



**PMG General Surgery**  
**Located in the Providence Pavilion**  
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Medford, OR 97504  
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### Welcome to Providence Medical Group General Surgery!

We are happy that you have chosen us for your medical care and we look forward to the opportunity to work with you as partners to meet your health care needs.

We would like to take this opportunity to explain our financial policies for office visits to you to ensure that you receive the benefits entitled to you with your insurance coverage and understand the financial responsibility you will have.

If you have insurance coverage, we will be happy to bill your insurance company for you. Our office staff will verify eligibility for your visit; however, it is your responsibility to know what your insurance will cover, and how benefits will be paid. Co-payments are due at the time of your appointment. Please be prepared to make this payment with a **credit or debit card** when you arrive for your visit.

For our patients without insurance coverage (private pay), a \$100.00 pre-payment is due at the time of your appointment. Please contact our office prior to your appointment if you are unable to make your pre-payment.

As different insurance plans have substantially different benefits, we encourage you to educate yourself on how and what your insurance plan will cover and what portion of your bill you, as the patient, are responsible to pay.

Additionally, if you have a Managed Care plan you may be required to have preauthorization or a referral prior to seeing one of our providers. Please feel free to contact Providence Medical General Surgery office with any questions you may have about billing or payment arrangements.

Items you will need to bring with you to your appointment:

- Insurance Card
- Photo ID
- Completed paperwork that is included
- **Please DO NOT fill out health and history form in MyChart. Unfortunately our providers cannot attach/view these forms online.**



**REVIEW OF SYSTEMS**

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

Please check any of the problems that may apply to you:

**GENERAL:**

- Fever
- Chills
- Weight loss
- Fatigue
- Diaphoresis/sweating
- Weakness

**HENT:**

- Headaches
- Hearing loss
- Ringing in ears
- Ear pain
- Ear discharge
- Nosebleeds
- Congestion
- Hoarseness/stridor
- Sore throat

**EYES:**

- Blurred vision
- Double vision
- Light sensitivity
- Eye pain
- Eye discharge
- Eye redness

**CARDIOVASCULAR:**

- Chest pain
- Rapid heart beat
- Shortness of breath laying down
- Leg pain when walking
- Leg swelling
- Sleep apnea

**RESPIRATORY:**

- Cough
- Coughing of blood
- Sputum production
- Shortness of breath
- Wheezing

**GASTROINTESTINAL:**

- Heartburn
- Nausea
- Vomiting
- Abdominal pain
- Diarrhea
- Constipation
- Blood in stool
- Black stool

**GENITOURINARY:**

- Difficult urination
- Urgency
- Frequent urination
- Blood in urine
- Flank/side pain

**ENDO/HEME/ALLERGIES:**

- Easy bruising/bleeding
- Environmental allergies

**SKIN:**

- Rash
- Itching

**NEUROLOGICAL:**

- Dizziness
- Tingling
- Tremor
- Sensory change
- Speech change
- Focal weakness
- Seizure
- Loss of consciousness

**PSYCHIATRIC:**

- Depression
- Suicidal ideas
- Substance abuse
- Hallucinations
- Nervous/anxious
- Insomnia
- Memory loss

PMG GENERAL SURGERY

Dr. Tracy Haley Dr. Jason Primus Dr. Mark Mason

Sara Hoppe PA-C Ashley Auspelmyer PA-C Brice Bouffard PA-C

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ PRIMARY CARE DOCTOR: \_\_\_\_\_

ALLERGIES:                      Drug    Reaction

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MEDICATIONS: (Please list medication name, strength, how often you take it and who prescribed it.)

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Habits: Smoke \_\_\_ How much? \_\_\_\_\_ Previous Smoker? \_\_\_ Quit Date: \_\_\_\_\_ Smoking in household? \_\_\_\_\_

\_\_\_\_\_ Alcohol; How Much? \_\_\_\_\_