

Wilson Medical Group

Internal Medicine

Kerrie-Anne Heron MD, David Kiragu MD
David Propst PA-C, Brittany Marshburn PA-C

Welcome to our Practice:

Thank you for choosing Wilson Medical Group, PLLC the office of Kerrie-Anne Heron MD, David Kiragu MD, David Propst PA-C and Brittany Marshburn PA-C, for your future healthcare needs. It is our goal to provide the best medical healthcare, as well as making your visits here pleasant, courteous and as efficient as possible.

Our normal office hours are Monday, Tuesday, Wednesday and Thursday, 8:00 AM to 5:00 PM. Our hours on Friday are 8:00 AM until 12:00 PM. We close daily for lunch from noon until 1:15 PM. During our summer hours, we are closed all day on Friday.

Our Physicians are no longer affiliated with Wilson Medical Center. All of your inpatient hospital care will be provided by the Hospitalists on staff at Wilson Medical Center, and all of your follow-up care will still continue to be provided by your physicians here at Wilson Medical Group.

Please remember to bring your current insurance cards and co-payments with you to your visit. Payment is expected at the time of service. Patient's that do not bring their co-pay or insurance card will be rescheduled. If for some reason your account falls into collection for non-payment; you will be responsible for your outstanding balance and any additional collection agency fees. If for any reason you are unable to make your scheduled appointment, please call our office at 252 237-5237 24 hours prior to your visit. **Missed appointments without 24 hours advance notice, will be charged \$25.00, payable before patient's next visit.**

Please bring all Prescription Medicines in the bottles they were prescribed, as well as, any over the counter medicines that you currently take.

For Prescription Refills please call your pharmacy and they will contact our office to authorize the refill. Please allow 24 hours for regular prescription refills. For a narcotic prescription you must call our office 48 hours prior or contact our office through Wilson Medical Groups Patient Portal. Narcotic prescriptions must be picked up by the patient at our office and all patients are required to have a signed controlled substance agreement in their records.

Consent for External Prescription Check, I hereby grant permission to view my prescription history from external sources.

For non-emergent issues or prescriptions, we ask that you call during regular office hours; otherwise a charge may be billed to you.

Our nurses check their messages throughout the day, and will return your call by the end of the day when possible. Our insurance department is available to answer any of your insurance questions during normal hours.

For Referrals and certain tests or x-rays, our Referral Specialist will notify you by telephone or mail, the information needed and time of your appointment. Depending on the medical necessity, scheduling can take up to 10 days; however, we do try and schedule your appointments as soon as we can.

For Medical forms, our office does charge a fee for filling out certain forms:
FMLA, DMER and Employment Physical forms \$15.00.
Disability forms \$15.00 - \$25.00, depending on complexity.
Jury Duty, Billing Statements, Weight loss/Gym forms \$10.00.
Personal record requests, .75 per page first 25 pages, .50 pages 26 – 100 (minimum request of \$10.00).
Narrative summary \$25.00 - \$100.00.

Please allow 7 to 10 business days for these forms to be completed.

Our web page, www.wilmedgroup.com, is an easy way to access Wilson Medical Group for driving directions on our new Patient Portal. The Patient Portal offers our patients easy, private and secure access to their medical information online. Patients can view personal health records whenever and wherever you have access to the internet. Please be sure to ask about being web activated.

Once again, welcome to Wilson Medical Group. We look forward to establishing a lasting relationship as your healthcare provider and serving you with all of your healthcare needs.

Sharon Deming, Practice Manager

Patient Name: _____

Signature: _____

Date: _____

Witness: _____