

Arthritis Related to:

Crohn's Disease
Hep A, B, & C
Lyme Disease
Psoriasis
Sarcoidosis
Ulcerative Colitis

Rheumatic Diseases

Ankylosing Spondylitis
Autoinflammatory Diseases
Behcet's Disease
Cryoglobulinemia
Dermatomyositis
Ehler's Danlos
Felty's Syndrome
Gout and all Crystals
GCA (temporal arteritis)
IgA Vasculitis
Lupus (SLE)
Polymyalgia Rheumatica
Polymyositis
Psoriatic Arthritis
Relapsing Polychondritis
Rheumatoid Arthritis
Scleroderma
Sjogren's Syndrome
Still's Disease
Vasculitis

Bones

Bursitis/Tendonitis
Carpal Tunnel
Elbow Pain
Hand/Wrist Pain
Heel Spurs
Hip and Back Pain
Knee Pain
Osteoarthritis
Osteoporosis
Shoulder Pain
Spinal Stenosis
Tennis Elbow
Trigger Finger

Infusion Center

Actemra
Benlysta
Cimzia
Cytaxan
Entyvio
Injectafer
IVIg
Krystexxa
Ocrevus
Orencio
Prolia
Reclast
Remicade
Rituxan
Simponi Aria
Solu-medrol
Stelara
Xolair
Zinplava
Zometa
and more

Visco Supplementation

Euflexxa
Hyalgan
Supartz
Synvisc

On Site

CLIA Microscope
Digital X-ray
DXA
Fluorascopy
Ultrasound



STEPHEN SOLOWAY

MD | FACP | FACR | CCD

MATTHEW R. ARKEBAUER

D.O. | MS | FACR

**ARTHRITIS AND RHEUMATOLOGY
ASSOCIATES OF SOUTH JERSEY, P.C.**

Main Office
2848 S. Delsea Drive, Building 2C
Vineland, New Jersey 08360

Telephone: (856) 794-9090
Fax: (856) 794-3058
Website: www.drsoloway.com

524 Williamstown Road, Suite A
Sicklerville, New Jersey 08081

Date: _____

Dear _____

We would like to welcome you to Arthritis & Rheumatology Associates of South Jersey, P.C. Enclosed please find our New Patient Forms packet. Please fill out all attached forms in blue or black ink only, and bring them with you on your first visit to our office, scheduled on:

The check-in process will be completed much faster by having the attached forms completed upon arrival. We will also need you to bring your co-pay, photo ID, insurance cards and your referral, if you need one.

Please be advised that we are a very busy practice and your wait time may be several hours depending on that the doctor orders for you. You may wish to bring reading materials with you. We also have wi-fi available if you would like to bring your tablet or laptop.

Our president and founder, Dr. Stephen Soloway is recognized as a "Top Doctor" in the region by Philadelphia Magazine, Inside Jersey Magazine and as reported by US News and World Report. You may also visit us on our website at www.drsoloway.com to learn more about our practice and the services we provide. Please 'Like' us on Facebook at www.facebook.com/DrSoloway for medical information, tips and updates on our practice.


We look forward to seeing you on your first visit.

Sincerely,


Dr. Stephen Soloway
Arthritis & Rheumatology Associates of South Jersey, P.C.

*Dr. Stephen Soloway - Adjunct Clinical Associate Professor Drexel University College of Medicine
Clinical Associate Professor Rowan University School of Osteopathic Medicine
Chairman Department Of Rheumatology Division of Internal Medicine Inspire Health Network*

*Philadelphio Magazine Top Doc 2003 - Present • Inside Jersey Magazine Top Doc 2009 - Present • NJ Top Doc Since 2017
Recognized by U.S. News & World Report in collaboration with Castle Connolly as America's Top Doctors 2011 - Present*

LIKE US ON FACEBOOK 
Arthritis & Rheumatology Associates;
Dr. Stephen Soloway MD

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youtube.com/c/stephensolowaymd

Directions to:
Arthritis & Rheumatology Associates of S.J., P.C.
2848 S. Delsea Dr., Ste 2C, Vineland, NJ 08360

From Philadelphia & surrounding area - Via I-76 (Schuylkill Expy) over the Walt Whitman Bridge. (Approx. 30 mins.)

- Once into New Jersey, I-76 merges into Route 42 South.
- Take Exit 13 - Route 55 South towards Glassboro/Vineland.
- Take Exit 29 - County Road 552 towards Bridgeton/Vineland.
- Turn right onto County Road 552/W Sherman Ave.
- Make a right onto Route 47/S Delsea Dr. (Wawa on the corner)
- After the Wawa on the right, make a right into 2848 S Delsea Dr. Building 2C is straight ahead.

From Berlin/Sicklerville/Williamstown – Via Route 555/Malaga Rd/Main Rd (Approx. 30 mins.)

(Note: Do not take Route 55 or Route 47, this route is more direct.)

- Starting from Geet's Diner on Route 42/Black Horse Pike, head east.
- Continue onto Route 322/Black Horse Pike and make a right onto Malaga Rd/County Road 659.
- There will be a fork in the road, make the left onto County Road 555/Main Rd.
- Make a right onto Sherman Avenue (there is a traffic light at this intersection).
- Cross over the railroad tracks and at the following traffic light make a left onto Route 47/S Delsea Drive.
- After the Wawa on the right, make a right into 2848 S Delsea Dr. Building 2C is straight ahead.

From Hammonton – Via Route 54/Lincoln Ave (Approx. 25 mins.)

- Head south on Route 54/12th Street.
- Cross over Route 40/Harding Hwy onto County Rd 619/Wheat Rd.
- Make the next left onto Lincoln Avenue toward Vineland.
- Turn right onto County Rd 552/E Sherman Ave.
- Cross over the railroad tracks and at the following traffic light make a left onto Route 47/S Delsea Drive.
- After the Wawa on the right, make a right into 2848 S Delsea Dr. Building 2C is straight ahead.

From Mays Landing/Egg Harbor Twp/Atlantic City – Via Route 40/Bears Head Rd. (Approx. 25 – 50 mins.)

- From Atlantic City/Egg Harbor Twp, take Route 322/Black Horse Pike to Route 40 West/Harding Hwy towards Mays Landing.
- Once through the main town of Mays Landing make a left hand turn onto County Rd 552/Millville Mays Landing Rd/Bears Head Rd at the traffic light.
- Make a right hand turn onto County Rd 552/Sherman Avenue toward Vineland.
- Cross over the railroad tracks and at the following traffic light make a left onto Route 47/S Delsea Drive.
- After the Wawa on the right, make a right into 2848 S Delsea Dr. Building 2C is straight ahead.

From Cape May County – Via County Rd 347/Route 55 (Approx. 30 – 50 mins.)

- From Cape May Court House and south take Route 9/Main St/Shore Rd north. Turn left onto County Hwy 657/S Dennisville Rd.
- The road splits into Route 47/N Delsea Dr and County Rd 347/New Stage Rd, stay right and continue onto County Rd 347/E Creek Mill Rd/New Stage Rd towards Port Elizabeth.
- Continue onto Route 47/Delsea Dr when County Rd 347 ends.
- Take the ramp onto Route 55 North toward Millville/Vineland.
- Take exit 27 and merge onto Route 47/N 2nd St, the road then becomes Route 47/Delsea Dr.
- Turn left into the driveway just before the Wawa at the intersection of Delsea and Sherman. Building 2C is straight ahead.

Arthritis & Rheumatology Associates of SJ, P.C.

2848 S. Delsea Drive, Ste 2C, Vineland, NJ 08360

Phone (856) 794-9090 Fax (856) 794-3058

Patient History Form

Date of first appointment: _____ / _____ / _____ Time of appointment: _____ Birthplace: _____
MONTH DAY YEAR

Name: _____ Birthdate: _____ / _____ / _____
LAST FIRST MIDDLE INITIAL MAIDEN MONTH DAY YEAR

Address: _____ Age: _____ Sex: F M
STREET APT#

CITY STATE ZIP Telephone: Home () Work ()

MARITAL STATUS: Never Married Married Divorced Separated Widowed

Spouse/Significant Other: Alive/Age _____ Deceased/Age _____ Major Illnesses _____

EDUCATION (circle highest level attended):

Grade School 7 8 9 10 11 12 College 1 2 3 4 Graduate School _____

Occupation _____ Number of hours worked/average per week _____

Referred here by: (check one) Self Family Friend Doctor Other Health Professional

Name of person making referral: _____

The name of the physician providing your primary medical care: _____

Do you have an orthopedic surgeon? Yes No If yes, Name: _____

Describe briefly your present symptoms: _____

Date symptoms began (approximate): _____

Diagnosis: _____

Previous treatment for this problem (include physical therapy, surgery and injections; medications to be listed later)

Please list the names of other practitioners you have seen for this problem:

Please shade all the locations of your pain over the past week on the body figures and hands.

Example:

Adapted from CLINHAG, Wolfe F and Pincus T. Current Comment - Listening to the patient - A practical guide to self report questionnaires in clinical care. Arthritis Rheum. 1999;42 (9):1797-808. Used by permission.

RHEUMATOLOGIC (ARTHRITIS) HISTORY

At any time have you or a blood relative had any of the following? (check if "yes")

Yourself	Relative Name/Relationship	Yourself	Relative Name/Relationship
<input type="checkbox"/>	Arthritis (unknown type)	<input type="checkbox"/>	Lupus or "SLE"
<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>	Rheumatoid Arthritis
<input type="checkbox"/>	Gout	<input type="checkbox"/>	Ankylosing Spondylitis
<input type="checkbox"/>	Childhood arthritis	<input type="checkbox"/>	Osteoporosis

Other arthritis conditions: _____

Patient's Name _____ Date _____ Physician Initials _____
 Patient History Form © 1999 American College of Rheumatology

SYSTEMS REVIEW

As you review the following list, please check any of those problems, which have significantly affected you.

Date of last mammogram ____/____/____ Date of last eye exam ____/____/____ Date of last chest x-ray ____/____/____

Date of last Tuberculosis Test ____/____/____ Date of last bone densitometry ____/____/____

Constitutional

Recent weight gain amount _____

Recent weight loss amount _____

Fatigue

Weakness

Fever

Eyes

Pain

Redness

Loss of vision

Double or blurred vision

Dryness

Feels like something in eye

Itching eyes

Ears-Nose-Mouth-Throat

Ringing in ears

Loss of hearing

Nosebleeds

Loss of smell

Dryness in nose

Runny nose

Sore tongue

Bleeding gums

Sores in mouth

Loss of taste

Dryness of mouth

Frequent sore throats

Hoarseness

Difficulty in swallowing

Cardiovascular

Pain in chest

Irregular heart beat

Sudden changes in heart beat

High blood pressure

Heart murmurs

Respiratory

Shortness of breath

Difficulty in breathing at night

Swollen legs or feet

Cough

Coughing of blood

Wheezing (asthma)

Gastrointestinal

Nausea

Vomiting of blood or coffee ground material

Stomach pain relieved by food or milk

Jaundice

Increasing constipation

Persistent diarrhea

Blood in stools

Black stools

Heartburn

Genitourinary

Difficult urination

Pain or burning on urination

Blood in urine

Cloudy, "smoky" urine

Pus in urine

Discharge from penis/vagina

Getting up at night to pass urine

Vaginal dryness

Rash/ulcers

Sexual difficulties

Prostate trouble

For Women Only:

Age when periods began: _____

Periods regular? Yes No

How many days apart? _____

Date of last period? ____/____/____

Date of last pap? ____/____/____

Bleeding after menopause? Yes No

Number of pregnancies? _____

Number of miscarriages? _____

Musculoskeletal

Morning stiffness

Lasting how long?

_____ Minutes _____ Hours

Joint pain

Muscle weakness

Muscle tenderness

Joint swelling

List joints affected in the last 6 mos.

Integumentary (skin and/or breast)

Easy bruising

Redness

Rash

Hives

Sun sensitive (sun allergy)

Tightness

Nodules/bumps

Hair loss

Color changes of hands or feet in the cold

Neurological System

Headaches

Dizziness

Fainting

Muscle spasm

Loss of consciousness

Sensitivity or pain of hands and/or feet

Memory loss

Night sweats

Psychiatric

Excessive worries

Anxiety

Easily losing temper

Depression

Agitation

Difficulty falling asleep

Difficulty staying asleep

Endocrine

Excessive thirst

Hematologic/Lymphatic

Swollen glands

Tender glands

Anemia

Bleeding tendency

Transfusion/when _____

Allergic/Immunologic

Frequent sneezing

Increased susceptibility to infection

Patient's Name _____ Date _____ Physician Initials _____

SOCIAL HISTORY

Do you drink caffeinated beverages?
 Cups/glasses per day? _____
 Do you smoke? Yes No Past – How long ago? _____
 Do you drink alcohol? Yes No Number per week _____
 Has anyone ever told you to cut down on your drinking?
 Yes No
 Do you use drugs for reasons that are not medical? Yes No
 If yes, please list: _____

 Do you exercise regularly? Yes No
 Type _____
 Amount per week _____
 How many hours of sleep do you get at night? _____
 Do you get enough sleep at night? Yes No
 Do you wake up feeling rested? Yes No

PAST MEDICAL HISTORY

Do you now or have you ever had: (check if "yes")

<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Asthma
<input type="checkbox"/> Goiter	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Stomach ulcers	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Bad headaches	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Colitis
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Psoriasis
<input type="checkbox"/> Anemia	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Tuberculosis

Other significant illness (please list) _____

 Natural or Alternative Therapies (chiropractic, magnets, massage, over-the-counter preparations, etc.)

Previous Operations

Type	Year	Reason
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Any previous fractures? No Yes Describe: _____
 Any other serious injuries? No Yes Describe: _____

FAMILY HISTORY:

	IF LIVING		IF DECEASED	
	Age	Health	Age at Death	Cause
Father				
Mother				

Number of siblings _____ Number living _____ Number deceased _____
 Number of children _____ Number living _____ Number deceased _____ List ages of each _____
 Health of children: _____

Do you know of any blood relative who has or had: (check and give relationship)

<input type="checkbox"/> Cancer _____	<input type="checkbox"/> Heart disease _____	<input type="checkbox"/> Rheumatic fever _____	<input type="checkbox"/> Tuberculosis _____
<input type="checkbox"/> Leukemia _____	<input type="checkbox"/> High blood pressure _____	<input type="checkbox"/> Epilepsy _____	<input type="checkbox"/> Diabetes _____
<input type="checkbox"/> Stroke _____	<input type="checkbox"/> Bleeding tendency _____	<input type="checkbox"/> Asthma _____	<input type="checkbox"/> Goiter _____
<input type="checkbox"/> Colitis _____	<input type="checkbox"/> Alcoholism _____	<input type="checkbox"/> Psoriasis _____	

Patient's Name _____ Date _____ Physician Initials _____

MEDICATIONS

Drug allergies: No Yes If yes, please list: _____

Type of reaction: _____

PRESENT MEDICATIONS (List any medications you are taking. Include items such as aspirin, vitamins, laxatives, calcium and other supplements, etc)

Name of Drug	Dose (include strength & number of pills per day)	How long have you taken this medication	Helped a lot	Helped some	Helped not at all
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

PAST MEDICATIONS Please review this list of "arthritis" medications. As accurately as possible, try to remember which medications you have taken, how long you were taking the medication, the results of taking the medication and list any reactions you may have had.

Drug names/Dose	Length of time	Helped a lot	Helped some	Helped not at all	Reactions
<u>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</u>					
Flurbiprofen					
Diclofenac + misoprostil					
Aspirin (including coated aspirin)					
Celecoxib					
Sulindac					
Oxaprozin					
Salsalate					
Diflunisal					
Piroxicam					
Indomethacin					
Etodolac					
Meclofenamate					
Ibuprofen					
Fenoprofen					
Naproxen					
Ketoprofen					
Tolmetin					
Cholinemagnesium trisalicylate					
Diclofenac					

Drug names/Dose	Length of time	Helped A lot	Helped Some	Helped Not At All	Reactions
<u>Pain Relievers</u>					
Acetaminophen					
Codeine					
Propoxyphene					
<u>Biologic DMARDs</u>					
<u>B Cell</u>					
Rituxan (rituximab)					
<u>BLYS</u>					
Benlysta (belimumab)					
<u>Calcineurin Inhibitor</u>					
Lupkynis (voclosporin)					
<u>CTLA4</u>					
Orencia (abatacept)					
<u>IL1</u>					
Kineret (anakinra)					
<u>IL1B</u>					
Ilaris (canakinumab)					
<u>IL6</u>					
Kevzara (sarilumab)					
Actemra (tocilizumab)					
<u>IL 12/23</u>					
Stelara (ustekinumab)					
<u>IL17</u>					
Taltz (ixekizumab)					
Cosentyx (secukinumab)					
<u>IL23</u>					
Tremfya (guselkumab)					
<u>TNF</u>					
Renflexis (infliximab)					
Remicade (infliximab)					
Inflectra (infliximab)					
Humira (adalimumab)					
Cimzia (certolizumab)					
Enbrel (etanercept)					
Ereizi (etanercept -szzs)					
Simponi Aria (golimumab)					
<u>DMARDs</u>					
Imuran (azathioprine)					
Cytoxan (cyclophosphamide)					
Neoral (cyclosporine)					
Plaquenil (hydroxychloroquine)					

Drug names/Dose	Length of time	Helped A lot	Helped Some	Helped Not At All	Reactions
Arava (leflunomide)					
Rheumatrex (methotrexate)					
Cellcept (mycophenolate mofetil)					
Azulfidine (sulfasalazine)					
Xeljanz (tofacitinib)					
<u>Jak Inhibitor</u>					
Olumiant (baricitinib)					
Xeljanz (tofacitinib)					
Ofev (nintedanib)					
Jakafi/Jakavi (ruxolitinib)					
Smyraf (peficitinib)					
Rinvoq (upadacitinib)					
<u>Osteoporosis Meds</u>					
Fosamax (alendronate)					
Boniva (ibandronate)					
Zometa/Reclast (zoledronic acid)					
Evista (raloxifene)					
Prolia (denosumab)					
Atelvia/Actonel (risedronate)					
Forteo (teriparatide)					
Miacalcin (calcitonin injection or nasal)					
Evenity (romosozumab)					
<u>IVIG</u>					
Privigen					
Gammagard					
Gammar - IV					
Gamimune - N					
Iveegam					
Polygam S/D					
Sandoglobulin					
Venoglobulin - I					
Venoglobulin - S					
Carimune - Panglobulin					
Gamunex					
Kiovig					
<u>Gout</u>					
Krystexxa (pegloticase)					
<u>Lupus</u>					
Benlysta (belimumab)					

Please list supplements:

Have you participated in any clinical trials for medications? Yes No

If yes, please list

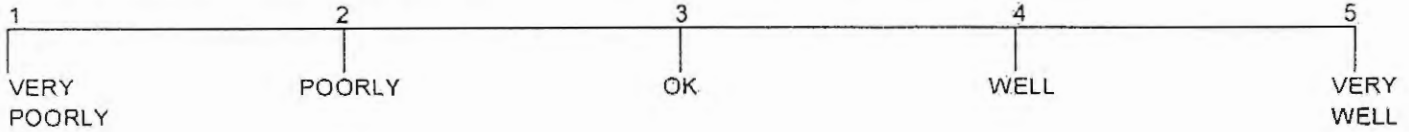
ACTIVITIES OF DAILY LIVING

Do you have stairs to climb? Yes No If yes, how many? _____

How many people in household? _____ Relationship and age of each _____

Who does most of the housework? _____ Who does most of the shopping? _____ Who does most of the yard work? _____

On the scale below, circle a number which best describes your situation; *Most of the time, I function...*



Because of health problems, do you have difficulty:
(Please check the appropriate response for each question.)

Table with 3 columns: Activity, Usually , Sometimes , No . Rows include: Using hands to grasp small objects, Walking, Climbing stairs, Descending stairs, Sitting down, Getting up from chair, Touching feet while seated, Reaching behind back/head, Dressing yourself, Going to sleep, Staying asleep, Obtaining restful sleep, Bathing, Eating, Working, Getting along with family, Sexual relationship, Leisure time activities, Morning stiffness, Using cane/crutches/walker/wheelchair.

What is the hardest thing for you to do? _____

Are you receiving disability? ... Yes No

Are you applying for disability? ... Yes No

Do you have a medically related lawsuit pending? ... Yes No

Patient's Name _____ Date _____ Physician Initials _____

Arthritis & Rheumatology Associates of South Jersey

Last Name _____	Date of Birth _____
First Name _____ MI _____	Gender: Male _____ Female _____
Mailing Address _____	Marital Status _____
_____	Social Security # _____
City, State, ZIP _____	Employer Name _____
Home Phone _____	Title _____
Work Phone _____ Ext. _____	Employment Status _____
Cell Phone _____	(FT, PT, retired, unemployed, disabled)
Email address _____	Student Status (FT, PT) _____

Additional Information	
Name of Pharmacy _____	Pharmacy Phone # _____
Location of Pharmacy _____	_____

Responsible Party	Emergency Contact:
Last Name _____	Last Name _____
First Name _____ MI _____	First Name _____ MI _____
Date of Birth _____	Relation _____
Social Security # _____	Address _____
Gender: Male _____ Female _____	_____
Relation _____	City, State, ZIP _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____ Ext. _____
Cell Phone _____	Cell Phone _____
Email address _____	Email address _____

Insurance	
Primary Insurance _____	Secondary Insurance _____
Insurance Address _____	Insurance Address _____
_____	_____
City, State, Zip _____	City, State, Zip _____
Phone Number _____	Phone Number _____
Subscriber/Member # _____	Subscriber/Member # _____
Group Number _____	Group Number _____
Co-pay Amount _____	Co-pay Amount _____
Insured Name _____	Insured Name _____
Insured's SSN _____	Insured's SSN _____
Insured's DOB _____	Insured's DOB _____
Relationship _____	Relationship _____

Arthritis & Rheumatology Associates of SJ, P.C.

2848 S. Delsea Drive, Ste. 2C, Vineland, NJ 08360

Phone: (856) 794-9090 Fax: (856) 794-3058

Name: _____ DOB: _____

Phone number: (_____) _____ - _____

_____ I acknowledge that I have received a copy of "Notice of Privacy Practices" & office policies from Arthritis & Rheumatology Assoc. of SJ

I hereby grant my permission for disclosure of my personal health information to:

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____

Check Choice below:

____ I hereby give my permission for Arthritis & Rheumatology Assoc. of SJ staff to leave information on my answering machine/voice mail in reference to appointments & and medical instructions.

____ I refuse disclosure of my personal health information to anyone other than myself.

Do you have a Living Will or Advanced Directive? Yes: ____ No: ____

Arthritis & Rheumatology Assoc. of SJ photographs patients and places the photo inside of the patient's chart. We do this to help to document medical conditions, prevent medical errors and identity theft.

Do you consent to be photographed? Yes: ____ No: ____

Do you have a language, cultural and/or religious custom which may impact our provider's ability to provide medical care?

What type? Language Cultural Custom Religious Custom None

Note: All co-pays are due at the time of service. A \$30 fee may be assessed for "no-show" appointments. All balances are due in 30 days unless special arrangements are made. We do not routinely call for delinquent accounts. Accounts that are greater than 90 days past due are sent for collections unless payment arrangements have been made and are current. You will be responsible for any balances due to lack of coverage and pre-existing conditions not covered under your plan.

Patient/Guarantor Signature: _____ Date: _____

Arthritis & Rheumatology Associates of South Jersey Financial Policy

Your complete understanding of your financial responsibility is essential. Your insurance is a contract between you, your employer and the insurance company. We are not part of that contract.

Appointment Cancellations: Please notify our office of any appointment cancellations at least 24 hours in advance by calling the office or the answering service. We reserve the right to charge you (not your insurance company) for a missed appointment. This is a \$35.00 fee (fee amount is subject to change without prior notice).

Laboratory, Radiology and other diagnostic service bills: Please check with your insurance company to verify what your insurance benefits allow for. The doctor may order tests during your visit. These services are billed separately by the laboratory or diagnostic facility that performs these tests and are not covered by payments that you make to us.

Medical Record Fees: There will be a fee for copying medical records of \$1.00 per page up to \$100.00. There is an additional search fee of \$10.00 and postage fees. You must fill out a medical records request form to obtain a copy of your medical records. Please allow up to 30 days for processing of your copy of medical records.

Payment Responsibility: I hereby authorize payment directly to **Arthritis & Rheumatology Associates of South Jersey, P.C.** of the physician's attendance benefits otherwise payable to me but not to exceed the charges as stated. I understand that I am financially responsible to **Arthritis & Rheumatology Associates of South Jersey, P.C.** for the charges not covered by this authorization. I also understand and agree that if my account is delinquent and incurs collections fees or legal fees that I am responsible for payment of those fees as well as the full balance of my account.

I have read and fully understand the financial policy set forth by **Arthritis & Rheumatology Associates of South Jersey, P.C.** I understand and agree to the terms of this policy. I also understand and agree that the terms of this financial policy may be amended by **Arthritis & Rheumatology Associates of South Jersey, P.C.** at any time without prior notification to me.

Signature of patient or responsible party

Date

Printed name of patient or responsible party

Date

Dr Soloway Employee Signature

Date

Arthritis & Rheumatology Associates of South Jersey, P.C.
2848 S. Delsea Drive, Ste 2C
Vineland, NJ 08360
856-794-9090

Form Effective: October 17, 2014