



SEBY B. JONES REGIONAL CANCER CENTER

www.apprhs.org

Medical Oncology

(828) 262-4332 • Fax: (828) 265-5514

Located on the Campus of Watauga Medical Center
338 Deerfield Road • Boone, NC 28607

Monday - Friday 8:00 am - 5:00 pm

Ashe Oncology Cancer Center

Located in the Segraves Building on the Campus of
Ashe Memorial Hospital

200 Hospital Avenue • Jefferson, NC 28640

Wednesday 9:00 am - 12:00 pm

Grandfather Specialty Clinic

436 Hospital Drive, Suite 210 • Linville, NC 28646

Tuesday 1:30 pm - 4:30 pm

Radiation Oncology

(828) 262-4342 • Fax: (828) 262-4414

Located on the Campus of Watauga Medical Center
338 Deerfield Road • Boone, NC 28607

Monday - Friday 8:00 am - 5:00 pm

Infusion Center (non-oncology)

(828) 262-4332 • Fax: (828) 265-5514

Located on the campus of Watauga Medical Center
338 Deerfield Road • Boone, NC 28607

Monday - Friday 8:00 am - 5:00 pm

Welcome to our practice!

Enclosed is paperwork that you will need for your upcoming appointment. Please complete the paperwork and bring it with you at your appointment time. We will obtain any medical records from your primary care provider. If you have any questions between now and your appointment, please give us a call. We look forward to seeing you at your appointment.

Thank you,

*The staff of Seby B. Jones Regional Cancer Center
Appalachian Regional Healthcare System*

This new patient information packet includes directions to our office and contact information for you to keep for your records. The terms of our financial agreement and notice of privacy practices are available in our office. Additionally, we've enclosed forms you will need to complete and bring with you to your first visit.

New Patient Checklist

For your first appointment with Seby B. Jones Regional Cancer Center, please arrive 30 minutes early to complete your registration. If you are unable to keep your appointment, please notify us at least 24 hours in advance.

Please bring the following:

- Insurance Card** - If your insurance company requires and authorization / referral for a specialty office, contact your primary care physician's office.
- Current Medications** - Please bring all current prescription medications (in bottles) so your provider knows exactly what you are taking.
- Pharmacy Information** - Please bring the name and telephone number of your pharmacy. Refill requests and new prescriptions will be distributed during your appointment.
- Payment** - Payment is required at time of services. Please come prepared to make a payment if your insurance has a co-pay or deductible.
- Federal/State ID** - Drivers License, Passport, or State ID

If you need to speak with a physician after hours, please call 828-262-4100 to reach the physician on call or dial 911 if you are having a medical emergency.

Financial Information

Thank you for choosing an Appalachian Regional Healthcare System (ARHS) Facility for your care. Our mission is to support the provision of high quality, compassionate healthcare for the mountain region of northwest North Carolina and northeast Tennessee with a spirit of teamwork based on a set of operating values.

We understand that medical bills are often unplanned and can be difficult to understand or pay. ARHS has Patient Financial Advocates that are professionally trained to assist with your financial questions. Please do not hesitate to ask for them while you are here or, if you prefer, you can call them at 828-262-4413.

As a courtesy to you, ARHS will bill your health insurance providers, including private payors, Medicare, Medicare supplements, Medicaid, and workers comp carriers provided you submit all the necessary information. You are responsible for any portion of your account balance remaining unpaid by your insurance company. This may include non-covered services, co-insurance, co-payments and deductibles.

If your insurance does not pay within 60 days, you will be billed for the full balance. If you feel that your insurance company should have paid your bill, you should contact your insurance company or our customer service center at 828-262-4111.

It is your responsibility to be aware if your carrier is in or out-of-network with us and if they have any exclusions, benefits, co-insurance, co-payments and deductibles outlined in your plan.

According to our policy, you may be requested to pay the full patient responsibility or a deposit representing an estimate of 30% of patient responsibility before leaving the hospital or upon scheduling of services. In order to maintain our mission of providing high quality healthcare, we ask that all patient accounts be paid in full as quickly as possible. ARHS offers several options to help you with the payment of your hospital invoices.

We offer many ways to help you resolve your account balances. We accept Visa, Mastercard, cash or checks. We also offer interest free payment plans and financial assistance. We offer a self pay discount for acute care hospital services. Discounts do not apply to accounts that have been referred to a collection agency as a bad debt account, nor do discounts apply to co-insurance, co-payments or deductibles.

Financial Assistance is available to those patients who are in need of help to pay their accounts. Assistance is based on the guarantor's financial status. In order to determine this, the guarantor will need to complete a Financial Assistance application and includes, but is not limited to, proof of income and assets. Please contact a Patient Financial Advocate to complete a Financial Assistance Application, 828-262-4413.

You may be eligible for assistance through government programs such as Medicaid, Purchase of Medical Care, Crime Victims Compensation, or Vocational Rehabilitation, or other community programs.

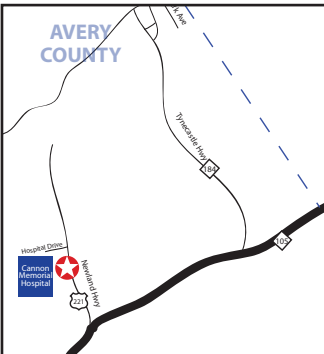
_____ has an appointment with _____

_____ date

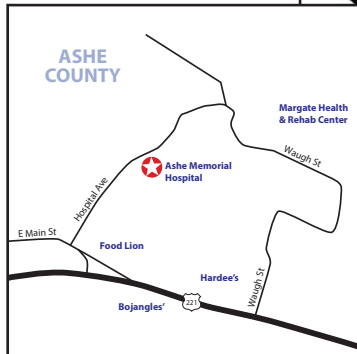
_____ a.m./p.m.

Mon. Tues. Wed. Thurs. Fri.

To reschedule your appointment, please call (828) 262-4332/4342.



436 Hospital Drive
Linville, NC 28646



200 Hospital Avenue
Jefferson, NC 28640



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