

# Low Country Rheumatology



Infusion Coordinator Phone (843)-572-8932  
[www.lowcountryrheumatology.com/infusions/](http://www.lowcountryrheumatology.com/infusions/)

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## ***Welcome to our practice!***

Dr. \_\_\_\_\_ at \_\_\_\_\_ has referred you to us for your infusions.

We look forward to seeing you on this date: \_\_\_\_\_ at this time: \_\_\_\_\_ at our **West Ashley** location.

We are delighted that you have chosen us for your medical needs. At Articularis Healthcare we take great pride in the relationships that we establish with our patients and the ability to provide a personalized approach to difficult problems.

As a patient of the Articularis Healthcare Group, Inc., we appreciate you following the guidelines of the practice to help us maintain our goals. Please read through our policies carefully and call us with any questions.

### **New patients:**

**Please arrive 15 minutes before your schedule appointment time with the completed paperwork to allow for the registration process. Please do not mail paperwork.**

**Bring attached forms, your photo ID and insurance cards to your visit.**

*Please be aware that if you arrive over 15 minutes late to your appointment you will be asked to reschedule.*

## Directions to the West Ashley Office

2291 Henry Tecklenburg Dr. Charleston, SC 29414



**From Beaufort** – Follow US-21N/Trask Pkwy and US-17N to Savage Rd in Charleston County. Turn Left onto Savage Rd. Turn left on Henry Tecklenburg.

**From Downtown Charleston** – Take SC-30W to fielding connector and take Exit 1. Take SC-61N to Henry Tecklenburg.

**From Summerville** - Get on I-26E in Berkeley County. Follow I-26E and I-526 to Paul Cantrell Blvd. Take exit 11B from I-526W. Turn left on Magwood Dr. Take 1<sup>st</sup> cross street onto Henry Tecklenburg.

**Low Country Rheumatology, A Member of Articularis Healthcare, Inc.  
Patient Information**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Street Address</b>		<b>Apt/Lot</b>
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>SSN</b>	<b>DOB</b>	<b>Circle One: Mr. Mrs. Ms.</b>
<b>Email</b>	<b>Cell #</b>	<b>Home #</b>
<b>Circle One: Male Female</b>	<b>Marital Status S M W D</b>	<b>Student Yes No</b>

<b>Employment (Circle One): Full-Time Part-time Retired Disabled</b>
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<b>Referring Physician</b>	<b>Phone #</b>
<b>Primary Care Physician</b>	<b>Phone #</b>
<b>Spouse</b>	<b>Phone #</b>
<b>Emergency Contact</b>	<b>Phone #</b>
<b>Primary Insurance Name</b>	<b>Policy #</b>
<b>Policy Holder Name</b>	<b>DOB</b>
<b>Group #</b>	<b>Group Name</b>
<b>Secondary Insurance</b>	<b>Policy #</b>
<b>Policy Holder Name</b>	<b>DOB</b>
<b>Group #</b>	<b>Group Name</b>

Consent for treatment, payment and acknowledgement of receipt of notice of privacy practices: I request that payment under the medical insurance program be made payable to Articularis Healthcare Group, Inc. I authorize disclosure of my personal health information to carry out treatment, payment or health care procedures. I have received the privacy policy and notice of information practices that provides a more complete description of information uses and disclosures. I agree to pay any and all charges that exceed or not paid/covered by my insurance. In the event my account is turned over to a collection agency, I will be billed the additional collection fees.

Patient/Guardian: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Low Country Rheumatology, A Member of Articularis Healthcare, Inc.**  
**Health Questionnaire**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current medications: Please list **name** and **strength**.

- |                    |                     |
|--------------------|---------------------|
| 1 _____ / _____ mg | 8 _____ / _____ mg  |
| 2 _____ / _____ mg | 9 _____ / _____ mg  |
| 3 _____ / _____ mg | 10 _____ / _____ mg |
| 4 _____ / _____ mg | 11 _____ / _____ mg |
| 5 _____ / _____ mg | 12 _____ / _____ mg |
| 6 _____ / _____ mg | 13 _____ / _____ mg |
| 7 _____ / _____ mg | 14 _____ / _____ mg |

Medications you have **tried in the past** for the condition you are being referred to us for.

- |         |         |
|---------|---------|
| 1 _____ | 3 _____ |
| 2 _____ | 4 _____ |

Medical History: Please list any diseases or illnesses you have now or have had previously.

- |         |          |
|---------|----------|
| 1 _____ | 6 _____  |
| 2 _____ | 7 _____  |
| 3 _____ | 8 _____  |
| 4 _____ | 9 _____  |
| 5 _____ | 10 _____ |

Medication or Latex allergies: \_\_\_\_\_

Prior Surgeries: \_\_\_\_\_  
\_\_\_\_\_

Have you ever smoked cigarettes, or tobacco in other forms?      Yes      No  
If yes, when you were smoking your heaviest, how many packs per day did you smoke, on average: \_\_\_\_\_  
What year did you start smoking? \_\_\_\_\_ If you subsequently quit, what year did you quit? \_\_\_\_\_

Do you drink alcohol?      Yes      No      If yes, please circle:      Beer      Wine      Liquor

On average, how many drinks per week? \_\_\_\_\_

What other physicians care for you, now and in the past?

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

# Low Country Rheumatology



A MEMBER OF

**Articularis**  
HEALTHCARE

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## Authorization to Release/Obtain Medical Records

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_ SSN: \_\_\_\_\_

*\* This authorization expires ONE year from the date of signature\**

### Method of disclosure:

I authorize Articularis Healthcare to **release** my medical records to:

Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

I authorize Articularis Healthcare to **obtain** my medical records from:

Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

### Health Information to disclose:

ALL health information

Healthcare information relating to the following:

Treatment, Condition, or Dates: \_\_\_\_\_

I understand I have the right to refuse to sign this form, and that I may revoke my authorization at any time (except to the extent that the information has already been released). When my information is disclosed, the federal HIPAA Privacy Rule may no longer protect it. This authorization will automatically expire one (1) year from the date of this request or on the following requested date:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Articularis Healthcare Group, Inc.

2001 2<sup>nd</sup> Avenue, Suite 201, Summerville, SC 29486 / 1165 Chuck Dawley Mt. Pleasant, SC 29464 / 2291 Henry Tecklenburg Dr., Charleston, SC 29414



## Medical Information Release Form (HIPAA Release Form)

I understand that Articularis Healthcare Group, Inc. maintains my personal records, medical history, symptoms, examinations, and test results as a part of my healthcare. This information is not to be given to any other person without my permission. Therefore, this is a written consent to authorize release of my medical information.

### RELEASE OF INFORMATION

I authorize the release of information including the diagnosis, records, laboratory values, prescribed medications, treatment plan, examination rendered, and claims information. This information may be released to:

Spouse: \_\_\_\_\_

Child(ren): \_\_\_\_\_

Other: \_\_\_\_\_

Check if okay to leave detailed health information on voicemail

Information is **NOT** to be released to anyone

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Infusion Frequently Asked Questions

### **What is infusion therapy, or IV infusion?**

IV stands for intravenous, which means “within the vein.” Infusion therapy is a medication that is given by placing a flexible catheter in your vein using a small gauge needle.

### **What conditions are treated with infusion therapy?**

There are many diseases treated with infusion therapy, including but not limited to: rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn’s Disease, ulcerative colitis, Wegener’s granulomatosis, microscopic polyanglitis, osteoporosis, systemic lupus erythematosus and more.

### **How long will it take to be scheduled?**

It may take 3 weeks to 1 month to be scheduled for your first infusion. Most insurance companies require a predetermination or authorization before you can receive infusion, and unfortunately, it can take a couple of days to weeks before we receive the predetermination/authorization. Additionally, infusion medications may have a specific loading dose, or set of initial infusion appointments that are scheduled closer together, which can delay your first appointment if necessary times are not available.

### **What should I do before my appointment?**

**Drink plenty of water.** Being well hydrated will help make it easier to start your IV. Avoid excessive amounts of coffee prior to your infusion because it can be dehydrating. Avoid foods and activities that cause dehydration prior to your infusion, such as heavy exercise, salty foods and donating blood. Make sure you **arrive on time** for your appointment. If you are more than 15 minutes late, we may have to reschedule your infusion.

### **What is a ‘loading dose’?**

A loading dose is an initial set of scheduled infusions before beginning a more routine treatment plan that is determined by your physician. The loading dose allows for a drug to reach a therapeutic level at a quicker rate, with consecutive infusion therapy as lower maintenance doses.

### **What if my insurance company does not provide coverage for my treatment?**

If your insurance does not provide proper coverage or denies an authorization, your doctor will determine the next steps to take and what will work best for you.

### **Is infusion the same as chemotherapy?**

No. There are drugs used to treat autoimmune diseases that are classified as “chemotherapy drugs,” however, the dosage is much lower and less toxic than those used in cancer treatment.

### **How long does an infusion take?**

Depending on the type of medication you are having infused, it can take as little as 30 minutes up to 5 hours.

**Will I be able to use the restroom while being infused?**

Yes, we have a bathroom conveniently located near the infusion suite should you need to use it at any time.

**How often do I get infused?**

The frequency of your infusion therapy will be determined by your physician.

**Will it hurt?**

Most patients say, "I didn't feel anything at all," while others claim it feels like a small pinch and is comparable to getting their routine lab work done.

**How big is the needle?**

The needle size is very small; this size needle is often used on children in the hospital.

**Can I drive after receiving infusion?**

Yes; patients can safely transport themselves to and from infusion.

**Can I receive infusion if I am, or am planning on becoming pregnant?**

If you are planning on becoming pregnant, it is best to discuss this with your physician before starting infusions to determine the best treatment plan. If there is a chance you could be pregnant, please notify your physician or nurse as soon as possible.

**Are there any side effects to infusion therapy?**

Any side effects would be an allergic reaction that would likely happen while you're being infused. An allergic reaction may appear as itchiness, difficulty breathing or heavy pressure on your chest. Our trained nurses will be checking on you throughout your infusion, so if you have an allergic reaction they will assist you.

**Can I use Low Country Rheumatology's oxygen tank while receiving infusion?**

Our oxygen tank is for emergency purposes only. It is the patient's responsibility to bring enough oxygen for their commute to our facility, the length of appointment/infusion, and the commute from our facility.

**Where will my infusion take place?**

Low Country Rheumatology has an infusion suite at each of our locations: Summerville, Mount Pleasant and West Ashley.

Infusion Therapy is managed by our team of physicians and the experienced nurses here at Low Country Rheumatology. The staff is specially trained regarding all aspects of intravenous (IV) infusion including emergency procedures.

You will sit in a comfortable recliner during the therapy. You are welcome to take a nap during the procedure, or you can pass the time with a book, magazine, smart phone, computer or tablet. We also provide free Wi-Fi. Dress in layers for your own comfort. We offer blankets and you are welcome to bring additional blankets or pillows.

**Can I have a friend or family member sit with me?**

We do not allow friends or family members to sit with patients receiving infusion as it is a violation of privacy for other patients.

**Can I have my infant or child sit with me?**

We do not allow infants or children in the infusion suite as it is unsafe for both patient and child in the case of a medical event. Additionally, individuals receiving infusion have weakened immune systems and are at greater risk of illness when exposed to germs.

**Can I bring my service animal?**

In accordance with the ADA, we do allow service animals in the infusion suite. The service animal should meet the following requirements: the animal must be free of fleas, ticks, and intestinal parasites, has been screened by a veterinarian within the past twelve (12) months prior to entering the facility, has received all required inoculations, is clean and well-groomed, and presents no apparent threat to the health and safety of patients, visitors, employees or others. All animals must be supervised by persons who know the animal and its behavior and can control the animal.

**Am I allowed to bring a fire arm or weapon with me?**

In accordance with SC Law Enforcement Department, we do not allow any fire arms or weapons of any kind at any of our locations. It is unlawful for individuals, including those with permits, to carry a firearm into a medical facility without express permission authorized by the employer of the facility.

If you have any questions, feel free to call the infusion department at: (843) 572-8932. You can also stop by the Infusion Department prior to your appointment; we have plenty of educational pamphlets about your medication. You may also access information about your medication online at <http://www.lowcountryrheumatology.com/infusions/>

## What to Expect

Your physician recommends you begin infusion therapy. What happens next?

1. Low Country Rheumatology will confirm that your insurance provides coverage for your treatment.
  - Most insurance companies require a predetermination/authorization before you can receive infusion, and unfortunately, it can take a few days to a couple of weeks to receive the predetermination/authorization.
2. Low Country Rheumatology's Infusion Department will call you to schedule your initial infusion appointment.
  - Low Country Rheumatology has an infusion suite in Summerville, Mount Pleasant and West Ashley.
3. Your first appointment
  - Make sure you **arrive on time** for your appointment. If you are more than 15 minutes late, we may have to reschedule your infusion.
  - Check-in at the Front Desk as you would for a regular appointment. Let the Front Desk Receptionist know you are receiving infusion. The receptionist will direct you to the Infusion Coordinators.
  - You may have a seat in the waiting room near the Infusion Department; a nurse will call you back shortly.
4. The nurse will take your weight and ask you the following questions:
  - How have you been feeling lately?
    - If you are experiencing a cold or symptoms of a cold, please call and speak with an infusion nurse prior to your appointment to determine if you should receive infusion. Receiving infusion may decrease your body's ability to fight off the infection.
  - Have you, or will you be having surgery or invasive dental procedures?
    - Infusion may decrease your body's ability to heal and fight infection; it is important to tell the nurse if you have had, or are planning to have, surgery or invasive dental procedures.
  - You will make any payments prior to your treatment.
5. You will sit in a comfortable recliner during the therapy. We provide free Wi-Fi; you are welcome to take a nap during the procedure, read a book/magazine, or use a smart phone, computer or tablet.