete as fully as you can.

We have also sent you:

- **Driving directions to our office.** Please call us if you have any questions about how to find us.
- **Policy on offering pain management services to new patients.**

Please know that we do not always offer a complete physical exam at the time of your first appointment. We prefer to take time to review with you your health history and any concerns you might have and help you develop a plan of care that is focused on your own needs. Many patients with health insurance may have preventive benefits and prefer to use these at the time of their first appointment. We can generally accommodate this request, provided you do not have a complicated health history. If you are not sure whether your plan covers preventive care, please contact your insurance plan before your appointment so that you can discuss this information with the providers.

In order to make your first visit go smoothly please bring the following with you:

- **Copy of your insurance card(s) and some form of payment** for any copays or deductible amounts. We accept check, cash and credit cards.
- **List of current medications.**
- **List of questions or concerns you may have about your health.**
- **Copies of your medical records.**

In addition to Dr. Clements, Ms. Davis, and Ms. Hoffmann, our office staff include Debbie, Regina and Jae in the front office, Presley in the billing department, Linda and Tanya as Medical Assistants, Dianne as Office Nurse, and Evan as Practice Manager.

WE ALL LOOK FORWARD TO MEETING YOU SOON!