



1212 East Elizabeth Street
Fort Collins, Colorado 80524
970.482.2791

Matthew G. Duran, M.D.
CERTIFIED AMERICAN BOARD OF FAMILY MEDICINE
Mitchell J. Janasek, M.D.
CERTIFIED AMERICAN BOARD OF FAMILY MEDICINE

Christine B. Duran, M.D.
CERTIFIED AMERICAN BOARD OF FAMILY MEDICINE
Elizabeth K. Burgwin, M.D.
CERTIFIED AMERICAN BOARD OF FAMILY MEDICINE

Kristine M. Rivera, D.O.
CERTIFIED AMERICAN BOARD OF FAMILY MEDICINE
Holly M. Gustafson, FNP-C
CERTIFIED AMERICAN ACADEMY OF NURSE PRACTITIONERS

ASKING YOUR HELP

We physicians write to ask your help in achieving our goal to spend more of our professional time addressing your MEDICAL issues, and less of our time dealing with administrative/paperwork duties.

REGARDING HEALTH INSURANCE

We usually do NOT know what your particular insurance plan does or does not cover. Your investment of your time to learn about your coverage, and letting us know ahead of our preparing your billing statement, will help expedite correct billing by our office and will optimize your insurance coverage. In most cases you will have received written documents that have the details of your coverage. If that's not available, for those of you who are "computer savvy," the information is almost always available online. It is much easier to prepare the billing forms correctly to begin with than it is to try to retroactively change the format of the billing forms to facilitate your insurance coverage.

SCHEDULED APPOINTMENTS

It is extraordinarily helpful for us to know when you cannot keep a scheduled appointment. If it's possible, please let us know at least 24 hours ahead of your scheduled appointment regarding the need to cancel or reschedule. This will allow your physician to utilize that time for other patients who need to be seen.

COMPREHENSIVE EXAMINATIONS

Please take the time to carefully and completely fill out the health history questionnaire which we have provided you in advance of your comprehensive examination. Please also remember to bring it with you to the appointment. We utilize these forms to allow us to be more complete in our review of your medical and family history. It also allows us to focus our time with you on those specific problems and concerns which need to be addressed.

LOCAL PRESCRIPTION REFILLS

It is very helpful for us to have your request for refills at least a few days before you run out of your prescription. It is also very helpful to receive these during office hours (Monday through Friday, 8:00 a.m. to 5:00 p.m.). If you request refills after hours, it results in a need for the physician "on-call" to address the request. That physician is often at home and ordinarily would not have your medical record available.

MAIL ORDER PRESCRIPTIONS

We understand that many of our patients choose to utilize mail order pharmacies for their prescriptions in view of it affording cost savings under many insurance plans. All of the mail order services have a portion of the "paperwork" which is required to be completed by the patient. It has such things as your name, your address, your credit card number, your insurance ID number. We would very much appreciate your completing that portion of the forms on your own behalf. Some of the mail order houses will provide you with "stick-on labels" which we can apply to our prescription pad. For others, you can download, or have faxed to us, the specific refills being requested. When you do this for yourself (and us), it saves a considerable amount of administrative time, and we appreciate that. We would sincerely ask you to plan ahead, so that we have adequate advance notice of the need for the prescription refill such that we are not simultaneously asked to order a short-term prescription at a local pharmacy in addition to ordering a long-term prescription from a mail order pharmacy. Indeed, we want you to be on your medications, which is why we prescribe them, but having the "double duty" of having to order them at two different places adds to our administrative time. If you wish to have us consider a generic substitute for a brand name drug (where available), please let us know in advance of your request for refill. Conversely, if you require a brand name drug, please remind us of that.

DISABILITY/WORK EXCUSE/SPORTS EXAM FORMS

We very much appreciate your obtaining the necessary forms, which are required by your employer, your school, or your sports organization, in advance of coming to the office exam. Please take the time to fill out your portion of those forms in advance of your appointment. If you will look at them closely, you will often find that a considerable number of questions are designed to be completed and/or signed by the patient. Having that completed in advance is very helpful.

Once again, we do sincerely appreciate your help in allowing us to spend more of our time with you, addressing your medical needs. It is unfortunate that the current "system" of healthcare in America demands such an excess of administrative and paperwork duties of physicians, and, in fact, we're hoping that the future changes will address this problem. Until then, however, your help as outlined above would be very much appreciated.