Patient Registration Form

First Name_____ Last 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 Kathleen Vine, MD and Anne Hardick Dacko, MD 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 OR guardian_____**Date**_____

HIPAA PRIVACY NOTIFICATIONS

I, the undersigned, have been issued the HIPAA NOTICE OF PRIVACY PRACTICES. I fully understand that Kathleen Vine, MD is required by law to maintain the privacy of my medical and health information. I acknowledge 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 OR guardian_____**Date**_____

Patient Health Information

Name: _____ Date: _____

Please state the reason for your visit today: _____

Please list all allergies to medications: _____

Current medications including 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 OR Guardian's Signature _____ **Date** _____

FLATIRON DERMATOLOGY

PLEASE READ THOROUGHLY

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 insurances provisions.

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

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

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

*Some insurances require a referral generated by your primary care physician for any consultations or treatments with a specialist physician.

*Some insurances may require a second opinion.

It must be your responsibility to know and advise us of your insurances requirements in advance, each and every time we provide a service. We will do our best to comply with any requirements that your insurance 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.

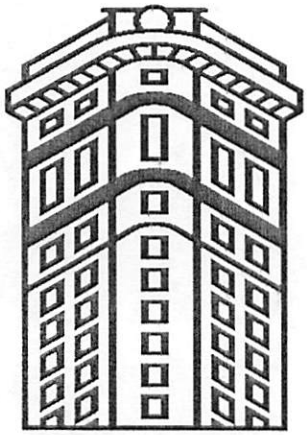
In health insurance, **coinsurance** is sometimes used synonymously with the copayment, but is defined differently—a copay is typically fixed while the coinsurance is a percentage that the insured pays after the insurance policy's deductible is exceeded.

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:** _____



FLATIRON DERMATOLOGY

Mohs Surgery, Cosmetic & Medical Dermatology

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 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 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