

Dear \_\_\_\_\_

Your class dates, times, and locations for Know Diabetes Know Yourself program have been listed below.

Please arrive 15 minutes prior to your scheduled class for registration purposes. Attached you will find paperwork which we ask that you fill out and bring with you to the below scheduled classes. We do ask that you also bring with you your insurance cards and driver's license.

**For patients attending class in New Britain:**

Please bring a bagged lunch or money to be used in our cafeteria for the first session. Parking is also available in the Quigley Parking Garage; however, **we do not validate parking.**

**For patients attending class in Southington:**

Please arrive at 5:15pm to allow time for parking.

**Locations:**

The Hospital of Central Connecticut  
100 Grand Street, C Building, 3<sup>rd</sup> Floor  
New Britain, CT

Bradley Memorial Hospital  
81 Meriden Ave., Southington, CT

**Class 1** \_\_\_\_\_ @ \_\_\_\_\_

**Class 2** \_\_\_\_\_ @ \_\_\_\_\_

**Class 3** \_\_\_\_\_ @ \_\_\_\_\_

**Follow up Class** \_\_\_\_\_ @ \_\_\_\_\_

We look forward to seeing you.

Center for Metabolic Health  
Diabetes and Endocrine Services

### New Patient Demographic Information

Patient Legal Name: \_\_\_\_\_ M  F   
(Last) (First) (M.I.)

DOB: \_\_\_\_\_ Marital Status (please circle) M S D W SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

May we leave messages on Answering Machine/Voicemail? Home  Yes  No Cell  Yes  No Work  Yes  No

Email Address: \_\_\_\_\_@\_\_\_\_\_

Do you have our patient portal Yes  No

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Referring Physician/Source \_\_\_\_\_

Employer: \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

#### Primary Insurance

Company: \_\_\_\_\_ Identification/Member# \_\_\_\_\_

Group Name/Number \_\_\_\_\_

Subscriber's Name (as it appears on insurance card) \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's Social Security# \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_ Relationship to patient Self  Spouse  Child

#### Secondary Insurance

Company: \_\_\_\_\_ Identification/Member# \_\_\_\_\_

Group Name/Number \_\_\_\_\_

Subscriber's Name (as it appears on insurance card) \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Subscriber's Social Security# \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_ Relationship to patient: Self  Spouse  Child

I hereby authorized The Hospital of Central Connecticut Center for Metabolic Health to furnish information to insurance carriers concerning my injury and/or illness and treatment, and I hereby assign to the physician(s) all payments for medical services rendered. I understand that I am responsible for all charges whether or not such charges are covered by insurance.

\_\_\_\_\_  
Patient Signature/Date

\_\_\_\_\_  
Parent or Guardian Signature/Date

(If patient is a minor (under age of 18) or has a guardian/conservator, this must be signed by the patient or legal guardian)

**CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION:**

I give my permission for The Hospital of Central Connecticut Center for Metabolic Health to contact me at the following numbers and to leave a message on my answering machine or voicemail (if none, please leave blank):

MESSAGES CONCERNING APPOINTMENTS Phone (\_\_\_\_) \_\_\_\_\_  
Home/Mobile/Work (circle)

MESSAGES CONCERNING MEDICAL INFO Phone (\_\_\_\_) \_\_\_\_\_  
(For example lab or test results) Home/Mobile/Work (circle)

I give my permission for The Hospital of Central Connecticut Center for Metabolic Health to communicate with the following persons regarding my healthcare:

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

*(This authorization will be valid from this date until written notice of changes and/or cancellations is received in this office.)*

**Meaningful Use Patient Demographic Data Collection Form:**

**Patient Name (Last, First, M.I.):** \_\_\_\_\_

**Date of Birth (mm/dd/yyyy):** \_\_\_\_\_

The Hospital of Central Connecticut Center for Metabolic Health is collecting this patient information to assist us in understanding our patient population, so we develop capability, where needed, to provide culturally appropriate medical care and advice. Please assist us by completing the following:

**A. Language Preference: (circle one)**

English Italian Spanish French Polish Other: \_\_\_\_\_

**B. Self-Identified Race\*(circle one)**

American Indian/Alaska Native Asian Black/African American

Native Hawaiian/Other Pacific Islander White/Caucasian Unknown Declined

**C. Self-Identified Ethnicity\*: (circle one)**

Hispanic/Latino Not Hispanic /Latino Unknown Declined

\*These Race and Ethnicity categories are from the U.S Dept. of Health and Human Service Office of Management and Budget Standards for the Classification of Federal Data on Race & Ethnicity-2003.

## **KNOW DIABETES, KNOW YOURSELF**

The key to taking control of diabetes is education. Obtaining knowledge about diabetes and how it affects you, as an individual, is the first step to learning how to live a better life with diabetes. **The Center for Metabolic Health at the Hospital of Central Connecticut** has a team of diabetes experts that can assist you with learning what you need to know about diabetes and provide you with the tools to put this knowledge to work in your everyday life.

The advances in diabetes treatment in the past decade are phenomenal. There are a number of new medications, changes in meal planning (Yes, you can eat sugar), new ways of testing blood sugars and important health considerations you need to be aware of to better control diabetes. Our team of certified diabetes educators discusses all of this and more in the diabetes education programs at the Center for Metabolic Health. Practical suggestions for changing behavior to meet diabetes goals are provided. Discussion in a group setting can connect you with other people with diabetes who share your same concerns and issues with dealing with diabetes on a daily basis.

**Know Diabetes, Know Yourself is a comprehensive diabetes education program everyone with diabetes should attend to learn everything they need to know about controlling diabetes. Topics in this program include:**

- Diabetes Overview
- Nutrition – Meal Planning, Carbohydrate Counting, Dining Out and Label Reading
- Medications
- Sick Day Guidelines
- Foot Care
- Skin Care
- Changing Behavior
- Monitoring and Interpreting Blood Sugar Results
- Diabetes and Exercise
- Detection and Prevention of Diabetes Complications
- Stress and Lifestyle Changes
- Family Involvement and Social Support
- Community Resources

**Patients who have attended our diabetes education programs tell us they have learned:**

- The effects of carbohydrates on blood sugar control and how it should be managed
- How to live with diabetes
- Controlling eating habits and understanding control
- The amount **of carbohydrates consumed is more important than the amount of sugar**
- To change my lifestyle and follow guidelines useful in sustaining good health
- How to follow a meal plan
- The importance of exercise and its benefits
- How diabetes effects so many parts of the body

Diabetes Education is a covered service by Medicare and most insurance companies when deemed necessary and when referred by the primary care physician. **Please call the Center for Metabolic Health at the Hospital of Central Connecticut (New Britain and Bradley Memorial) for current program dates and times offered. Toll Free: 1-888-456-7546 Local: 860-224-5672**

**Thank You for choosing the Center for Metabolic Health Diabetes and Endocrine Center at The Hospital of Central Connecticut. We look forward to working with you as members of your health care team to ensure that your diabetes is managed as effectively as possible. In order to accomplish this goal, we would like to provide you with this information on how we can work together to assure we can do our best for you, and make your visit with your physician, APRN, or physician assistant an efficient use of your time.**

**Practice Policies:**

It is important for you to keep your schedule appointment. If you must reschedule or cancel an appointment, please provide 24hours notice so that we can use the appointment time for another person. If you miss 3 appointments you may be dismissed from the practice.

**Please contact your pharmacist directly when requesting a prescription refill. If you need to contact the office for a prescription please call before 4pm. Any prescriptions called in after 4pm will be filled the next business day. Please allow 48hours for completion of the prescription refill process. Refills on prescriptions will not be called in during the weekend.**

Medical records copied for transfer of care are subject to a fee as delineated by Connecticut Statute. This charge is \$0.65 per page is required prior to patient pick up or mailing of records.

Due to our time involved, there is a \$20 fee for forms we are asked to complete outside of your schedule appointment. Please allow up to 7 business days for us to complete any requested forms that you may need. **We do not fill out short-term or long term disability forms.**

**Financial Policies:**

We will submit your charges to your insurances (primary, secondary, etc.). We do require all co-pays to be paid at the time of service. We accept cash, check, or credit card. We cannot bill your insurance unless you bring all current insurance information with you. Therefore, it is your responsibility to inform us of any changes in your insurance, name, address, telephone, number or employment. Copies of your information will be made for our files.

Your insurance policy is a contract between you and your insurance carrier. Please be aware that some services provided may be “non-covered” under the terms of your contract and, therefore, not paid by your insurance carrier. You are responsible for all balances not covered by your insurance. All balances are due upon receipt of your statement.

If you do not have insurance coverage or we are not contracted with your insurance carrier, you are considered “self-pay” and an initial payment will be expected prior to seeing the provider. An estimated charge for your visit can be provided by our receptionist. After your appointment, an additional charge may be applied based on the services that were provided, and you will be billed for the remaining balance.

**We ask that you keep a copy of these policies as a reference and thank you for your understanding and anticipated cooperation with these efforts to make The Center for Metabolic Health an even better center!**

## Directions

### **The Hospital of Central Connecticut Campus: 100 Grand Street, New Britain, CT 06050**

#### **From I-84**

Exit 35 to Route 72 East, Take Corbin Ave. exit (Exit 7) and turn right. Follow the blue hospital signs (left onto Hart St., straight, then left onto Linwood St.) Up the hill, take second right on Grand St., garage entrance on the right.

#### **From Route 9**

Exit 28 to Route 72 West take Corbin Ave. exit (Exit 7) and turn right. Follow blue hospital signs (left onto Hart St., straight, then left onto Linwood St.) Up the hill, take second right onto Grand St., garage entrance on the right.

#### **Parking**

The city parking garage (Quigley Garage) next to the hospital Lobby is the most convenient place to park. We do not validate parking. Elderly or disabled persons who need assistance getting to patient areas should ask for help at the Information Desk in the Lobby.

### **Satellite Office: 98 Main St. Suite 302 Southington, CT 06489**

#### **From Hartford**

I-84 West toward Waterbury; Take exit 32 (Queen Street); Turn right onto CT-10/Queen Street; take a left onto Columbus Ave. and take your first right into the building's drive way; park in back. Building has a clock tower and Hartford Healthcare sign.

#### **From Meriden/New Haven**

Route 691 West to exit 4; right at ramp; right at first light into route 120 (Meriden Ave.) follow to CT-10; turn right onto Columbus Ave. and take your first right into the driveway; park in back. Building has a clock tower and Hartford Healthcare sign.

#### **From Waterbury**

I-84 East toward Hartford; take exit 30 Main Street/Marion Ave.); Turn left onto Atwater Street; Take the 1<sup>ST</sup> right onto Marion Ave; Marion Ave. becomes West Main Street; Turn right onto Columbus Ave. and take your first right into the driveway; park in back. Building has a clock tower and Hartford Healthcare sign.

#### **Free Parking**

### **Satellite Office: 11 South Road Suite 130 Farmington, CT**

#### **From Hartford:**

I-84 West, take Exit 39 to light. Turn right onto Farmington Avenue/Route 4. At light, turn right onto South Road. At the light, turn left into the traffic circle. 11 South Road is second turn off traffic circle.

#### **From Waterbury:**

I-84 East, take Exit 37 (Fienemann Road). Turn left at the light onto Fienemann Road. Continue straight through the light at Route 6 to Birdseye Road. You will come to a light at an intersection with South Road. Continue straight through the intersection into traffic circle. 11 South Road is second turn off traffic circle.

#### **From West Hartford:**

West on Farmington Avenue for 4 miles to intersection with South Road; Turn left onto South Road. At the light, turn left into traffic circle. 11 South Road is second turn off traffic circle.

#### **From New Haven:**

I-91 North, take Exit 22N and merge onto Route 9 North toward New Britain. Take Exit 32 to merge onto I-84 west toward Waterbury. Take exit 39 toward CT for Farmington. Merge onto Route 508; make a sharp right at CT 4 E/Farmington Ave. Take the first right onto South Road. 11 South Road will be on your left.

#### **Free Parking**