

Infusion Coordinator Phone (410)-442-6553 www.pvinfusions.com **Kristina Lynch, MD**

Welcome to our practice!

Dr	_ has referred you to	us for yo	our infusions.
We look forward to seeing yat 10715 Charter Drive Ste			with our Infusion Department located
We are delighted that you h	nave chosen us for yo	our infusio	on needs.
•	•		we appreciate you following the guidelines d through our policies carefully and call with
	_		appointment time with the completed ase do not mail paperwork.

Please be aware that if you arrive over 15 minutes late to your appointment you may be asked

Bring your photo ID and insurance cards to your visit.

to reschedule.

Premier Vitality IV and Wellness Center Patient Information

Last Name	me First Name		Middle Initial	
Street Address			Apt/Lot	
City	State		Zip	
SSN	DOB		Check One: Mrs. Mrs.	
Email	Cell #		Home #	
Check One: Male Female	Marital Status S M	□ W □ D	Student Yes No	
Employment (Circle One): Full-Time Part-time		☐ Retired ☐ Disabled		
Referring Physician		Phone #		
Primary Care Physician		Phone #		
Spouse		Phone #		
Emergency Contact		Phone #		
Primary Insurance Name		Policy #		
Policy Holder Name		DOB		
Group #		Group Name		
Secondary Insurance		Policy #		
Policy Holder Name		DOB		
Group #		Group Name		
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 Premier Vitality IV and Wellness Center. 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:Signa	ture	Date:		

Premier Vitality IV and Wellness Center Health Questionnaire

Patient Name:		Date of Birth:				
Preferred Pharmacy:		A	Address:			
City:	State:	Zip: _				
Current medications: Please lis	et name and stre	nath				
		•			,	
1						
2						
3						
4	/	mg 1	1		/	mg
5	/	mg 1	2		/	mg
6	/	mg 1	3		/	mg
7		mg 1	4		/	mg
NA adiantiana con la constria dia	4la a a a 4 f a 4la a		h .:f			
Medications you have tried in	-	-				
1						
2			4			
Medical History: Please list an	v diseases or illn	esses vou h	ave now or have h	nad previousl	v	
1						
2						
3						
4						
5			10			
Medication:						
Medication: Prior Surgeries:						-
Prior Surgeries:						-
Allergies:						_
Have you ever smoked cigarett	es, or tobacco in	other form	s?			
Yes						
□ No		_				
If yes, how much?	How many	years?				
Do you drink alcohol?						
Yes						
□ No		_				
If yes, how much?	How often	?				
Any other substance use?	Г	□ Vos			□ No	
If yes please specify:	L	Yes				
II YES PICUSE SPECIFY.						



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 Premier Vitality IV and Welln	ess Center to release my medical records to:
Name:	
Fax #:	
☐ I authorize Premier Vitality IV and Welln	ess Center to obtain my medical records from:
Name:	
Fax #:	
Health Information to disclose: ALL health information Healthcare information relating to the foll Treatment, Condition, or Dates:	_
	form, and that I may revoke my authorization at any salready been released). When my information is
Patient Signature	Date:



Medical Information Release Form (HIPAA Release Form)

I understand that Premier Vitality IV and Wellness Center 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

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 volume □ Information is NOT to be released to anyone 	picemail
Patient Signature:	Date:

I authorize the release of information including the diagnosis, records, laboratory values, prescribed medications,

Infusion Frequently Asked Questions

What is infusion therapy, or IV Therapy?

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 1- 3 weeks 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.

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 an 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 could 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.

I require supplemental oxygen, can I use Premier Vitality Infusion Center'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.

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.

If you have any questions feel free to call the infusion department at: (410) 442-6553. You may also access information about your medication online at www.pvinfusions.com.

What to Expect

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

- 1. Premier Vitality Infusion Center 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. Premier Vitality scheduling staff will set up initial infusion appointment.
- 3. 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 kiosk in the waiting area
 - You may have a seat in the waiting area; a staff member will call you back shortly.
- 4. The nurse will take your weight and ask you the following questions:
 - How have you been feeling lately?
 - o 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?
 o 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, use a smartphone, computer or tablet.