Patient Registration Form

First Name_____ Last Name_____

Date of Birth_____Email _____

Address_____ Apt#_____

City_____State_____ Zip_____

Home # _____Office # _____Cell # _____

Sex (circle): Male Female Other 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 Flatiron 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 Flatiron Dermatology 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/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_____

Amagansett Dermatology

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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. We do not know what your deductible is.

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 through different medical services before your insurance company will start to fully pay for your medical services. This would get billed to you, not paid in the office.

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 and out of pocket. If you do have a deductible or coinsurance payment you will receive a statement at home.

Can the Dermatology office check my deductible?

Technically yes, however it is better when the patients themselves call their 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/Amagansett 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