

**MASONBC
FAMILY
MEDICINE**

WELCOME

Masonboro Family Medicine would like to welcome you to our practice. Our goal is to provide quality care to you and your family. This packet will help you learn the flow of our practice and assist you with any questions you may have in the future.

Family Medicine

Our Physician Assistants are here for the medical needs of your entire family. You'll find a commitment to personalized care and a focus on communication with patients. We also realize your time is important, so we believe you will appreciate our attention to details. Our practice is designed with patient comfort, privacy, convenience, and safety in mind.

Urgent Care

When a drive to the hospital is either unnecessary or inconvenient, we're here to handle minor emergencies for your entire family. Masonboro Family Medicine is the place to come for both minor emergencies and follow-up visits.

SERVICES OFFERED

Onsite lab

Onsite x-ray

EKG

Hearing Screening

Basic Vision Screening

- Pulmonary Function Testing
- Aorta Scan
- Joint Injections
- Suturing
- Immunizations
- DOT Physicals
- Well Child Checks birth - 18 years of age
- Well Visits Adult
- Urgent Care Visits

OFFICE PROCEDURES



- To make an appointment
 - Call 910- 790-3660 and press 1
 - Generally we can get you an appointment with a Provider within 24 hours
 - If your Provider is not available we have our partners available to help with your current issue. The Provider will have access to all your current health information and is capable of handling the issue on hand. We work as a team at Masonboro Family Medicine to take care of your family.

- To cancel an existing appointment
 - Call ASAP 910-790-3660, we require 24 hour notice for cancellation
 - A missed appointment is subject to a \$25.00 fee
 - Phone lines are open 24 hours a day and you may leave a message on the general mailbox at any time.

- After hours issues
 - We have a provider on call at all times, call 910-790-3660 if you need assistance.
 - The on call page is for urgent issues only. The Provider on call will not call in antibiotics or pain medication.
 - If you are experiencing a life threatening symptoms, please call 911 or go to the hospital immediately.

- Prescription Refills

- Our goal is to fill all prescriptions at each routine office visit, if you run out before your next appointment please call your Provider's medical assistant or nurse to facilitate your request.
- Prescription requests take up to 3 business days to process
- Prescription prior authorizations can take up to 5- 7 business days to complete.
- Controlled prescriptions require a visit with your provider every 3 months and you will need to come to the office to pick up the prescription. The prescription will need to be signed for when picked up by yourself with a photo ID. If you need someone else to pick it up, we will need a signed release with the full name and they will need to present a photo ID.

IF YOU LOSE A CONTROLLED PRESCRIPTION, WE WILL NOT BE ABLE TO REPLACE IT DUE TO DEA REGULATIONS.

- Antibiotics

- We do not treat symptoms over the phone, if you think you are sick and may need an antibiotic please call the front desk to schedule an appointment.
- Antibiotics are used for bacterial infections only, it will not take care of a virus.

- Contacting your Provider

- If you have a question for your Provider, please call your Provider's Medical Assistant or Nurse and leave a voicemail. These messages are checked throughout the day between patients. The medical assistant/nurse will get the message to the Provider and as soon as a response is received you will receive a call back. This process can take up to 1

business day. If you need immediate assistance you may call the front desk to facilitate your call.

- Appointments

- Yearly Physical benefit provided by most insurance companies
- If you have chronic conditions you will be required to see your provider every 3-6 months for labs and refills of medications.
- Lab appointments are done a week or so before your appointment. This will enable your provider to discuss your results face to face. Our lab opens at 7:30 am every day to help with individuals that work.
- Well Child check yearly until age 18

- Special Testing

- If your provider request any type of special testing, our front desk staff will request authorization from your insurance company. Once approval is obtained an appointment will be scheduled with the special testing facility. This process can take up to 3-5 business days to get authorization and get the appointment scheduled.
- If you need to reschedule your appointment, please contact the facility directly.

- Referrals to Specialist

- If your provider request to send you to a specialist, our front desk staff will make sure your insurance does not require authorization for the visit. Once this is clarified and the front desk staff has the Provider's note, all information will be sent to the specialist to schedule your appointment.
- Our office provides this service as a courtesy, if you need to cancel or

reschedule your appointment contact the Specialist directly.

- Medical record release
 - If you transfer care to another Primary Provider, we will send a copy of your medical records within 7-10 business days. The records will only contain information from MFM. Due to rules governing the release of information you will need to request any specialist information forwarded to the provider. We can only forward your chart to a new Primary Provider once, afterward there may be a \$15.00 Fee. Please be aware you may only have 1 Primary Provider.
 - If you visit any other provider or are admitted to the hospital, please sign a medical release of information for your Provider.

FINANCIAL POLICY

Masonboro Family Medicine must have a current insurance card to file your insurance. Without a current insurance card, you the patient will be responsible for payment for the current day's service. All copays are due at time of service. Copays are a contracted amount between you and your insurance company. MFM files your insurance as a courtesy, if MFM is unable to receive payment from your insurance company the payment becomes your responsibility. It is important that all information to be current with MFM and your insurance company.

High Deductible Plans with HSA Card

If you have a high deductible health plan, you will be responsible for the allowed amount at each office visit until you reach your deductible or a minimum \$50.00 at each visit. If you have questions concerning the payment, please ask to speak with our Billing Office.

Flex spending Cards/FSA

If you have a flex spending card, you may use this card to pay for your copays and any payments at MFM.

Medicare

Medicare patients after your yearly deductible is met, you are responsible for 20% of the allowed amount at each visit. If there is an issue, please ask to speak with our Billing Office.

Secondary Insurance

MFM will file any secondary insurance as a courtesy.

National Healthcare Plan/ "Obama Care"

If your premiums are not current, you will be responsible for current day of service charges.

Cash Pay Patients

If you do not have insurance, MFM will gladly see you but all fees must be paid the day of service. The front desk will collect a minimum of \$75.00 at check in and the additional charges will be collected at check out.

Billing/ Payment

After you receive a bill from MFM, you have 10 days to make a payment. Payments may be made by credit card, mail or over the phone. MFM will send three statements to you, after the third statement the collections process will start on the account. If you are having difficulty paying your bill, please call the Billing Office staff to make arrangements. It is our goal to work with you but without communication we cannot assist you.

Updated: January 15, 2018

As of May 3, 2017 we merged with a management company RDMGA. If you receive a bill from RDMGA please make sure to send payments to the corresponding address including all account information. MFM will gladly help with any issues with this process.

Collection Process

MFM collection process includes the following:

- 1 reminder letter
- Phone calls
- 10 day letter for collections

If there is no response from you, your account will be turned over to collections due to nonpayment. This also will disengage you from the practice. All payments will need to be made to the collection agency after this time. A certified letter will be mailed to the address on file to notify you of the new status of your account. This is not the goal of MFM.

MFM does not participate with Medicaid Primary or Secondary at this time.



MEET OUR PROVIDERS

Andrew N. Illobre, PA-C

Mr. Illobre grew up in Lebanon, Tennessee. He joined the U.S. Coast Guard after high school and became a Health Services Technician. In 1985, he was selected to attend the Physician Assistant Program at Duke University. He graduated in 1987 with a PA certificate and went on to complete his baccalaureate degree at University of the State of New York in 1991. Mr. Illobre practiced Family Medicine as a PA with the U.S. Coast Guard for 9 years in places such as Governor's Island, New York, Petaluma, California, and Yorktown, Virginia before retiring in 1996. His assignment in California was as Director of the Coast Guard's Emergency Medical Technician and Health Services Technician training programs where all future Coast Guard medical personnel are trained.

After retiring from the Coast Guard, Mr. Illobre joined a large primary care group in Wilmington, North Carolina. After practicing there for 7 years, he and another Physician Assistant, Kimberly Martin, opened Masonboro Family Medicine in Wilmington in November 2003.

Having been in Family Practice for over 20 years, he enjoys all aspects of pediatric, adolescent, and adult medicine from well child care to diabetes, cholesterol management,

and hypertension. He has special interests in sports medicine and in skin cancer detection and treatment.

Andy lives on the south side of Wilmington with Margo, his wife of over 33 years. He is an avid boater, offshore fisherman, and scuba diver / spear fisherman. He also enjoys golf, travel, and cooking with family and friends.

Kimberly J. Martin, PA-C

Ms. Martin graduated from Ohio University with a degree in Biological Science and went on to pursue a Physician Assistant degree from Kettering College of Medical Arts. She met her husband, Jeff, in college and they were married in Wilmington in 1999. They absolutely love the area and plan to retire here.

Once in Wilmington, she worked with an internal medicine physician for a year, and then joined a family practice in Carolina Beach where she worked for 4 years. In 2003 she co-founded Masonboro Family Medicine with fellow PA Andy Illobre. Kim practices general family medicine and has a special interest in Women's and Children's Health.

Kim is a member of St. Mary's Church in Wilmington and is a former Army Reservist. She enjoys boating, camping, hiking, swimming and running with her husband and two children. Most days she can be found at Veteran's Park either on the baseball, football or soccer fields.

Being active in the community, she is involved with multiple fundraisers, whether as a participant, volunteer or sponsor. She mentors Ashley High School students seeking careers in the medical field and is a preceptor for Duke Physician Assistant students.

Kim is a member of the North Carolina Medical Society, American Academy of Physician Assistants and the North Carolina Academy of Physician Assistants.

Gary M. Toppin, PA-C

A native of Elizabeth City, NC, Mr. Toppin graduated from North Carolina State University earning a degree in Electrical Engineering. He then worked for Cisco Systems as a software engineer and volunteered as an Emergency Medical Technician during his free time. He also developed an interest in scuba diving and obtained his Dive Control Specialist certification.

While volunteering as an EMT in Durham Gary became increasingly more interested in medicine and decided to change careers to become a healthcare provider. He attended Eastern Virginia Medical School in Norfolk, Virginia, where he earned a Master of Physician Assistant degree.

Mr. Toppin has been working primarily in emergency room environments, specializing in emergency medicine, and has decided to focus on family medicine and urgent care.

His medical interests are in all aspects of family practice and urgent care with special interests in wilderness medicine and men's health. He is a member of the American Academy of Physician Assistants.

Gary lives in Kure Beach with his wife and their two active daughters. They are members of Carolina Beach Presbyterian Church and volunteers at Carolina Beach Elementary School. He enjoys the outdoors and when not in the office he is often on the beach, PISA soccer fields, in the pool, running, or biking with his family.

Emily E. Mackovjak, MSN, FNP, B-C

Emily Mackovjak, FNP, joined our practice in July 2014. Emily grew up in a small town near Cleveland, Ohio then left to attend college at University of North Carolina Wilmington where she earned her bachelors in Biology. She then completed the Family Nurse Practitioner program at Case Western Reserve University in Cleveland, OH, earning a Masters for Science in nursing.

While studying at UNCW, Emily fell in love with the people and the beauty of the area and decided to make it her permanent home. She worked as a registered nurse on the cardiac floor at New Hanover Medical Center for three years while completing her nurse practitioner clinical rotations at various practices in New Hanover and Brunswick counties. Cardiology remains a special interest of Emily's, as well as pediatric health.

Emily is a member of the American Association of Nurse Practitioners. She enjoys spending time with family and friends, running, and being on the water and beaches. She attends Port City Community Church and volunteers at Coastal Therapeutic Riding Center.

HIPAA

Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices

This notice describes how medical information about you may be released and disclosed and how you can access this information. Please review it carefully.

This Notice of Privacy Practices describes how we may use and disclose your protected health information (PHI) to carry out treatment, payment or health care operations (TPO) and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present and future physical or mental health or condition and related health care services.

Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the practice and other use required by law.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. Or, to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose and treat you.

Payment: Your protected health information may be used, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require relevant protected health information be disclosed to the health plan to obtain approval of the hospital admission.

Healthcare Operations: We may use or disclose, as needed, your protected health information in order to support the business activities of our practice. These include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging business activities. For example, we may disclose your protected health information to medical students that see patients in our office. Also, we may use a sign in sheet at the registration desk where you will be asked to

sign your name and indicate which provider you are seeing. We may also call you by name in the waiting area when the provider is ready to see you.

We may use or disclose your protected health information in the following situations without your authorization. They include: Public Health issues as required by law, Communicable Diseases; Health oversight: Abuse or Neglect: Food and Drug Administration requirements: Legal Proceedings: Law Enforcement: Coroners, Funeral Directors, and Organ Donation: Research: Criminal Activity: Military Activity and National Security: Workers' Compensation: Inmates: Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500.

Other Permitted and Required Uses and Disclosures will be made only with your consent, authorization or opportunity to object unless required by law. **You may revoke this authorization**, at any time, in writing, except to the extent that your provider or the provider's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Your Rights

You have the right to inspect and receive a copy of your protected health information. Under federal law, however, you may not inspect or copy the following records: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information this is subject to law that prohibits access to protected health information.

You have the right to request a restriction of your protected health information. This means you may ask us to not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction and to whom you want the restriction to apply. **Your provider is not required to agree to a restriction that you may request.** If the provider believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. You then have the right to use another healthcare professional.

You have the right to request to receive confidential information from us by alternative means or at an alternative location. You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice alternatively i.e. electronically.

You may have the right to have your provider amend your protected health information. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. We reserve the right to change the terms of this notice and will inform you by mail of any changes. You then have the right to object or withdraw as provided in this notice.

Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on/or before April 14, 2003/ Revised 9/2013

We are required by law to maintain the privacy of, and provide individuals with, this notice of legal duties and privacy practices with respect to protected health information. If you have any objections to this form, please ask to speak to our HIPAA Compliance Officer, in person or by telephone at our main telephone number.

Signature below is only acknowledgement that you have received this Notice of Privacy Practices.

Print Name: _____

Signature: _____

Date: _____