



Amity Neurology

NEW PATIENT REGISTRATION

Today's Date: _____ Clinic Name: Amity Neurology

PATIENTS INFORMATION (PLEASE USE FULL LEGAL NAME, NO NICKNAMES)

*Last Name: _____ *First Name: _____ *Middle Initial: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Home Phone #: (_____) _____ - _____ Cell Phone #: (_____) _____ - _____

*Social Security #: _____

*Date of Birth: _____ Age: _____ Email Address: _____

*Emergency Contact Name: _____ Phone: (_____) _____ - _____

IF PATIENT IS A MINOR, PLEASE LIST POINT OF CONTACT INFORMATION:

*Relationship of minor: Parent _____ Other _____

*Last Name: _____ *First Name: _____ *Middle Initial: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

Home Phone #: (_____) _____ - _____

*Date of Birth: _____ Age: _____ Email Address: _____

INSURANCE INFORMATION (PLEASE ALLOW RECEPTIONIST TO PHOTOCOPY)

PRIMARY INSURANCE:

Plan Name: _____ Policy/ ID: _____

Subscribers Name (if different than patient): _____

Subscribers Date of Birth (if different than patient): _____

SECONDARY INSURANCE

Plan Name: _____ Policy/ ID: _____

Subscribers Name (if different than patient): _____

Subscribers Date of Birth (if different than patient): _____



Amity Neurology

Please provide the name and fax number to 1 provider to forward all clinical information to

Providers name (or office): _____

Phone Number: _____

Messages

If you are unable to be reached, please choose from the following options:

1. Leave a detailed message on the voicemail
2. Leave a message asking for a return call
3. Other: _____

Best time to reach me is: _____

Best phone number to reach me is: _____

HIPAA Release

I authorize the release of protected health information including but not limited to : diagnosis, records, examinations, scheduling, and results rendered to me. This information may be released to:

1. Spouse _____ DOB: _____
2. Child(ren) _____ DOB: _____
3. Other _____ DOB: _____
4. Information is not to be released to anyone

This release will remain in effect until terminated by me in writing.

Female patients: some medications can be dangerous to pregnant and breastfeeding mothers.

1. Are you using contraceptive? YES NO
2. Do you have plans to become pregnant? YES NO
3. Are you pregnant or breastfeeding? YES NO

Seizure Patients or patients looking to reinstate their driver's license

I acknowledge that Amity Neurology will not fill out any DMV paperwork until the patient has been established with Amity Neurology for a minimum of 3 months and it will be completed at the discretion of the provider.

Signature (Patient/ Guardian Signature): _____

Date Signed: _____



Amity Neurology Patient Policies

Appointment Cancellation Policy:

We understand that unplanned issues come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be canceled at least 24 hours in advance.

There will be a fee of \$25.00 assessed if we do not receive a call to cancel the appointment. For any testing, if we do not receive a call to cancel the appointment 24 hours prior to the scheduled time, a fee of \$50.00 will be charged.

No Show Policy:

Missing 3 appointments without notifying our office may result in being dismissed from the clinic.

- Patient dismissal is at the discretion of your medical provider.
- If you are dismissed from the clinic, your remaining scheduled appointments will be cancelled.
- Reapplication to the clinic after six- month period after initial dismissal letter will be considered by your medical provider.

Late Policy

We make every effort to be on time for all our appointments. Unfortunately, when even one patient arrives late, it can throw off the entire schedule for that session. In addition, rushing or “squeezing in” an appointment shortchanges the patient and contributes to decreased quality of care. In light of this, **patients arriving more than 7 minutes after their scheduled appointment time will be marked as a “No Show” and rescheduled**

Patient/ Guardian’s signature: _____

Date Signed: _____

Witness (office staff): _____

Amity Neurology Financial Statement 2023

We are committed to providing the highest level of custom medical care to our patients. We ask that you annually read and sign our financial statement.

Patient Responsibility: It is the patient's responsibility to provide accurate insurance information in accordance with the guidelines set by their insurance company. The Responsible party gives consent to be contacted by Amity Neurology if a balance becomes due. Amity Neurology may contact the patients and /or guarantor using automated dialer or pre-recorded line on the phone number provided: including cell phones or land lines.

Financial Responsibility: The patient is responsible for ensuring the appropriate authorizations have been received and/ or notifications given as required by their health insurance. The patient insurance company should provide the patient with the explanation of benefits outlining the services rendered and the portion of the bill which is the patients responsibility. **Payments taken at the time of service may not cover all services rendered: the patient will be billed for any remaining balance.**

Insurance Participation: Amity Neurology maintains contacts with various health plans and government programs. The patient is responsible for determining whether their health plan or government program is contracted with Amity Neurology for the services that will be provided. Any patients insured by a non-participating provider will be responsible for all balances imposed by this insurance company.

Denied Services: Amity Neurology will not become involved in disputes between patients and their insurance company regarding services which the patient insurance has applied the balance as being patient responsibility. Payment is expected even if the patient is appealing the services with their insurance.

Refunds: No refund will be issued to the patient until all insurance balances have been reconciled and we have verified that there are not additional outstanding account balances due to Amity Neurology. Amity Neurology has the right to go back 60 days and apply credit to any small balance adjustments that may have been owed by the patient, which could result in no refund given back or refund in the amount that is less than expected.

Patient or Patients Guarantor

Date

Witness (staff member)

Date