



123 Fox Road, Suite 201B | Knoxville, TN 37922
Office: 865.888.7747 Fax: 865.888.7748

Patient Demographics

Full Legal Name _____

Date of Birth _____ Sex- Male Female Social Security Number _____

Billing/Mailing Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer/Occupation _____

Marital Status _____

Emergency Contact Name _____ Phone _____

Relation to Patient _____

Payment Policy/ HIPAA Notice of Privacy Practices Acknowledgment

Estimated charges for services rendered can range from \$450-\$1200 depending on extent of procedure and other testing necessary to render a pathologic diagnosis, but could be more or less than this estimate depending on actual testing needed and adjustment by your insurance company. If you have insurance coverage, you must pay the amount the insurance does not cover, such as the deductible and co-insurance. **If you have a copay, we are required to collect it on the day of service. All accounts are to be paid in full within 90 days from date of service.** Payments can be made by cash, check, credit card or debit card. If a check is returned to us for any reason, a \$20.00 service charge will be added to your account. As a courtesy, our office will file your insurance. Your insurance policy is a contract between you and your insurance company. You are responsible for payment of all services rendered, whether your insurance company has paid. It is important to understand that your insurance company may not pay all of the charges and the difference between what they pay, and your total charges are your responsibility. **Outstanding balances may be pursued by third-party collections.** Our office can help you with problems which may arise with your claim, but our office does not accept the responsibility for negotiating a settlement on a disputed claim. **All bills will be from University Physicians' Association / Dermatopathology Partners, d.b.a. Knoxville FNA Clinic.**

By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize my health care provider to contact me or to employ a third-party automated outreach and messaging system to use my contact information, the name of my care provider, and other limited information, for the purpose of notifying me of balances due, when necessary. I authorize my health care provider or its agents to call or text my cell phone either manually or by auto dialer to collect any amount I owe. I understand that if any fees are incurred in the collection of my account, I will be responsible for any interest, court costs, and reasonable attorney's fee allowed by Tennessee Law.

I have read the above payment policy and understand that I am responsible for payment of my account. I assign and request payment of medical benefits to physician for services. I acknowledge that I have received and read a copy of your HIPAA Notice of Privacy Practices. This notice describes in detail how we might disclose my protected health information to carry out normal healthcare procedures, treatment, or payment. The notice also describes my rights and your duties with respect to my protected health information.

Patient/Guardian Signature _____ Date _____



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Date_____

Patient Review of Systems

Full Legal Name_____DOB_____

	Yes	No		Yes	No
General			Neurological		
Fatigue			Headaches		
Fever			Dizziness		
Chills			Seizures		
Weight Loss			Tremors		
Night Sweats			Cardiac/Musculoskeletal		
Neck/Throat			Chest Pain		
Soreness			Inability to lie flat		
Difficulty Swallowing			Gastrointestinal		
Lump(s) on neck			Heartburn or indigestion		
Respiratory			Reflux		
Shortness of Breath			Hematologic		
Cough			Bleed easily		
Wheezing			Are you on a blood thinner? (including aspirin)		

Do you have a history of cancer (including skin cancers)? Yes No

If yes, what type and year:_____

Radiation? Yes No

Do you smoke? Yes No How many packs a day?_____ How long?_____

Have you ever used tobacco products? Yes No How long? _____ When did you quit?_____

Do you drink alcohol? Yes No How many drinks a week?_____

Do you have pets? Yes No What kind (dog, cat, etc)? _____

Do you have an allergy to latex? Yes No

Please list any allergies:

Anything else you believe we should be aware of, medically?

Patient Information for Ultrasound-Guided Fine-Needle Aspiration Biopsy

What is FNA Biopsy?

You have been referred for a Fine-Needle Aspiration (FNA) or Ultrasound-Guided Fine-Needle Aspiration (USFNA) biopsy by your health care provider. This is because a palpable or non-palpable lesion was discovered and your physician wants to determine what it is. In the past, the only way to do this was to have you go to the hospital and undergo a surgical procedure that may be painful, might cause scarring, have more complications, and involve a longer period of anxiety while waiting for the results. With the use of FNA or USFNA, all of this is unnecessary in many cases. We can now sample your lesion using only a small, thin needle that will leave a mark no bigger than a needle stick from a blood test. Furthermore, this test will most often allow us to make a diagnosis of your lesion within 2 to 3 days of the test.

How is the biopsy performed?

First the doctor will ask you some questions about the lesion: where it is, how and when you first became aware of it, and if you've noticed any changes in it. Next the doctor will feel the lesion, if palpable, and will use ultrasound to confirm its size and location. The doctor will give you an opportunity to ask any questions you might have about the procedure. After all your questions and concerns have been addressed, the actual procedure will begin. Using ultrasound, the doctor will guide a thin needle into the lesion to collect the samples. After a sample is collected, the doctor will examine the slide under a microscope to check that there is enough tissue to reduce the need for a second office visit.

How long will the procedure take?

Each sample will only take about 10 seconds to obtain. The whole procedure from start to finish takes no more than 20 to 30 minutes. However, please allow an hour for your visit because of registration.

When will I get my results?

Generally, your results should be available from your referring provider's office in 2 to 3 working days, and they will contact you with the results. The results can be grouped into 3 categories:

- Clearly benign (not cancer)
- Clearly malignant (cancer)
- Non-definitive, less clear (most often this will be followed by additional testing)

How reliable is this test?

In the hands of a skilled FNA practitioner, this test is very reliable. In the instance of a clearly benign diagnosis, it may prevent you from undergoing surgery. In the case of a clearly malignant diagnosis, a treatment strategy can be planned with your doctor. In the less frequent occurrence of a non-definitive diagnosis, either repetition of the FNA or a surgical biopsy is usually recommended.

Can I drive after the procedure?

Yes! No anesthesia is required for the biopsy since the needle is smaller than one used for a typical blood test. You will be able to drive and can even return to work immediately after the procedure. Given the relative simplicity of this procedure, there are no restrictions to your daily activities.

Can I eat/drink before the procedure?

Yes! There are no restrictions to your daily activities.

What complications might arise?

FNA or USFNA biopsy when carried out by an experienced doctor is virtually free of significant complications. The most common complication is a slight bruising or tenderness of the area for a few days following the procedure. Discomfort should be relieved by an over the counter pain reliever such as Tylenol or the application of an ice pack for short periods following your return home. If you experience swelling that does not go away, continued bleeding, a fever over 100°F, or if you experience pain that is not helped by Tylenol or other non-aspirin products, call your doctor's office immediately.

For your appointment bring:

- Insurance card/information
- Referring physician order
- Identification

Directions to Office:

Knoxville FNA Clinic
123 Fox Road, Suite 201B
Knoxville, TN 37922
(865) 888-7747
KnoxvilleFNA.com

Located in the second floor of the Knoxville Dermatology Group Building on Fox Road, about a 1/4th mile off Kingston Pike with convenient parking. Take the elevator to the second floor and follow the signs to the Knoxville FNA Clinic.