



Dear New Patient,

Thank you for making an appointment with our office. Please complete the new patient packet following letter, and bring it along with a utility bill to your first appointment. Please keep in mind that your first appointment can be lengthy due to the extensive information you will be provided to assist you in managing your allergies/asthma.

Here are a few things to know for your first appointment:

- **Discontinue all Antihistamines FOUR days prior to your appointment.** Common medications containing Antihistamines are Benadryl, Triaminic, cough & cold medicines. Do not stop taking Singulair or asthma inhalers. For a complete list log-on to www.alabamaallergy.com and click on Allergy Testing Information.
- Please wear clothing that will allow for allergy testing with ease. A two piece outfit, ex., shirt and pants work best.
- We love children! However, if you are being allergy tested you will need to remain stationary and it will be difficult to keep an eye on small children.
- If the visit is for your child, we offer DVD players with children's programming and toys to keep them occupied during their appointment.

Remember that in order to be tested on the day of your initial visit you will need to discontinue certain medications four days prior to your appointment.

If you are concerned or have questions about which medications to discontinue, please do not hesitate to call our office.

We have three office locations. Please make sure to refer to the driving directions for your appointment location.

Should you have any questions, please call us at (205) 871-9661.

We look forward to meeting you.

Weily Soong, MD

Kay Knight, MD

Carolyn Comer, MD

Kay Ellen Willoughby, MD

Patricia Luthin, CRNP & The Staff of Alabama Allergy and Asthma Center

HOMWOOD OFFICE

Driving Directions to Alabama Allergy & Asthma Center – HOMEWOOD

**Our main office location: 10 Old Montgomery Highway
Homewood, AL 35209
Phone: (205) 871-9661**

From I-65 South:

- Take the Lakeshore Exit and turn Left at the traffic light onto Lakeshore Drive.
- You will travel past Samford University and come to an intersection with the Lakeshore Rehabilitation sign on your left.
- Turn Right at this intersection with a traffic light onto Old Montgomery Highway, then cross over the Shades Creek bridge.
- Alabama Allergy is located in the building on your left just over the bridge.

From I-65 North:

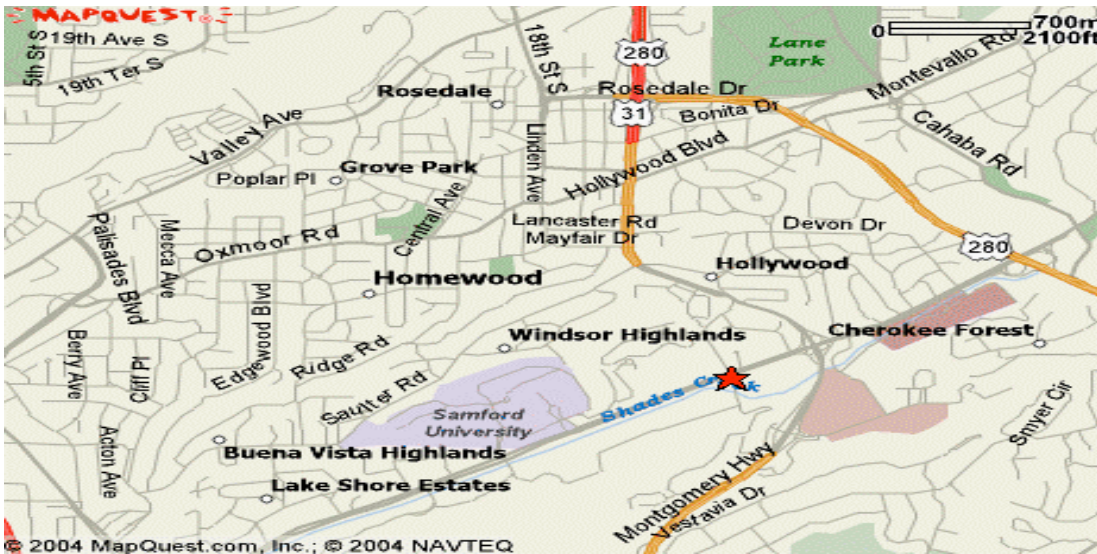
- Take the Lakeshore Exit. Turn Right onto Lakeshore Drive.
- You will travel past Samford University and come to an intersection with the Lakeshore Rehabilitation sign on your left.
- Turn Right at this intersection with a traffic light onto Old Montgomery Highway, then cross over the Shades Creek bridge.
- Alabama Allergy is located in the building on your left just over the bridge.

From 280:

- Take the AL-149 ramp toward Homewood .
- Turn onto Lakeshore Drive toward Homewood.
- Once you pass the underpass for 31, turn Left at the next traffic light onto Old Montgomery Highway.
- Cross the Shades Creek bridge. Alabama Allergy is located in the building on your left just over the bridge.

From 31:

- Take the Lakeshore Dr. / AL-149 N exit
- Turn Left at the first traffic light onto Old Montgomery Highway, then cross over the Shades Creek bridge.
- Alabama Allergy is located in the building on your left just over the bridge.



Our building is #10 Lakeshore Center and is a white, two story building. We are on the first floor.

Hwy 280 At The Narrows

Driving Directions to Alabama Allergy & Asthma Center- THE NARROWS

**Our satellite office location: Hwy 280 at The Narrows
13521 Highway 280, Suite 201B
Birmingham, AL 35242
Phone 205-871-9661**

From Birmingham

- Hwy 280 East
- Follow 280 East approximately 8 miles once you pass the Summit Shopping Center (or Hwy 459)
- Take a Right into The Narrows Development at Traffic Light
- Take your first Left at Bottom of hill and travel around to the front of the building – office is located on the left corner of building – parking immediately in front

From Chelsea

- Follow 280 West - 3 miles from Wal-mart in Chelsea
- Take a Left into The Narrows
- Take your first Left at Bottom of hill and travel around to the front of the building – office is located on the left corner of building – parking immediately in front on far left hand side. We are next to Quest Diagnostic's and our building says Specialty Care.

HOOVER OFFICE

Driving Directions to Alabama Allergy & Asthma Center - HOOVER

**Our HOOVER office location: 2010 Patton Chapel Road
Suite 200
Hoover, AL 35216
Phone: (205) 871-9661**

From I-65

- Take Highway 31 South for approximately 1.2 miles
- Turn Left onto Patton Chapel Road (across from Krispy Kreme Doughnuts)
- Turn Left in 300 feet into parking lot (just passed Full Moon BBQ).
- Use upper parking lot for best access to our office

From 459:

- Take Montgomery Highway (Highway 31) North approximately ½ mile
- Turn Right onto Patton Chapel Road (across from Krispy Kreme Doughnuts)
- Turn Left in 300 feet into parking lot (just passed Full Moon BBQ).
- Use upper parking lot for best access to our office

From 31:

- Turn onto Patton Chapel Road across from Krispy Kreme and our building is located just past Full moon BBQ on the left
- Use upper parking lot for best access to our office

Our Homewood office conducts clinical research trials for

**Asthma
COPD**

**Allergies
Hives**

**Eczema
Dry Eyes**

**Sinusitis
Bronchitis**

What is a clinical trial?





A clinical trial is a partnership between doctors, volunteers, study sponsors and the Food and Drug Administration (FDA) to study the effectiveness of certain medications. Everyday people from all over the world participate in clinical trials to help themselves and others improve their quality of life.

What can I expect as a participant?

Participating in a clinical trial is much like a regular visit to the doctor's office, hospital, or medical clinic. Tests and procedures are performed according to a research protocol, which has detailed guidelines that the research staff and physicians follow. You will not have to pay to participate and in most cases you will be compensated for your time.

Why should I become a participant?

As a qualified volunteer for clinical trials:

-  You may be able to learn more about your conditions and new treatment options.
-  You may be benefiting your future and the future of others by helping with the evaluation of new medications and treatments.
-  You may have the opportunity to receive a new research medication for the treatment of your condition. Often these new medications are not available to the general public.
-  All visits and procedures, including lab work and counseling are at no cost to you.



Welcome to Alabama Allergy & Asthma Center

Thank you for choosing our office! In order to serve you properly, please complete the following information. Please print. **Thank you!**

Date	__/__/__	Patient name	_____
		FIRST	MI LAST
SSN	__-__-__	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate __/__/__ Home # _____
Address	_____	City	_____ State _____ Zip _____
Check appropriate box: <input type="checkbox"/> Minor <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Email address	_____	CELL Phone #	_____

Patient or parent employer	_____	Best #	_____
Spouse or parent's name	_____	Best #	_____
Who is your Primary Care Physician?	_____		
Person to contact in case of emergency	_____	Best #	_____

Responsible Party

Name of person responsible for this account	_____	Relationship to patient	_____
Address	_____		Home # _____
SS #	_____	Birthdate	_____ Employer _____

Insurance Information

Name of insured	_____	Relationship to patient	_____
Birthdate	_____	SSN	_____ Employer's name _____
Insurance company	_____		ID # _____
Group #	_____	Insurance phone #	_____
Does your insurance require referrals from your primary physician? <input type="checkbox"/> yes <input type="checkbox"/> no			
Do you have any additional insurance? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete the following:			
Name of insured	_____	Relationship to patient	_____
Birthdate	_____	SSN	_____ Employer's name _____
Insurance company	_____		ID # _____
Group #	_____	Insurance phone #	_____

Authorization & Release

The undersigned agrees, whether he signs as agent or as a patient, that in consideration of agreed upon services to be rendered, including allergy extracts and injections, by the Alabama Allergy & Asthma Center to the patient, he hereby obligates himself, assumes financial responsibility, and agrees to pay upon request to provider all charges for such services incurred by said patient. **All deductibles, co-payments and co-insurance are due at the time of service.** Should the account be referred to an attorney/collection agency for collection, the undersigned shall pay all responsible attorney fees and collection expenses. The undersigned understands that all bills are payable upon presentation and that he, not the insurance company, is responsible for the payment of the services. This office will file and collect from insurance when insurance benefits are present. All balances beyond the contracted insurance rates are payable by the patient due of receipt of a patient statements mail. I hereby authorize Alabama Allergy & Asthma Center to use "Signature on File" in lieu of an original signature for all medical claims submitted for services rendered to patient. **I acknowledge that all information regarding my identity is correct and accurate to my knowledge. By signing this document I understand that I am held accountable for any false information which could result in a fine or penalty and should notify the Alabama Allergy & Asthma Center if any of my information should change or if my identity is compromised or stolen.**

X _____
Signature of patient (or parent/guardian if minor) Date

Acknowledgement Form for Purposes of Treatment, Payment and Healthcare Operations

I acknowledge the use or disclosure of my protected health information by Alabama Allergy & Asthma Center, LLC for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations of Alabama Allergy & Asthma Center, LLC. I understand that diagnosis or treatment of me by the physicians of Alabama Allergy and Asthma Center may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to carry out treatment, payment or healthcare operations of the practice. Alabama Allergy & Asthma Center, LLC is not required to agree to the restrictions that I may request. However, if Alabama Allergy & Asthma Center, LLC agrees to a restriction that I request, the restriction is binding on Alabama Allergy & Asthma Center, LLC and physicians of Alabama Allergy and Asthma Center. I have the right to revoke this consent, in writing, at any time, except to the extent that physicians of Alabama Allergy and Asthma Center or Alabama Allergy & Asthma Center, LLC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by my physician, another health care provider, a health plan, my employer or a health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review Alabama Allergy & Asthma Center LLC's Notice of Privacy Practices prior to signing this document. The Alabama Allergy & Asthma Center LLC's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of the Alabama Allergy & Asthma Center, LLC. The Notice of Privacy Practices for Alabama Allergy & Asthma Center, LLC is also provided in patient reception area and in patient examination rooms. This Notice of Privacy Practices also describes my rights and Alabama Allergy & Asthma Center, LLC's duties with respect to my protected health information.

Alabama Allergy & Asthma Center, LLC reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by reviewing the notices provided in patient reception area and in patient examination rooms or by calling the office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

PRINT Name of Patient or Personal Representative

Personal Representative's Relationship to Patient

Date

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date: _____ Initials: _____ Reason: _____

Patient Name: _____

Age: _____

Appointment Date: _____

Sex: M F

Your Physician (circle one): Dr. Soong Dr. Comer Dr. Knight Dr. Willoughby

In an effort to find out how you heard about our practice, please take a few minutes to complete this questionnaire. Your feedback will help us to continue our programs and services that help people affected by allergies and asthma.

How did you hear about our practice? (Please check **ALL** boxes that apply)

- | | |
|--|--|
| <input type="checkbox"/> Insurance Directory | <input type="checkbox"/> We Love Homewood Day |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Chamber of Commerce Event |
| <input type="checkbox"/> Our Website | <input type="checkbox"/> Local News Story |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Friend or Family Member
Full Name : _____ | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Referring Physician
Full Name: _____ | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Asthma Screening/Health Fair
Please specify: _____ | <input type="checkbox"/> Portico Magazine |
| | <input type="checkbox"/> Birmingham Parent Magazine |
| | <input type="checkbox"/> Other
Please specify: _____
_____ |

As a service to the community, we do offer corporate asthma screenings. We also participate in health fairs and civic events. If you, your company, or civic group are in our services please provide your contact information and a brief summary below:

Best telephone number to reach you: _____

Comments:

