
OSTEOPOROSIS
ASSESSMENT
CENTER

BOARD CERTIFIED RHEUMATOLOGISTS

HERBERT S.B. BARAF, MD FACP MACR
ROBERT L. ROSENBERG, MD FACP CCD †
EVAN L. SIEGEL, MD FACP
EMMA D'ORIO, MD FACP †
ALAN K. MATSUMOTO, MD FACP

DAVID G. BORENSTEIN, MD FACP FACP
ROBERT J. LLOYD, MD MACR
DAVID P. WOLFE, MD FACP †
PAUL J. DEMARCO, MD FACP FACP
SHARI B. DIAMOND, MD FACP

ASHLEY D. BEALL, MD FACP
ANGUS B. WORTHING, MD FACP
GUADA RESPICIO, MD MS FACP
JUSTIN PENG, MD FACP
RACHEL KAISER, MD MPH FACP FACP
† - medical director

Dear Patient:

Thank you for calling the Osteoporosis Assessment Center to schedule your DEXA (bone mineral density study) appointment on _____.

Enclosed you will find forms relating to our financial policy, patient registration and insurance information and a medical history form which includes a place to list your medications. Please complete the forms in advance and bring them with you to your appointment. Feel free to call our office with any questions.

In addition, remember to:

- Bring your insurance card(s) and a referral form and co-payment, if required by your insurance plan. Also, please bring your doctor's prescription.

Wear something that does not have metal buttons, zippers or hooks around the waist and hip area. Bra hooks are okay.

- Avoid taking medication that contains calcium (i.e.: calcium supplements, multivitamins, Tums, etc.). You may take all other medications, including osteoporosis drugs like Fosamax, Miacalcin, Actonel, Evista, etc.
- Allow at least a two week interval following any previous x-ray study involving contrast (like barium).
- Arrive with your forms completed!
- There is a weight limit to our DEXA table. If your weight exceeds 300 pounds, it is possible that only a single scan (of the distal forearm) can be performed.

If you have any questions, please do not hesitate to call before your appointment date.

We look forward to seeing you!

The Staff of the Osteoporosis Assessment Center

A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.

2730 University Boulevard West, Suite 310, Wheaton, MD 20902. FAX 301.942.5132
14955 Shady Grove Road, Suite 230, Rockville, MD 20850. FAX 301.251.5913
5454 Wisconsin Avenue, Suite 600, Chevy Chase, MD 20815. FAX 240.497.0233
2021 K Street, NW, Suite 300, Washington, DC 20006. FAX 202.293.9416
CENTRAL CALL CENTER: 301.942.7600 • www.washingtonarthritis.com

OSTEOPOROSIS
ASSESSMENT
CENTER

BOARD CERTIFIED RHEUMATOLOGISTS

HERBERT S.B. BARAF, MD FACP MACR
ROBERT L. ROSENBERG, MD FACP CCD †
EVAN L. SIEGEL, MD FACP
EMMA D'ORIO, MD FACP †
ALAN K. MATSUMOTO, MD FACP

DAVID G. BORENSTEIN, MD FACP FACP
ROBERT J. LLOYD, MD MACR
DAVID P. WOLFE, MD FACP †
PAUL J. DEMARCO, MD FACP FACP
SHARI B. DIAMOND, MD FACP

ASHLEY D. BEALL, MD FACP
ANGUS B. WORTHING, MD FACP
GUADA RESPICIO, MD MS FACP
JUSTIN PENG, MD FACP
RACHEL KAISER, MD MPH FACP FACP

† - medical director

FINANCIAL POLICY STATEMENT

Welcome to the Osteoporosis Assessment Center (OAC). We are pleased to have you as a patient and we are committed to providing you with the best medical care possible. In order to assist you in receiving the maximum benefits allowable by your insurance, we ask that you read and sign this statement. We must emphasize that as medical care providers, our relationship is with you and not your insurance carrier. As a courtesy to you, we may file your claim; however you are responsible for charges incurred from the date services are provided unless our contractual agreement with your carrier states otherwise. Because of the ongoing growth and change in available health care plans, it is imperative that you understand your benefits and responsibilities prior to being seen at OAC.

MEDICARE PART B

OAC participates with Medicare and accepts assignment. We will file your claim and require you pay any deductible and your 20% co-insurance at the time of checkout. In order to receive a non-covered supply or service, you will be required to sign a Medicare waiver and pay in full. If you have a secondary insurance, we will file for you, and you will be billed for any remaining balance. OAC does not participate with any Medicare Advantage Plans. If you have a Medicare Advantage HMO plan, you will not have any out of network benefits. If you are covered by a Medicare Advantage PPO plan that allows you to go out of network, you may have deductible and co-insurance payments that are determined by each individual Medicare Advantage Plan.

Carefirst Blue Cross Blue Shield

OAC is a participating provider with CareFirst on the National Capital area and CareFirst of Maryland. Our contract with CareFirst includes all products: HMO (BlueChoice), Point of Service, Federal Employee, PPO, Blue Card, National Account and Indemnity Plans.

PPO, POS and HMO Plans

Currently, OAC participates with Aetna PPO, CIGNA, OneNet (formerly Alliance), MAMSI Life and Health, MDIPA, Optimum Choice, First Health, United HealthCare, Multiplan, PHCS and Priority Partners. All PPO and HMO patients are required to pay their co-payment at check-in. Those patients whose plan requires a referral to see a specialist must present it at check-in or sign a waiver agreeing to pay for all services rendered. Those using a POS benefit will be required to sign a referral waiver and to pay any deductible or co-insurance their plan requires. OAC will be in violation of our contracts if we fail to collect these contracted obligations.

Liability Cases/Auto Accidents

OAC will not bill PIP. Physicians will treat patients with liability/auto accident cases, but their health insurance carrier will be billed for all services rendered. In the event that a patient does not have health insurance (or their health insurance denies the claim), payment will become the responsibility of the patient.

Patient Initials

A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.

2730 University Boulevard West, Suite 310, Wheaton, MD 20902. FAX 301.942.3132
14955 Shady Grove Road, Suite 230, Rockville, MD 20850. FAX 301.251.5913
5454 Wisconsin Avenue, Suite 600, Chevy Chase, MD 20815. FAX 240.497.0233
2021 K Street, NW, Suite 300, Washington, DC 20006. FAX 202.293.9416
CENTRAL CALL CENTER: 301.942.7600 • www.washingtonarthritis.com

Worker's Compensation

If an injury is work-related, the patient must provide this office with complete billing information prior to treatment. We will need: active claim number, carrier name, adjustor's name, phone number and pre-authorization. If the case is being contested by an employer, then it will not qualify as a worker's compensation case until an independent medical examiner, or the court rules. In this circumstance we will bill the health insurance carrier. If a patient does not have health insurance, payment will be required at the time of service.

All Other Insurance (Including secondary/Tertiary)

As a courtesy to you, OAC will file your primary insurance claim once, provided that we have complete insurance information at the time of service. We do not file secondary or tertiary insurance claims unless contractually obligated to do so. Depending on the carrier, you may be asked to pay your balance in full or any deductible or co-payment due. Any balances not paid within 45 days will be changed to patient responsibility.

Self-Pay

Patients without health insurance will be expected to pay in full for all services rendered at the time of service. To reduce cost at time of service, some lab work may be billed to the patient. Any special payment arrangements must be set up with the Business Office prior to the visit. We accept cash, checks, money orders, and MC or VISA.

Non-Sufficient Funds (NSF) Policy

A \$50 NSF fee will be added to any patient's account that is returned by our bank for non-sufficient funds.

ARA Cancellation Policy

We request that cancellations or scheduling changes be made at least 24 hours in advance of your appointment. We reserve an appointment time exclusively for you. Without proper notification we cannot utilize the time slot to vacate to care for someone else. OAC has a missed appointment fee of \$50.

Assistance

Our Business Office staff is available to assist you with any special concerns or questions. Please feel free to call (301) 942-3126 or stop by our location in Room 708 of the Westfield North building for personal attention.

Responsibility

"I understand that I am responsible for any outstanding balance. In the event my account is turned over (for collections) or (to a third party), I will be responsible for any and all collection costs, interest, Attorney's fees and Court costs. I have read, understand and agree to abide by the policies of OAC as stated in this document"

Signature

____/____/_____
Date

Print Name

Thank you for choosing the Osteoporosis Assessment Center

A progressive health care team dedicated to excellence in patient care and service.

OSTEOPOROSIS
ASSESSMENT
CENTER

BOARD CERTIFIED RHEUMATOLOGISTS

HERBERT S.B. BARAF, MD FACP MACR
ROBERT L. ROSENBERG, MD FACP CCD †
EVAN L. SIEGEL, MD FACP
EMMA DIORIO, MD FACP †
ALAN K. MATSUMOTO, MD FACP

DAVID G. BORENSTEIN, MD FACP FACP
ROBERT J. LLOYD, MD MACR
DAVID P. WOLFE, MD FACP †
PAUL J. DEMARCO, MD FACP FACP
SHARI B. DIAMOND, MD FACP

ASHLEY D. BEALL, MD FACP
ANGUS B. WORTHING, MD FACP
GUADA RESPICIO, MD MS FACP
JUSTIN PENG, MD FACP
RACHEL KAISER, MD MPH FACP FACP
† - medical director

DEXA Medical History

Name: (Last, First, MI): _____ Date of Birth: _____

Date of Service: _____ (Office Use Only) Medical Record #: _____

Please Answer the Following Questions

Race: Caucasian Asian Hispanic Black Other _____

Sex: Female Male Ordering Physician: _____

Have you ever had a bone density test before? Yes No

If yes, when? _____ Where? _____

Have you fractured any bones after the age of 18? Yes No

If yes, what? _____ When? _____

Did your Mother or Father have a hip fracture (s)? Yes No

Do you currently smoke? Yes No

Do you consume three or more alcoholic beverages daily? Yes No

Women Only: Are you Post Menopausal?..... Yes No Age at Menopause? _____

Are you currently on Hormone Replacement Therapy? (HRT/ERT)? Yes No

Have you ever taken Provera (Depo-Provera)?..... Yes No If Yes, How long? _____

If you are Premenopausal, when was your last menstrual period? _____

Are you currently on Birth Control Pills?..... Yes No Are you currently Pregnant?.... Yes No

Men Only: Hypogonadism (Low Testosterone) Yes No

Lupron Depot Yes No

Have you ever been diagnosed with any of the following conditions?

Hyperparathyroidism Yes No Rheumatoid Arthritis Yes No

Lupus Yes No Ankylosing Spondylitis Yes No

Paget's Disease Yes No Liver Disease (i.e.: Hepatitis) Yes No

Kidney Disease Yes No Kidney Stones Yes No

Crohn's/Colitis/Celiac Disease..... Yes No

Have you ever had any of the following procedures?

Gastric Bypass/Lap Band? Yes No

Orthopedic hardware/medical devices in your hips and/or spine? Yes No

Cancer(s) Yes No

If Yes, type(s)? _____ When? _____

If Yes to Breast Cancer, have you ever taken Aromatase Inhibitor Therapy Drugs:

[Arimidex (Anastrozole), Femara (Letrozole), Aromasin (Exemestane), etc.].? Yes No

Have you ever taken Tamoxifen? Yes No

Have you had Radiation Therapy? Yes No Have you had Chemotherapy? Yes No

A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.

2730 University Boulevard West, Suite 310, Wheaton, MD 20902. FAX 301.942.3132
14955 Shady Grove Road, Suite 230, Rockville, MD 20850. FAX 301.251.5913
5454 Wisconsin Avenue, Suite 600, Chevy Chase, MD 20815. FAX 240.497.0233
2021 K Street, NW, Suite 300, Washington, DC 20006. FAX 202.293.9416
CENTRAL CALL CENTER: 301.942.7600 • www.washingtonarthritis.com

Are you taking/have you taken any of the following medications?

Steroids for 3 months or longer (Prednisone, Cortisone) Yes No
 If Yes, for what condition(s)? _____
 Thyroid medication Yes No Anti-seizure/epilepsy meds Yes No
 Antidepressants (SSRI: Drugs like Prozac)..... Yes No Insulin Dependent Diabetes Yes No

Are you taking or have you ever taken any of the following medications?

Actonel (Risedronate)..... Yes No How Long? _____ If Stopped, when? _____
 Aredia (Pamidronate)..... Yes No How Long? _____ If Stopped, when? _____
 Boniva (Ibandronate)..... Yes No How Long? _____ If Stopped, when? _____
 Evista (Raloxifene)..... Yes No How Long? _____ If Stopped, when? _____
 Forteo (Teriparatide)..... Yes No How Long? _____ If Stopped, when? _____
 Fosamax (Alendronate)..... Yes No How Long? _____ If Stopped, when? _____
 Miacalcin/Fortical (Calcitonin)..... Yes No How Long? _____ If Stopped, when? _____
 Prolia (Denosumab)..... Yes No How Long? _____ If Stopped, when? _____
 Reclast (Zoledronate)..... Yes No How Long? _____ If Stopped, when? _____
 Zometa (Zoledronic Acid) Yes No How Long? _____ If Stopped, when? _____

Do you take any of the following supplements?

Calcium..... Yes No If Yes, Dose: _____
 Vitamin D Yes No If Yes, Dose: _____
 Multivitamin Yes No If Yes, Dose: _____

Please list any additional medications you are currently taking and the dosage (if appropriate):

<u>MEDICATIONS</u>	<u>DOSE</u>	<u>MEDICATIONS</u>	<u>DOSE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY

Tallest Height: _____ Height (in): _____ Weight (lbs): _____

Dietary Calcium: _____ Patient Exercise: Yes No

General Comments:

Counseling and educational material given to patient? Yes No

Diagnoses: _____

Signature of DEXA Technologist: _____

Date: _____

Physician Signature: _____

HERBERT S.B. BARAF, MD FACP MACR
ROBERT L. ROSENBERG, MD FACP CCD
EVAN L. SIEGEL, MD FACP
EMMA DIORIO, MD FACP
DAVID G. BORENSTEIN, MD MACP MACR

ALAN K. MATSUMOTO, MD FACP FACR
DAVID P. WOLFE, MD FACP
PAUL J. DeMARCO, MD FACP FACR
SHARI B. DIAMOND, MD FACP FACR
ASHLEY D. BEALL, MD FACP

ANGUS B. WORTHING, MD FACP
GUADA RESPICIO, MD MS FACP
JUSTIN PENG, MD FACP
RACHEL KAISER, MD MPH FACP FACR
NICOLE SADDIC THOMAS, MD

**PARTICIPATION IN THE MARYLAND STATEWIDE HEALTH INFORMATION
EXCHANGE (HIE)**

**CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS, INC.
(CRISP)**

FEBRUARY 2012

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and prevent access to your health information available through CRISP by:

1. Calling 1-877-952-7477
2. Faxing an Opt-Out form to fax 443-817-9587
3. Visiting the CRISP website at www.crisphealth.org
4. Mailing your completed form to:
CRISP
5525 Research Park Drive
Catonsville, MD 21228

OSTEOPOROSIS
ASSESSMENT
CENTER

BOARD CERTIFIED RHEUMATOLOGISTS

HERBERT S.B. BARAF, MD FACP MACR
ROBERT L. ROSENBERG, MD FACP CCD †
EVAN L. SIEGEL, MD FACP
EMMA DIORIO, MD FACP †
ALAN K. MATSUMOTO, MD FACP

DAVID G. BORENSTEIN, MD FACP FACP
ROBERT J. LLOYD, MD MACR
DAVID P. WOLFE, MD FACP †
PAUL J. DEMARCO, MD FACP FACP
SHARI B. DIAMOND, MD FACP

ASHLEY D. BEALL, MD FACP
ANGUS B. WORTHING, MD FACP
GUADA RESPICIO, MD MS FACP
JUSTIN PENG, MD FACP
RACHEL KAISER, MD MPH FACP FACP

† - medical director

TO ALL FEMALE PATIENTS BETWEEN 12 AND 55 YEARS OF AGE:

Your physician has requested that you have a Dual Energy X-ray Absorptiometry (DXA) test performed.

The National Council on Radiation Protection and Measurements recommends that X-ray exams of the abdomen, pelvis, hip and/or proximal femur be performed only during the 14 days following the onset of menstruation to prevent exposure to a developing pregnancy.

Is there a chance that you may be pregnant? Yes No

If no, does one of the following apply to you?

- Hysterectomy *If you checked this, please sign below.
 Menopause *If you checked this, please sign below.

If you are using birth control, what method? _____

First day of your last menstrual period? _____

If you are not using birth control, have you been sexually active since your last menstrual cycle started that would put you in jeopardy of being pregnant?

- Yes No

Patient's Name (Please Print)

Date of Exam

Patient's Signature

Technologist's Signature

A DIVISION OF ARTHRITIS AND RHEUMATISM ASSOCIATES, P.C.

2730 University Boulevard West, Suite 310, Wheaton, MD 20902. FAX 301.942.3132
14955 Shady Grove Road, Suite 250, Rockville, MD 20850. FAX 301.251.5913
5454 Wisconsin Avenue, Suite 600, Chevy Chase, MD 20815. FAX 240.497.0235
2021 K Street, NW, Suite 300, Washington, DC 20006. FAX 202.293.9416
CENTRAL CALL CENTER: 301.942.7600 • www.washingtonarthritis.com