

UNION SQUARE MEDICAL ASSOCIATES

Raphael B. Stricker, M.D.

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INTRODUCTION LETTER

We would like to extend to you a personal greeting and a very warm welcome to our medical practice. We are committed to doing everything to provide you with excellent medical care. Our goal is to make your visit to our office as pleasant and comfortable as possible. We will listen to your concerns, focus on your needs, and answer all of your questions.

Please read the following helpful information:

- **The new patient deposit will not be refunded without calling to cancel at least 5 days before your scheduled appointment (medical emergencies may have an exception).**
- There is parking within close vicinity of our building. We do not cover the cost of parking.
 - 450 Sutter Garage.
 - Sutter-Stockton Garage at the corner of our building.
- For directions to our office, please use MapQuest, Google, or Yahoo maps online for turn-by-turn directions. If you are taking BART(www.bart.gov) from Oakland Airport(OAK) or San Francisco Airport (SFO), ride BART to the Powell Street station, and walk north, away from Market Street, 5 blocks to Sutter Street. We are located on Sutter between Powell and Stockton streets. For information on San Francisco's public transportation system, please check out www.sfmuni.com or www.511.org.
- Please bring all necessary information to your appointment. This includes any labs, other physician's notes, etc. that you may have previously obtained. Please bring copies of any information that you would like to be kept in your chart.
- Prior to your appointment, please write down any questions you may have for the doctor, so that you may make the most of your appointment. If you have any memory loss, you may want to bring a family member, or friend with you.
- We do not accept any insurance plans. You must pay for your appointment in full at the time of your visit or in advance. We will provide you with an itemized receipt that you may send to your insurance company in attempt to collect reimbursement. We will mail or email the itemized receipt to you after your appointment.

OFFICE FEES:

-New Patient Appointment (up to 1 hr): w/Dr. Stricker is \$900.00 or \$750.00 w/ Melissa Fesler, FNP - Collected at the time you schedule your appointment.

-Follow up Appointment (30 minutes in office or by phone): w/ Dr. Stricker \$550.00 and \$450.00 w/ Melissa Fesler, FNP. Hour-long follow-up appointments may also be scheduled for patients who feel they require more time with the provider.

- Follow-up appointments not canceled 3 days prior to the appointment date will be charged half of the follow up appointment cost. Prescriptions refills will be declined if you are not seen within six months from your last appointment. Patients not seen within a calendar year must schedule a 1 hour appointment (New Patient Appointment fee applies). Late payment charges are reflected on your superbill.

-Physician Letters: \$25-\$100 (price depends on complexity, see Physician Letter/ Form Request for more information)

- Our office hours are Monday through Friday, 9:30am to 5:00pm. We are closed for lunch daily from 1:30pm to 3:00 pm.
- The office phones will be answered during business hours with the exception of the lunch period. If we are unable to answer the phone, please leave a detailed message, and allow at least 2 business days for your call to be answered.
- Pets are not allowed in the office unless they are a service animal.
- Lab results are reviewed at the time of your appointment. Copies of results are emailed or mailed 1 week in advance for phone appointments or a copy is provided for in-person appointments.

Enclosed you will find the following documents: Raphael B. Stricker, M.D. Brief Biography, Hotel Recommendations, Directions, Patient Information Form, General Office Policies, Consent to Use or Disclose Health Information, and Tick-borne Disease Treatment Consent Form. Please read over these forms and fill them out as completely as possible. Please bring them with you at the time of your visit with a photo ID.

We would once again like to welcome you to Union Square Medical Associates. We pledge to do our best to offer you thorough and excellent care in a supportive and caring environment.

If you have any questions, feel free to contact us at (415) 399-1035 or officemanager@usmamed.com.

BRIEF BIOGRAPHY

Raphael B. Stricker, M.D.

Dr. Stricker received his medical degree and training in Internal Medicine at Columbia University in New York. He did subspecialty training in Hematology/Oncology at the University of California San Francisco, and supplemental training in Immunology and Immunotherapy at California Pacific Medical Center in San Francisco. He is currently the Medical Director of Union Square Medical Associates, a multispecialty medical practice in San Francisco (Website: www.usmamed.com).

Dr. Stricker is a Past President of the International Lyme and Associated Diseases Society (ILADS). He is a member of the American Society of Hematology (ASH), the Federation of Clinical Immunology Societies (FOCIS), the American Federation for Medical Research (AFMR), the American Society for Reproductive Immunology (ASRI), the American Society of Microbiology (ASM) and the American Academy of HIV Medicine (AAHIVM). He is a recipient of the American Medical Association Award for Physician Excellence and the Outstanding Reviewer Award from the *Annals of Internal Medicine*. He has authored over 200 medical journal articles and abstracts. Areas of special interest include coagulation disorders, emerging infectious diseases, immunologic infertility, immunodeficiency and tick-borne diseases.

Melissa C. Fesler, FNP-BC

Melissa is a board certified Family Nurse Practitioner with experience in Urgent Care Medicine. Melissa received her B.S. in Medical and Public Health Microbiology, and Minor in Biotechnology from Cal Poly San Luis Obispo, where she conducted research with attenuated influenza virus H1N1 in the Undergraduate Biotechnology Laboratory. Her research was published for use as a Virology Laboratory currently implemented in the Cal Poly curriculum. Melissa received her B.S.N. from Samuel Merritt University, graduating Summa Cum Laude. She worked as a registered nurse for a UCSF Dermatology Professor, prior to receiving her M.S. in Nursing as a Family Nurse Practitioner from Georgetown University.

Melissa has been trained by Raphael B. Stricker, M.D. to treat individuals suffering from tickborne disease and Morgellons disease. Her methods and treatment protocols are based on Dr. Stricker's vast experience and knowledge. Melissa regularly consults and collaborates with Dr. Stricker. Melissa is a member of the California Association for Nurse Practitioners (CANP), American Association of Nurse Practitioners (AANP), American Nurses Association (ANA), and the International Lyme and Associated Diseases Society (ILADS). She is on the Medical Advisory Board for the Charles E. Holman Foundation.

HOTEL RECOMMENDATIONS

There are many hotels in the Downtown/Union Square area of San Francisco.

Here a few suggestions close to the office:

Grand Hyatt San Francisco

345 Stockton Street
San Francisco, CA 94108
(415) 398-1234

Sir Francis Drake Hotel

450 Powell Street
San Francisco, CA 94102
(415) 392-7755

The Maxwell Hotel

386 Geary Street
San Francisco, CA 94102
(415) 986-2000

The Westin St. Francis

335 Powell Street
San Francisco, CA 94102
(415) 397-7000

Hotel Nikko San Francisco

222 Mason Street
San Francisco, CA 94102
(415) 394-1111

Hotel 480

480 Sutter Street
San Francisco, CA 94108
(415) 398-8900

The Powell Hotel

28 Cyril Magnin Street
San Francisco, CA 94102
(415) 398-3200

Marriot Union Square

480 Sutter Street
San Francisco, CA 9410
(415) 398-8900

Websites to search for deals:

- Cheaptickets.com
- Expedia.com
- Priceline.com
- Hotwire.com
- Lastminute.com
- Travelocity.com
- Hotels.com
- Orbitz.com

PATIENT INFORMATION FORM

- Please fill out COMPLETELY and LEGIBLY (**BLACK INK ONLY**)-

NAME: _____

DATE OF BIRTH: _____ AGE: _____ Male/Female: _____

ADDRESS: _____

TELEPHONE: _____ ALT. PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

TELEPHONE: _____ ALT. PHONE: _____

REFERRED BY: _____

HOW DID YOU HEAR ABOUT US? _____

GENERAL OFFICE POLICIES

Union Square Medical Associates is looking forward to working with you in an effort to achieve your health goals. To ensure this, we would like to present a few general policies that we will hold everyone accountable for. It is important that you are willing to do ALL that you need to do to get well. You must play an active role in your health care for optimal results. Here are the expectations that we have of our patients. If you do not “keep your part of the bargain” we reserve the right to terminate our provider/patient relationship.

1. Keep regular follow up appointments as advised by Union Square Medical Associates. We cannot be responsible for your care without this continuity. Telephone appointments maybe be arranged form some of your visits. This must be approved of by the provider.
2. Time is limited during your office visit. If you find that you need to talk at length, we urge you to seek support from a therapist. You should also have a Primary Care Provider who treats your basic medical needs or Emergencies.
3. Missed follow up appointments will result in a full appointment charge if they are not cancelled within 3 days of the original appointment. This fee cannot be waived and must be paid before we can schedule your next visit. For new patients, you must cancel or reschedule your visit within 5 days of your scheduled appointment.
4. Please come organized to appointments with a written list of questions and/or concerns. Time may not permit addressing all of them, in which case another appointment may need to be made.
5. Try to keep your telephone and e-mail messages brief and to the point. Please include full name and date of birth.
6. Laboratory results can be obtained at the time of your follow-up visit or by signing a Medical Records request form. Laboratory results will be sent out by email prior to follow-up appointments by phone. Patients may request results be sent via email if an email consent form is signed.
7. Please e-mail officemanager@usmamed.com or go to www.usmamed.com for physician letter request forms.
8. Telephone inquiries will be answered as soon as possible and in the order in which they are received. Treatment changes are often complicated and cannot be managed over the phone. If a treatment change is necessary, it might require an office visit.
9. If you need prescriptions refilled, please contact your Pharmacy and ask them to fax over a refill request. We will return those to the pharmacy as soon as possible.
10. Your office visit is for your care only. We cannot discuss family members or friends symptoms or treatments during your visit. If other individuals need medical care, they will need to schedule an appointment.

I have read and understand the Office Policies.

Patient Signature: _____ **Date:** _____

Office Witness Initials: _____ **Date:** _____

CONSENT TO USE OR DISCLOSE HEALTH INFORMATION

I authorize Union Square Medical Associates to use and disclose my medical information for the purpose of treatment, payment, and healthcare operations.

Treatment includes activities performed by a healthcare provider, nurse, office staff, and other types of healthcare professionals providing care to you, coordinating or managing your care with third parties, and consultation with and between other healthcare providers. This consent includes treatment provided by any physician who covers our practice by telephone as the on-call physician.

Payment includes activities involved in determining eligibility for health plan coverage, billing, and receiving payment for your health benefit claims, and utilization management activities which may include review of healthcare services for medical necessity, justification of charges and certification and pre-authorizations.

If Union Square Medical Associates is requesting this authorization from you for our own use and disclosure or to allow another healthcare provider or health plan to disclose information to us:

- 1. We cannot condition our provision of services or treatment to you on the receipt of this signed authorization**
- 2. You may inspect a copy of the protected health information to be used or disclosed**
- 3. You may refuse to sign this authorization**
- 4. We must provide you with a copy of the signed authorization**

You have the right to revoke this authorization at any time, provided that you do so in writing and except to the extent that we have already disclosed the information in reliance to this authorization. Unless revoked earlier or otherwise indicated, this authorization will expire at the end of your treatment.

You may review Union Square Medical Associates Notice of Privacy Practices for additional information about the uses and disclosures of information described in the consent prior to signing this consent. Please verify that you have received a copy of our notice by placing your initials here: _____

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the notice may change also. An updated notice will be posted in our office and website indicating the effective date of the notice. We will also provide you with a copy of the notice upon your request.

As more fully explained in the notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and healthcare operation purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment.

I have read and understand the Office Policies.

Patient Signature: _____ **Date:** _____

Office Witness Initials: _____ **Date:** _____

TICK-BORNE DISEASE TREATMENT CONSENT FORM

I will undergo a complete medical evaluation including history and physical examination performed by the medical doctors of Union Square Medical Associates. I understand that I will discuss available treatment options and be treated for one or more tick-borne diseases by the doctors and/or their representatives. Treatment often involves the use of antibiotics, anti-inflammatory medications and possibly other therapies. My treatment options include:

- 1. Not pursuing antibiotic treatment and, if appropriate, seeking symptomatic relief for my continuing symptoms;**
- 2. Treating my illness with antibiotics until clinical resolution of my symptoms, regardless of duration of treatment;**
- 3. Treating my illness with antibiotics for a maximum of thirty days.**

I understand that no single treatment regimen is universally successful, and it is possible that antibiotic therapy maybe of minimal or no benefit. I also understand that some or all of my current symptoms either may not be due to tick-borne disease or the symptoms may represent permanent changes to my system, in which case further antibiotic treatment may offer no benefit.

There are potential risks involved in using antibiotics. Some of the more common problems include, but are not restricted to, allergic reactions manifested as rashes, swelling, and possibly difficulties in breathing; such problems may require medications to reverse the allergy, and may even require emergency treatments. Other potential complications include stomach and bowel upset, including abdominal pain, diarrhea, and possibly even colon inflammation, which may require interruption of treatment and prescribing of other medications to manage the digestive upset. It is also possible that secondary infections, such as yeast infections of the skin, mouth, intestinal, and genital tracts may occur, resulting in discomfort and the need for corrective therapies. Although unlikely, it is also possible that the medications used in the treatment of tick-borne diseases and their symptoms may result in other problems, such as negative effects on the liver, kidneys, and other internal organs.

On the other hand, I realize that if I am indeed infected, then the risk of not taking treatment must be considered. Not receiving treatment may be more hazardous to short-term and long-term health than the potential risks of using antibiotics and other medications.

Because most of the clinical decisions made by the medical doctors of Union Square Medical Associates in my case require my input in the form of honest and accurate reporting of all symptoms, willingness to agree to ongoing and reasonable testing, and follow-up office visits as often as deemed necessary, I realize that I am an active participant in the diagnostic and therapeutic process and do accept and share responsibility for any and all potential outcomes.

I will discuss the above points with Union Square Medical Associates. I understand and accept the treatments offered and my role in my care. I also understand that complications may result. With all of this in mind, I consent to being treated by Union Square Medical Associates and/or their representatives in order to combat the effects of tick-borne disease.

Patient Signature: _____ **Date:** _____

Office Witness Initials: _____ **Date:** _____