

Aloha Nui Family Practice, LLC.

The Dan Harmeling Medical & Wellness Center



69 Lanihuli Street, Hilo, Hawaii 96720

808-961-1400 / 808-961-1300 (fax)

www.alohanuifamilypractice.com

Dear Aloha Nui client...

Aloha Nui Family Practice and its medical providers are regularly evaluated by your local state insurance carriers (HMSA, HMAA, UHA, Quest, Tricare, etc.), as well as, the US Federal Centers for Medicare & Medicaid Services (CMS) based on state & national standards of medical care and recommended preventative services.

These standards of medical care and preventative services include:

1. Colon cancer screening (colonoscopy, sigmoidoscopy or fecal-occult blood testing)
2. Mammograms (annually)
3. Pap smears (every 3 yrs)
4. Goal blood pressures (BP < 140/90)
5. Diabetes control (A1C < 7%, kidney screening & annual eye exams)
6. Healthy cholesterol (LDL < 100)
7. Compliance with medications
8. Asthma & COPD screening (ie, Spirometry screening)
9. End of life planning (POLST or Advance Directive documentation in chart)

These national standards are used to determine our state & national rankings, as well as, our levels of reimbursement for our services by your insurance carrier & CMS.

Aloha Nui and its providers recognize your individual decision to agree or refuse these standards of medical care and preventative services.

Unfortunately, any decision to refuse or delay completing these recommendations has far reaching consequences within our medical practice. Refusal or delay ultimately reduces our ability to offer the best comprehensive medical care to all of our Aloha Nui clients within our Big Island community.

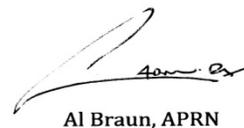
Regrettably, refusal or delay will result in persons being asked to transfer their care to another medical provider outside of our Aloha Nui organization.

Please feel free to discuss any questions or concerns that you have in regard to these standards today with your medical provider.

Thank you for your understanding & support.


Dr. Stefan Carl Harmeling


Megan Lewis, APRN


Al Braun, APRN

Signature: _____

Date: _____