

Lakewood Ranch Family Medicine
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To all Potential Patients of Lakewood Ranch Family Medicine:

Dear Patient:

It is important to me as your doctor to give you the kind of medical care that makes Lakewood Ranch Family Medicine the kind of medical facility of which we can be proud.

In order to facilitate un-hurried patient consultations, same-day sick visits, daily phone contact with me when necessary, uncrowded waiting rooms and consistent personal attention to your needs, we ask that all patients pay a small annual administrative fee. This fee is meant to cover costs not compensated by medical insurance.

Most medical offices today are crowded with as many patients as can possibly be seen in a day allowing for only a few minutes per patient to provide medical attention. In my ten years as a physician I have worked in these settings -- thirty-five patients in seven hours was the norm -- less than ten minutes per patient. I opened my own office to be the kind of doctor that I would want to have and to be the kind of physician who could provide the time necessary to be attentive to my patients' care.

If you value these services, I hope that you will establish care with me and allow me to be your family physician. You are welcome to come in for an initial medical visit which will be billed to your insurance and then decide if you would like to continue care here.

If you have any questions or concerns, please call the office so that we can address them.

Sincerely,
Andrea Kreithen, MD

Our Agreement:

I, Dr. Andrea Kreithen, will continue to be able to take as much time as needed with you during your visit. I will be available to you by cell phone after hours most of the time including weekends. I will meet you at the office if I am available on a weekend or night to see you if your issue cannot wait until a weekday, yet is not an emergency (which will always be sent to the ER). Hopefully this will keep you out of walk-in clinics. I offer same day appointments on most weekdays with few exceptions and minimal waiting time.* (*there will be a few weeks per year, that I am unavailable for office hours – during those times, I will have another physician cover for me during normal business hours.)

LRFM will continue to bill health insurances and accept insurance payments, co-payments and out-of-pocket fees for services rendered. You will continue to be responsible for co-payments, deductibles and out of pocket costs.

In order to give you the best care possible, you promise to come in for follow-up appointments when requested to manage acute and chronic conditions appropriately. You will take care of yourself with good lifestyle habits and preventative measures including appropriate screenings, and you will come in at least once a year if you are in good health for a yearly wellness exam.

My services in no way pertain to hospital work. I am an outpatient physician only, but if in fact you do require hospitalization while under my care, I will do my best to help facilitate your best treatment while you are in the hospital.

Collection of the administrative fee will be annually with an automatic one-year renewal, unless either side decides to terminate on at least 30 days prior written notice. If either of us decides to terminate this agreement on at least 30 days prior written notice, a prorated portion of your annual fee will be refunded to you.

_____ I have read the above. I would like to be a patient at LRFM. I understand that I am responsible for this annual fee in addition to any insurance related bills for services rendered and that my insurance company will not cover this expense and cannot be billed for this service. I understand that this fee will be automatically renewed annually, unless I decide to terminate the relationship with 30 days prior written notice.

Name: _____

Signature: _____

Date: _____

____ Individual = \$250 ____ Couple = \$400 ____ Family = \$500

Please state names of included family members: (note: if you and your spouse are both patients, the spouse needs to sign as well and should sign either the same contract or the one directly in his/her name.)

Spouse _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____

Name on card: _____

Billing Address: _____
