

Patient Registration Form

Last Name _____ First Name _____

Date of Birth _____ Email _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home # _____ Office # _____ Cell # _____

Sex (circle): Male Female Occupation _____

Primary Care Physician(name, address, phone#) _____

Referred By: _____

Emergency Contact

Name _____ Relationship _____

Home # _____ Office # _____ Cell # _____

****Please Provide us your insurance card****

**I have reviewed list of insurance plans the Doctors accept as per NYS Surprise Bill Law
(See Attachment)**

Please sign _____

Assignment and Release

I, the undersigned, have insurance with _____ (name of insurance co.) and assign directly Breezy Point Dermatology all medical benefits. I understand that I am financially responsible for all charges that sure not paid by my insurance. I hereby authorize the doctor to release all information necessary to secure payment of benefits. I authorize the use of this signature on all my insurance submissions.

Signature of insured/guardian _____ **Date** _____

HIPAA PRIVACY NOTIFICATIONS

I, the undersigned, have been issued the HIPAA NOTICE OF PRIVACY PRACTICES. I fully understand that Breezy Point Dermatology is required by law to maintain the privacy of my medical and health information. I acknowledge the the practice will use and disclose my health information for purposes of treating me, obtaining payment for services referred to me and conducting health care operations.

Signature of insured/guardian _____ **Date** _____

Patient Health Information

Name: _____ Date: _____

Please state the reason for your visit today: _____

Please list all allergies to medications: _____

Current medications including any aspirin and/or vitamins: _____

Pharmacy Name and Tel # _____

Please circle any of the following conditions which you have had or been treated for:

- | | |
|-------------------------------------|---|
| Stomach or Intestinal Problems | Liver or Gallbladder Disease, Hepatitis |
| Lung Disease (COPD, TB, Asthma) | Heart Disease, Rheumatic Fever |
| High Blood Pressure | Stroke, Heart Attack |
| Kidney Disease | Blood Disorder (specify): _____ |
| Arthritis, Lupus, Joint Replacement | Diabetes |
| HIV/AIDS | Eye Disease (Glaucoma Corneal Transplant) |
| Depression | Anxiety/Thyroid Abnormalities |
| Cancer (Type) _____ | Neurological Disorder (specify): _____ |

Do you smoke? Yes No

Do you have a Pacemaker or defibrillator? Yes No

Do you take antibiotics before a routine dental procedure? Yes No

Is there a history of skin cancer in your family? Yes No (specify): Melanoma, BCC, SCC

Have you previously had a skin problem? Yes No (specify): _____

Prior Hospitalization and Surgery (give dates) _____

For women (circle): *Inform physician if you are planning or become pregnant during treatment*

Are you pregnant? Yes/No Are you breastfeeding? Yes/No Taking Birth Control? Yes/No

Patient/Guardian's Signature _____ **Date** _____

Breezy Point Dermatology
An Important Message about your Insurance Coverage
Protect Your Insurance Benefits

In the past few years the number of different health insurance programs has increased at an amazing rate. Even within one company there may be several programs with varying benefits and requirements. There is no way we can possibly know or keep up to date with each program's provisions.

*Some programs require a specific facility to be used to be eligible for benefits.

*Some programs require a patient to satisfy a deductible, co-insurance or other out-of-pocket expense before paying for claims.

*Some programs require pre-authorization while others do not.

*Some programs require a signed referral from your primary care physician for any consultations or treatments with a specialist physician.

*Some programs may require a second opinion.

It must be your responsibility to know and advise us of your program's requirements in advance, each and every time we provide a service. We will do our best to comply with any requirements that your program may have. Please understand that if we provide a service that is outside of your program, you will be responsible for the appropriate fees.

These are not our regulations, they are your insurance company's regulations and unless you follow them carefully the insurance company may decline all or part of your claim. Your insurance carrier should have provided you with a phone number to be used if you have any questions about your coverage. In an insurance policy, the **deductible** is the amount of expenses that must be paid out of pocket before an insurer will pay any expenses. It is normally quoted as a fixed quantity and is a part of most policies covering losses to the policyholder. The deductible must be paid by the insured, before the benefits of the policy can apply. Typically, a general rule is: the higher the deductible, the lower the premium and vice versa. Depending on the policy, the deductible may apply per covered incidents, or per year. For policies where incidences are not easy to delimit (for example health insurance), the deductible is typically applied per year.

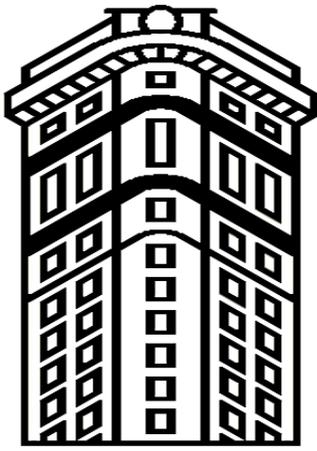
In health insurance, **coinsurance** is sometimes used synonymously with the copayment, but is defined differently—a copay is typically fixed while the coinsurance is a percentage that the insured pays after the insurance policy's deductible is exceeded.

We are legally required by contract as a provider with your insurance company to collect copays and deductibles at the time of service for every visit.

I acknowledge receipt of this information.

Signature X _____ **Date** _____

Print Name: _____ **DOB:** _____



WHAT IS A DEDUCTIBLE?

The amount you owe for health care services before your health insurance plan begins to pay your medical bills.

What does a deductible mean to you?

A deductible means that before your insurance company pays for any of your health services at any doctor's office, you have to meet a certain amount of payment. The actual deductible depends on your specific insurance coverage and everyone's is different.

If I pay my copayment, do I still have to pay something to see the doctor?

It depends on your insurance plan. Some insurances have a copay, deductible, and coinsurance. Some insurance plans have a \$0 deductible whereas others have a \$1,000 deductible. If you have a \$1,000 deductible, you have to pay this in full before your insurance company will start to fully pay for your medical services.

When the front receptionist tells me that "insurance covers the visit" or "I'm in network", what does this mean?

This means your insurance company and our office have a contract to see you at a discounted rate. However, this does NOT mean that you do not have to pay anything. All deductibles and copays still apply. This means the insurance company will not fully pay for your visit until you have fully paid and met your deductible. If you do have a deductible or coinsurance payment you will receive a statement at home.

Can Flatiron/Breezy Point Dermatology check my deductible?

Yes, however it is better when the patients themselves call their own insurance and speak to someone about their own insurance as they do not always give us the most accurate information. The staff will check your insurance to confirm that we are in network with your insurance, however, the staff is not responsible for telling you the amount of your deductible or how much of it you have met. This information is impossible to determine accurately and we do not want to be responsible for giving you inaccurate information.

I acknowledge that Flatiron/Breezy Point Dermatology cannot accurately check my deductible. I understand that I may have to pay for all or a portion of my visit. I am responsible for any deductible I may have based upon the insurance policy I have.

Print name

Date

Signature