

**Welcome!**

Thank you for choosing Southeastern Primary Care for your healthcare. We would like to take this opportunity to familiarize you with our providers, and our office policies. The more informed you are about our policies and procedures, the easier it will be to prevent misunderstandings, and for us to be able to provide you with the best comprehensive services.

**About Our Clinicians:**

**Alain B. Smolarski, M.D.** is proud to serve The Villages and surrounding communities. Dr. Smolarski began his medical journey as an EMT in New York City. After several years he trained as a Physician's Assistant and worked in that capacity for five years. Upon graduation from medical school, at Universidad Nordestana in the Dominican Republic, he completed one year of Pathology residency at Quillen Dishner College of Medicine in Tennessee. Due to his love of patient care, he was drawn into family medicine. Upon completion of his Family Practice residency at St. Francis Hospital in Wilmington, Delaware, he served as a faculty member of the residency-training program. Dr. Smolarski is licensed in the state of Florida and is board certified by The American Board of Family Practice. He has been an active member of The Villages community since 1998. Dr. Smolarski's philosophy for treating patients is based on a broad base of experience blending preventive medicine with cutting edge technology to provide the best in patient care.

**Seth Perkins, MD** has been a longtime resident of Michigan and graduated with distinction from the University of Michigan with a double Bachelor's degree in Biology and English. He then received his Medical Degree from the Wayne State University School of Medicine in Detroit. Dr. Perkins went on to serve as a resident instructor and lecturer during his residency in Family Medicine at the prestigious Oakwood Family Medicine Residency Program in Michigan. Afterwards he received advanced training in geriatric subspecialties as part of an intensive Geriatrics Fellowship at the Oakwood Geriatrics Fellowship Program. Dr. Perkins is a Board Certified Family Medicine physician and Board Certified in Geriatric Medicine. With his extensive training, Dr. Perkins is able to focus his care on issues which affect an aging population including Geriatric Cardiology, Wound Care, Physical Medicine & Rehabilitation and Neurology.

**Practice Hours:**

Monday through Friday from 8:00 a.m. to 5:00 p.m.

**Scheduling Appointments:**

You are urged to call as far in advance as possible to schedule appointments; office visits are by appointment only. Every effort is made to see you at your appointed time. Although there is no overbooking of appointments, occasionally emergencies can cause problems in the schedule. When making appointments, please be specific regarding your complaints in order to schedule an appropriate amount of time.

**Canceling Appointments:**

If it is necessary to cancel or reschedule an appointment, it is important for you to notify us at least 24 hours in advance. This allows our office staff enough time to schedule another patient who might not otherwise be able to be seen.

**Prescription Refill Policy:**

All requests for prescription refills must be made with a **minimum of 72 hours or 3 full business days advanced notice**. Southeastern Primary Care will make every effort to refill your prescription within 72 hours or 3 business days. Please do not "drop in" and expect that a prescription be completed while you wait. It requires time from the front desk staff, the nursing staff, and your physician. Refills will not be made while the providers are busy with scheduled appointments. Refills will not be made after regular office hours or on weekends. If you are out of your medication for any reason you can get an emergency refill for a couple of days from your regular pharmacy.

When requesting your medications, please include the following information:

- Your name, phone number, and date of birth
- Name of the medication
- Dose (strength)
- How often you take it
- Quantity for a one-month or three month supply
- Pharmacy name, location, and phone number

If you use a mail order pharmacy you will need to pick-up the script at our office. You may check with your pharmacy to verify that the prescription is ready for pick up. Please remember to **allow 72 hours** for this to be accomplished. We will contact you if there is a problem filling your request.

**Contact After Hours:**

If you need to get in touch with one of the physicians after hours, please call our main office number. **\*\*PLEASE\*\*** do not leave refill or scheduling requests in the physicians after hour voice mail. Contact after hours is for medical emergencies only; any other needs can be taken care of during regular business hours.

**Emergencies:**

Should you have an emergency, call 911 for immediate response and ambulance service, or go directly to the hospital. The Southeastern Primary Care staff is affiliated with the Villages Regional Hospital. If you are seen in the Emergency Department, please let them know we are your primary care provider so they can notify us. For minor illnesses or injuries call the office for a work-in appointment, if the schedule permits. If you go to a freestanding urgent-care center, please bring us a copy of your records, or drop them off prior to your next appointment with us. Let the nurse know if you have been seen in an acute care setting. If you have records sent, please check with the receptionist prior to your appointment to assure that we have received them.

**Hospital Admissions:**

For hospital admissions we embrace the hospitalist approach. This approach allows doctors who are fulltime at the hospital to attend to our patients' needs more quickly, appropriately and efficiently than can be done from the office. Studies show that hospital patients treated by hospitalists tend to have shorter stays, lower treatment costs and better medical outcomes. It's been embraced by nearly all of the nation's leading hospitals, including Mayo Clinic. If hospital admission is required please notify the staff that you are a patient of Southeastern Primary Care your physician's name, and that we have an established hospitalist. We have an established working relationship with hospitalists who cover: The Villages Regional Hospital, Munroe Regional Hospital, Ocala Regional Medical Center, Leesburg Regional Medical Center, and Florida Hospital Waterman. For psychiatric hospitalization we usually refer our patients to Ten Broeck in Ocala, Shands at Vista in Gainesville or Lifestream in Leesburg.

**Your Office Appointment:**

To best use your appointment time efficiently, and to provide for a meaningful visit, please have a clear idea of the purpose of your visit. Convey your most important concerns to be addressed to the nurse early in your appointment time; this could possibly avoid the need to schedule another appointment. We kindly request that you bring all of your medications with you, including all over-the-counter medicine and herbal supplements, to your visits.

**Laboratory and X-Ray Results:**

Most lab and X-ray results will be discussed with you during your follow-up visits, if needed. If your lab or X-ray results are normal you will not be notified. In certain circumstances you may be asked to schedule an immediate office visit to discuss results with your physician. A copy of your lab or X-ray results is available to you at any time during regular office hours (for a nominal fee) if you would like to pick them up.



## Southeastern Primary Care

Seth Perkins, MD · Alain B. Smolarski, MD

---

### **Fees and Payment:**

Our providers currently participate in most insurance plans including Medicare and Blue Cross and Blue Shield. For information on any other programs please contact the business office. We collect deductibles and co pays at the time of your visit. Should you have any questions please contact the billing office at (352) 373-6338.

In all cases the balance becomes your responsibility 30 days from the time we file your insurance. Any other arrangements must be made with the Business Office Manager prior to your visit. If you have a specific question concerning billing practices or insurance matters, the Business Office Manager will be happy to discuss them with you. It is your responsibility to update your records with any changes in your insurance policy. Also, please let us know of any changes in mailing address or phone number. Acceptable forms of payment are Cash, Check, Master Card / Visa / Discover / American Express / Debit Card.

### **Financial Policy:**

For patients who need major treatment or procedure a payment plan can be arranged. Please feel free to discuss this with our Business Office Manager. Financial arrangements must be made before treatment begins. If we have not received payment from your insurance company within thirty days from the filing date of any insurance, the balance will become your responsibility. It is understood there will be a service fee for any returned checks. This is above the amount of the check and is to be paid by cash or money order.

Payment will be expected at the time of service. Thank you for your understanding in the matter.

---

PATIENT / GUARDIAN SIGNATURE

---

DATE



## Patient Health History

Name \_\_\_\_\_

Please check the following if you or a family member HAVE, or HAVE HAD in the past:

	Yourself	Family Member		Yourself	Family Member		Yourself	Family Member
Anemia	_____	_____	Gout	_____	_____	Polyps in Bowel	_____	_____
Arthritis	_____	_____	Headaches	_____	_____	Pneumonia	_____	_____
Asthma	_____	_____	Hemorrhoids	_____	_____	Shortness of Breath	_____	_____
Bronchitis	_____	_____	High Blood Pressure	_____	_____	STD's	_____	_____
Chronic Bronchitis	_____	_____	High Cholesterol	_____	_____	Suicidal	_____	_____
Cancer (type)	_____	_____	HIV	_____	_____	Ulcers	_____	_____
Cataracts	_____	_____	Hyperactivity	_____	_____	Urinary Incontinence	_____	_____
Cirrhosis	_____	_____	Hyperthyroidism	_____	_____	Urinary Tract Infection	_____	_____
Colitis	_____	_____	Hypoglycemia	_____	_____	Varicose Veins	_____	_____
Constipation	_____	_____	Hypothyroidism	_____	_____	Chicken Pox	_____	_____
COPD	_____	_____	Kidney Stones	_____	_____	Measles	_____	_____
Depression	_____	_____	Kidney Failure	_____	_____	Mumps	_____	_____
Diabetes (type?)	_____	_____	Meningitis	_____	_____	Rheumatic Fever	_____	_____
Diarrhea	_____	_____	Muscular Dystrophy	_____	_____	Scarlet Fever	_____	_____
Ear Infections	_____	_____	Multiple Sclerosis	_____	_____	Blood Transfusion	_____	_____
Edema	_____	_____	Phlebitis (blood clots)	_____	_____	Diverticulitis	_____	_____
Emphysema	_____	_____	Osteopenia	_____	_____	Diverticulosis	_____	_____
Fatigue	_____	_____	Osteoporosis	_____	_____	Heart Attack	_____	_____
Gastroenteritis	_____	_____	Parasites	_____	_____	Congenital Heart Disease	_____	_____
GERD (Reflux)	_____	_____	Parkinson's Disease	_____	_____	Congestive Heart Failure	_____	_____
Glaucoma	_____	_____	Peritonitis	_____	_____	Pelvic Inflammatory Disease	_____	_____

**Surgical History: Please write the YEAR you have had any of the following surgeries/procedures:**

	Year		Year		Year
Appendectomy	_____	Gallbladder	_____	Mastectomy	_____
Back Surgery	_____	Hemorrhoidectomy	_____	Prostate Biopsy	_____
Breast Biopsy	_____	Hernia Repair	_____	Splenectomy	_____
Cesarean Section	_____	Hip Replacement	_____	Tonsillectomy	_____
Cardiac Catheterization	_____	Hysterectomy	_____	Thyroidectomy	_____
Cardiac Stress Test	_____	Knee Arthroscopy	_____	Transurethral Resection of the Prostate (TURP)	_____
Carotid Endarterectomy	_____	Knee Replacement	_____	Tubal Ligation	_____
Carpel Tunnel Release	_____	Laminectomy	_____	Vasectomy	_____
Cataract	_____	Nephrectomy	_____		
Coronary Artery Bypass	_____	Lumpectomy	_____		

**Social History:**

Smoke      Packs daily \_\_\_\_\_      How long? \_\_\_\_\_      Interested in stopping?     Yes     No

Alcohol      Drinks per week? \_\_\_\_\_      Type of alcohol? \_\_\_\_\_      Caffeine intake? \_\_\_\_\_ cups per day

Illicit drug use      Which drugs? \_\_\_\_\_

Marital Status:     Married       Divorced       Single       Widowed       Retired

Previous/current occupation \_\_\_\_\_      Who lives in your home? \_\_\_\_\_

**Mother:**     Living       Deceased      Cause: \_\_\_\_\_      **Father:**     Living       Deceased      Cause: \_\_\_\_\_

**Immunizations: Please list MONTH and YEAR of last dose:**

Flu \_\_\_\_\_      Pneumonia \_\_\_\_\_      Tetanus \_\_\_\_\_      Shingles \_\_\_\_\_

**Health Maintenance: Please indicate MONTH and YEAR test was done:      CHECK NORMAL OR ABNORMAL.**

	Year	Normal	Abnormal		Year	Normal	Abnormal
Cholesterol Test	_____	_____	_____	PAP Test (Women)	_____	_____	_____
Colonoscopy	_____	_____	_____	Mammogram (Women)	_____	_____	_____
Hemoccult (stool)	_____	_____	_____	DEXA (Bone Density) (Women)	_____	_____	_____
Sigmoidoscopy	_____	_____	_____	Last Menstrual Period (Women)	_____	_____	_____
PSA (Males)	_____	_____	_____	Number of Pregnancies : _____	Number of Births _____		





## Southeastern Primary Care

Dear Patient:

The law of Florida recognizes the right of a competent adult to make an advance directive regarding instructions for his or her medical care. An adult can instruct his or her physician to provide, withhold, or withdraw life-prolonging procedures (using a Living Will), or to designate another person to make those decisions for him or her if they are unable to (using a Designation of Health Care Surrogate form) should the adult be found incompetent and to be suffering from a terminal condition.

There is no requirement that our patients have an advance directive. The decision to have an advance directive is a personal one, and on that should be made after discussing this matter with one's family, friends, attorney, and/or spiritual advisor.

However, whether you do, or do not have an advance directive, we would like to document that fact in your medical record. If you do have an advance directive, we would like to keep a copy in your medical record.

Please contact your legal advisor if you need any further information.

Sincerely,

Larissa A Lim, MD, FACP  
Director of Primary Care

**ADVANCED DIRECTIVES  
(FOR COMPLIANCE WITH THE PATIENT SELF-DETERMINATION ACT)**

Have you executed an advanced directive? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, is this directive in the form of:

\_\_\_\_\_ A Living Will

\_\_\_\_\_ A Durable Power of Attorney

\_\_\_\_\_ A Health Care Surrogate

If you have executed an advanced directive in any of the above formats, have you provided this office with a copy for your medical records?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If you would like more information regarding advanced directives, please ask the nurse or the receptionist.

I have been provided with the information regarding the  
PATIENT SELF DETERMINATION ACT

\_\_\_\_\_  
Signature of Patient or Representative

\_\_\_\_\_  
Date