



Ashe Family Healthcare

Thank you for considering Ashe Family Healthcare (AFH) for your health and wellness needs!

About AFH

We are a Nurse Practitioner owned and operated clinic, focusing on a comprehensive and wholistic approach to patient care.

The practice opened in December of 2008 with a single Nurse Practitioner and business plan intended on a 10-year growth period. Efforts that surround the principle of doing good for others and placing God before ourselves has turned a simple concept into a mission of change within the community. As a result, the goal intended to attain in the 10th year was achieved before the end of the 2nd year of operation. In 2013, we moved to our present location and are continually trying to find options that improve the quality of care we provide and look for ways to better serve our community.

We have grown to become a multiple provider practice and offer a variety of care services unique to the high country. We utilize undergraduate and graduate students attending Appalachian State University, Lenoir-Rhyne University, Duke University, East Tennessee State University, Wake Forest University, University of Cincinnati, and many others, to extend our services and share our knowledge with future healthcare providers. We utilize advanced and traditional laboratory services to help improve health assessment and treatment outcomes without excessive individual financial burdens. We incorporate “a hand up” versus “a hand out” philosophy for individuals in need of care.

We periodically offer community health screens. We engage in community education by offering lectures, seminars, and courses on various health topics. We, as a team of professionals, are supporting one another through faith, encouragement, and leadership. To join our practice is to be a part of a mission and a family like no other.

Mission Statement & Goals of AFH

Utilizing current technology and a vast collection of experiences and resources, it is the goal of Ashe Family Healthcare to improve the health of not only the individual patient and their families, but to better the lives of our neighbors and our amazing community as well.

We continually strive to improve outcomes of health care delivery through up-to-date information and treatment modalities, reassessing processes and treatment plans, as well as embracing the benefit of technology in healthcare.

We treat each person as a unique individual, realizing there is more to the patient than simply a diagnosis.

We wish to serve our brothers and sisters within the community, placing God first in all we do.

How to Become a Patient of AFH

All patients seeking entry into the practice are pre-screened based on the prospective patient’s self-reported health history, information obtained from available North Carolina databases and metrics used to ensure the baseline health information falls within the scope of practice of our clinical team. ***Incomplete or unsigned applications will not be processed for acceptance.***

Reasons for denial of acceptance may or may not be disclosed to the applicant. Reasons for denial can include high-level medical complexity, multiple prescribing providers, failure to disclose the use of controlled prescription medications, history of controlled substance medication use, recommendation of AFH Patient Compliance Panel, history of medical non-compliance, or a history of illegal activities.

If the new patient application is for an individual under the age of 18, a notarized copy of child’s birth certificate with the biological parent(s) listed and/or legal guardianship paperwork must accompany the application. The minor patient’s parent or legal guardian is required to be present at each and every visit to AFH. No other family member, relative, friend, etc. is permitted to serve in place of the parent/legal guardian. The parent/legal guardian must be able to furnish photo identification upon request of AFH staff.

It is our moral and ethical duty to report to appropriate authorities any suspicious or illegal activities including patient abuse and human or drug trafficking.

In order to ensure proper vetting, please allow 14 business days for new patient applications to be processed.

Thank you!



Ashe Family Healthcare

Demographic Information & Healthcare Provider History:

****Please Print or Type****

Full (Legal) Name			
Date of Birth			
Gender Identity (circle)	Male Female Other If "other," please explain:		
Race & Ethnicity			
Social Security #			
Physical Address			
Mailing Address (if different)			
Home Phone			
Work Phone			
Mobile Phone			
Email Address			
Age as of Today			
Height			
Weight			
Marital Status (circle)	Married Divorced Engaged Separated Single Widow/Widower It's complicated		
Emergency Contact (non-HIPAA)	Name	Phone	Relationship to Patient
HIPAA Contact # 1 <small>(Has access to your medical information)</small>	Name	Phone	Relationship to Patient
HIPAA Contact # 2 <small>(Has access to your medical information)</small>	Name	Phone	Relationship to Patient



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Insurance Company					
Insurance Policy & ID numbers					
Insurance Policyholder	Name	Social Security Number	Birthdate	Phone	Relationship to Patient
Preferred Pharmacy	Name	Phone	Address (with zip code)		
How did you learn about AFH?					
If referred to AFH, by whom?					
Current/recent primary care provider	Name	Phone	Date of last visit	Address (with zip code)	
Additional providers of record	Name	Phone	Date of last visit	Address (with zip code)	
	Name	Phone	Date of last visit	Address (with zip code)	
	Name	Phone	Date of last visit	Address (with zip code)	
	Name	Phone	Date of last visit	Address (with zip code)	

Health History Information

Medication Allergies	Name	Type of Reaction	
	Name	Type of Reaction	
	Name	Type of Reaction	
No Allergies			
Environmental or Food Allergies	Name	Type of Reaction	
	Name	Type of Reaction	
	Name	Type of Reaction	
No Allergies			



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Hospitalizations

Reason	Approximate Date	Hospital / Provider

Do you have or have you had any of the following:

High Blood Pressure	High Cholesterol	Fibromyalgia	Schizophrenia	Cancer Type:
Diabetes	Asthma	Lupus	Chronic Back Pain	Cancer Type:
Glaucoma	Allergies	Hypothyroid	Injury of Large Joint	Smoke Cigarettes
TIA (mini-stroke)	GERD/Reflux	Hyperthyroid	Drug Addiction	Use Marijuana Products
CVA (stroke)	Irritable Bowel	Heart Valve Issues	Alcohol Addiction	Other:
Angina (chest pain)	COPD/Emphysema	Depression	Tobacco Addiction	Other:
Heart Attack	Osteoarthritis	Anxiety	DUI / DWI	Other:
Atrial fib / flutter	Rheumatoid Arthritis	Bipolar Disorder	Drug Traffick Conviction	Other:
Additional information:				

Everyday events can have resounding lifelog impacts on our mental and physical wellbeing. This includes our work history. List this information in reverse chronological order, beginning with most recent job first. If student, write "student"

Employer	Dates of employment	Job Title and Description of Duties



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Family Medical History

Total Number of siblings (including yourself)	Where on you in this birth order? (First, third, etc)			
Sibling Health	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
Parent Health	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
Maternal Grandparent Health	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
Paternal Grandparent Health	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
Other Family Health	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues
	Relation	Current Age	Living/Deceased	Health Issues



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Preventative Care	Most Recent Date of Completion
Lipid Screen (Cholesterol test)	
PSA (men > 45 only)	
Diabetes Screen (A1C, Fasting Glucose)	
Pap (women only)	
Mammogram (women only)	
Colon Cancer Screen (Cologuard or Colonoscopy)	
Bone Density (DEXA Scan)	
Wellness Exam (physical)	

Female Reproductive History		
Number of pregnancies to date (G)		
Number of births (P)		
Number of miscarriages and/or abortions (A)		
Number of deceased children (D)		
Number of living children (L)		
Age at first your period (Menarche)		
Age of final period (Menopause)		
Have you ever been sexually active	Yes	No
Do you have current sexual partner	Yes	No
Current Contraceptive Method		

General Information & Policies

Ashe Family Healthcare (AFH) is owned, operated, and managed by Derek McClure and individuals under his employment or supervision unless otherwise indicated.

Care or medical services rendered by AFH will be provided or supervised by a Nurse Practitioner (NP) or Physician Assistant (PA), NOT a physician (MD or DO) unless otherwise stated as such at the time of your visit. Though NP and PA providers may hold doctorate level education and professionally may be addressed as "Doctor," NP and PA providers are not physicians.

AFH providers are holistic, or all-encompassing, in their approach to care of the patient. This is not to be confused with herbal, natural, alternative, allopathic, osteopathic, or other philosophies of care. Your provider may or may not include these other methods in the care they choose to provide.

Our business operates on principles of equality and honesty with the influences of professionalism, faith, hope, and compassion. We expect our patients to treat our staff with these same levels of respect and patience. Dishonest, malicious, or malingering behaviors are not tolerated. Belligerent, disruptive, or abusive conduct, or threats of any kind toward the practice or its employees will be grounds for immediate discharge from our practice and possible legal recourse.



Ashe Family Healthcare

Hospital Affiliation

Currently, Ashe Family Healthcare is not directly associated with any hospital agency.

Diagnostic testing may be performed in a variety of hospital settings at local and/or non-local facilities. In order to maximize our skills to provide excellent outpatient care, Ashe Family Healthcare has opted to utilize the hospitalist services provided by area medical centers and hospitals in the event patient hospitalization is required. Emergency needs will be directed to the nearest available emergency service provider. It is the policy of some facilities that patients be screened for admission criteria by first being evaluated by their emergency department.

Drug and Alcohol Testing

All patients are subject to random drug and alcohol testing. Patients who receive controlled substance prescriptions from our practice are required to sign a contract with high levels of restrictions and compliance monitoring. Please note this office participates in an initiative to help law enforcement control the growing concern with methamphetamine (METH) and/or illegal trafficking of controlled substances.

Patients who receive controlled substance medication(s) from our practice understand and agree that legal action, including reporting suspected diversion, misuse, or trafficking, may be reported to appropriate authorities as well as notification to all/any prescribing providers identified may occur should the patient be suspected for or found in violation of our policies and/or controlled substance contract agreement.

Food, Beverages, and Tobacco or Vape Products

Due to the nature of a healthcare environment where the ill and infirm are treated, food and liquids can easily harbor bacteria and other dangerous organisms. No food or drink is allowed in any part of the office or clinical areas beyond the waiting room. NO SMOKING or VAPING is permitted within 50 feet of any entry of the property. ***Cigarette butts are considered litter, please dispose of properly. Fines associated with littering will be enforced.***

After-Hours Provider Access

After hour or on-call services are available. Please be respectful of personal and professional boundaries. Providers and staff do not work 24/7. They need personal time with their families and the opportunity to rest or recharge between workdays to better serve our community. Appropriate communication methods (main phone line or fax line) during normal office hours are a must. The on-call line, **828-772-6888**, is for urgent matters only that occur outside of normal hours of operation.

DO NOT CONTACT THE PROVIDERS OR STAFF AT HOME OR ON PERSONAL MOBILE DEVICES OR VIA SOCIAL MEDIA FOR ISSUES THAT PERTAIN TO A HEALTH OR MEDICAL CONCERN.

The on-call service is not to be utilized as a refill request line, appointment line, or to discuss lab results or visit experiences. When calling the on-call line, caller ID that appears as "PRIVATE" may go unanswered and vague messages, such as "call me," will not be returned. On call messages are screened prior to returning the call. The on-call line is for **URGENT MATTERS AFTER OFFICE HOURS ONLY: For emergencies, please report to your local emergency department or call 9-1-1** Depending on the context of the communication, office encounter fees may be applicable and the patient/patient's insurance may be billed accordingly. Calls received on the on-call line during normal office hours will be deleted automatically.



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Cell Phone Use

Please silence all cell phones when leaving our waiting area. Should a provider enter an exam room whereby you or a person in the exam room with you is using a mobile phone to text or talk, the provider reserves the right to step back out of the room and change the otherwise scheduled appointment into a work-in slot, thereby potentially increasing your wait time within the office.

Laboratory and Testing Results

Routine testing is typically completed in advance, allowing a planned follow up visit to discuss your results with the provider. For testing not ordered prior to your visit, please permit up to two weeks for a return phone call with your results from our staff. If results are needed more promptly, please arrange a follow up appointment to discuss accordingly. Tests ordered by outside providers but collected at Ashe Family Healthcare will be forwarded to the ordering provider upon receipt of results without review from this office and such results will need to be obtained/discussed with the ordering provider. You may receive a bill from any laboratory company used for the purpose of test collection.

Medications, Refill Requests, Patient Requests, and Messages

Please bring all of your medication bottles to each appointment, including any products taken over-the-counter (herbs, vitamins, etc.) as well as any medications prescribed by non-Ashe Family Healthcare providers.

Effective 1/1/2021, refills will only be honored at the time of the office visit or electronic request only. Phoned-in and faxed-in requests will not be accepted. Electronic refill requests (initiated by your pharmacy) will be approved within 3 business days if the request is a) deemed medically appropriate b) received within a reasonable time frame since your last scheduled appointment c) made while your account is in good financial standing d) made after your complete medication list has been verified as accurate and complete. Requests for medication refills need to be submitted to your pharmacy who will in-turn will notify us electronically of your request for refills. Again, please allow up to three (3) business days for a response for a refill request. Our office will not contact you after a request has been made or fulfilled unless questions about the request should arise. Check for refill verification at the pharmacy rather than contacting our office. Controlled substance medications due to be refilled require more frequent office visits and this is non-negotiable. Call-in requests for treatment without an office visit are evaluated case-by-case, but anticipate if it has been over 90 days since your last appointment, you will be asked to come in to be evaluated. Virtual visits are available and may be encouraged. Phone in requests for pain management or mental health will not be authorized and will require an appointment for evaluation of the concern. Messages or patient specific requests will be addressed within three business days of receipt. Form completion requests may require an in-person visit or be subject to additional fees not covered by your insurance.

Patient Records & Patient Portal Access

Current patients may request a paper copy of his or her records at any time. A fee of \$5.00 plus \$0.25 per page can be assessed. All record releases require a patient (or legal guardian) and witness signed HIPAA compliant request. As an alternative, Ashe Family Healthcare offers access to a patient portal that can be viewed at any time, free of charge. With a valid email address, patients may enroll in the patient portal, allowing a patient to access his/her medical record information. However, if a patient is discharged or otherwise deactivated from our practice under any circumstance, records (including letter of discharge) will only be released to the patient's new provider. Records may be released without signed request as required by law, public health requirements or for appropriate collaborative medical efforts.



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Patient Demographic Updates and Scheduling of Appointments

It is the patient's (or patient guardian's) responsibility to ensure current contact information, including phone, mobile phone, email, mailing address, insurance information, etc. prior to the date of his or her next appointment.

PLEASE UPDATE YOUR PERSONAL PROFILE REGULARLY

Required demographic information for every visit:

- Full legal name
- Mailing address
- A working phone number (mobile is preferred)
- Patient date of birth
- All medical insurance information
- Patient's social security number
- Preferred pharmacy

Required information for every patient (prior to scheduling an appointment) includes, but is not limited to, completion of the "new patient packet," which reflects all the above demographic information, as well as comprehensive information about medications in use, past medical/surgical history, and emergency contact information.

We attempt to remind patients via email (requires sign-up), text message, and/or phone about their upcoming appointments. Please be sure your contact information is current. If we call/leave a message about the upcoming appointment, we consider this to be a successful reminder.

Due to limited space and often quite busy schedule for the providers, time allotted for a patient may vary from 15-60 minutes, depending on the need of the patient or procedures to be performed during that visit. When making your appointment, please provide as much information as possible as to the nature of your needs so the receptionist may schedule accordingly. A missed appointment without advanced cancellation can result in taking time away from another patient who would have otherwise benefited from the appointment. With this understanding, we ask that patients maintain awareness of ALL pending appointments with AFH. A reschedule fee of \$30 may be required to re-activate your account for any missed appointments (or same-day cancellations).

Please know that our providers often have the need to adjust their work schedule due to family concerns, educational issues, or even personal illness. We make efforts to reschedule our patients in advance, but there may be times your visit will be shifted to another provider due to an urgent circumstance. If we are able to make adjustments to the schedule in advance, you will be offered the option to reschedule with the same or different provider, possibly even having an opening on the same day as the original appointment.

Please be respectful of the provider's time as well as the patient who is waiting to be seen after you. Multiple concerns may or will need to be addressed in separate appointments to avoid scheduling delays. Emergencies and case sensitive issues often create delays during the work day, so please be patient as we help those in crisis first. The order of care priority is as follows: emergencies, scheduled appointments, and then work-in visits. Please note that emergencies occur daily and disruption to our schedule is possible. Please have patience with our staff and providers.

In order to ensure that your time with the provider is maximized, please arrive 15 minutes prior to your appointment time, 30 minutes prior to CDL and Wellness Exams



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Missed Appointment, Same Day Cancellation, Leaving After Triage

Please note, effective 1/2/2021 our NO SHOW or SAME DAY CANCELLATION policy has changed.

If you are unable to make your appointment time, kindly contact our office at least 24 hours in advance. Failure to appear for an appointment or make effort of cancel at least 24 hours in advance will result in a missed appointment status ("NO SHOW").

For this (NO SHOW or SAME DAY CANCELLATION), a \$30.00 reschedule fee is applied to your account and must be paid prior to being eligible to reschedule, request refills, or have access to any of the services provided by our facility.

After three NO SHOW or SAME DAY CANCELLATION occurrences, the practice reserves the right to discharge the patient from the practice. Three consecutively missed appointments will be considered grounds for immediate dismissal from the practice.

Leaving after having been triaged by our nurse or medical assistant but prior to consultation with the provider will result in forfeiture of co-payment or any monies paid for that visit and will be tallied as a NO SHOW or SAME DAY CANCELLATION penalty.

Inclement Weather and Holiday Closure

In the event of inclement weather, please call the office prior to your departure to your appointment. In the case of such weather, we typically will open on a one- or two-hour delay. We will make attempts to adjust the message on our answering machine, as well as update our website and on our social media page during days we close due to inclement weather or for a holiday.

In the event of complete office closure, such as during staff education days, holidays, or inclement weather, patients with matters needing to be addressed urgently that cannot wait until we reopen, we encourage our patients to visit the Mountain Family Care Center, located adjacent to Ashe Memorial Hospital in Jefferson, NC.

Missed appointments during inclement weather are noted within the chart and typically do not apply to our missed appointment policy described above.

Billing and Payment for Services Rendered

Copayments or prior balances are expected to be paid in full at the time of the visit. Special arrangements can be made with our Accounts Manager in advance upon patient request. Billing services may appear as "Derek McClure," "Ashe Family Healthcare," "Dr. Daniel Strickland" (our collaborating physician), "West Jefferson Medical Associates," or the name of any provider under the employment of Ashe Family Healthcare. Questions regarding billing directly from our office need to be directed to our Accounts Manager who can be accessed by calling our main office number. Bills received by the patient that come from other companies that may be used by Ashe Family Healthcare, such as Quest, LabCorp, Ashe Memorial Hospital, HealthRx, SNAP Diagnostics, etc., need to be directed to the originating company, not Ashe Family Healthcare. It is the patient's responsibility to ensure we have the most current insurance information.

Balances over 90 days must be paid in full before future appointments or medication refills can be authorized.



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Self-pay patients, or patients without insurance, please note we require the minimum office fee to be paid prior to seeing the provider. Any additional charges accumulated during your visit or as a result of the visit will be collected at time of check out. Ask any of our staff members about the different options available to help keep healthcare affordable and manageable.

If you are unable to make minimum payments or cover the cost of an office visit or procedure, notify the staff as this office utilizes "a hand up" approach to help satisfy debts rather than "a hand out." We believe in the ability to exchange services that are mutually beneficial to the practice or the community for the services rendered through Ashe Family Healthcare.

"... but rather let him labor, doing honest work with his own hands, so that he may have something to share with anyone in need." Ephesians 4:28

Provider Preference (circle):

S. Allman, PA-C M. Griffith, PA-C J. Hardin, NP-C D. McClure, NP-BC Any/First Available

I have completed this form to the best of my knowledge and attest to the validity of the information contained herein. I have read and understand all policies above and further understand it is my responsibility to maintain awareness of the most up-to-date policies and requirements to maintain compliance with being a patient of Ashe Family Healthcare (AFH). I further agree keep my demographic and health information current with AFH. I will keep my account in good standing and maintain financial responsibility with appropriate accountability.

Patient Name (Printed): _____

Patient Signature: _____

Parent/Legal Guardian Name (Printed): _____

Parent/Legal Guardian Signature: _____

Date signed: _____

AFH STAFF ONLY			
Application Complete	Yes	No	Date Received
PMP Complete	Yes	No	Receiving staff initials
PMP PASS	Yes	No	Review Date
BC / LG Required	Yes	No	Approved
If yes, BC / LG Attached	Yes	No	Date of approval / denial