New York House Call Physicians®

DBA DOCTOR IN THE FAMILY

Revised September 30th, 2023

DOCTOR IN THE FAMILY NEW PATIENT FORM

DOCTOR IN THE FAMILY (also DBA NATAN SCHLEIDER, MD or New York House Call Physicians) is a group medical practice licensed by the New York State Department of Education. Our goal is to provide the highest standards of medical care with minimal paperwork, waiting, complex fees, and policies.

NOTICE OF PRIVACY PRACTICE & SECURITY:

In accordance with the Health Insurance Portability Accountability Act of 1996 (HIPAA), DOCTOR IN THE FAMILY will keep all your health information confidential. This means that your medical records, demographics, and anything related to your health will not be released or discussed without your written consent or explicit permission.

NOTE FOR MEDICARE & MEDICAID PATIENTS:

DOCTOR IN THE FAMILY does not participate with Medicare or Medicaid. Medical services covered by Medicare and Medicaid may not be billed to Medicare or Medicaid. You will not be reimbursed for services mediated by DOCTOR IN THE FAMILY.

ASSIGNMENT OF BENEFITS / INSURANCE BILLING POLICY:

You will not be balance-billed and are not responsible for billed charges over and above what the insurance has negotiated to reimburse -- no surprise billing. You authorize DOCTOR IN THE FAMILY to submit claims on your behalf to your insurance and be paid directly by your insurance. You have reviewed whether DOCTOR IN THE FAMILY accepts your particular insurance as a contracted (in-network) provider or non-contracted (out of network) provider and have the opportunity to pay co-pays, coinsurances, and deductibles at the time of service. If your insurance policy changes or is cancelled, it is the patient's responsibility to notify us immediately to confirm coverage and continuity of care and avoid any potential out of pocket cost. You will eventually receive an EOB statement (Explanation of Benefits) from your insurance. It is a statement, NOT A BILL OR INVOICE.

MY SIGNATURE BELOW INDICATES I HAVE READ AND AGREE TO THE ABOVE:

Patient or Guardian Signature_____

Today's Date: _____

New York House Call Physicians®

DBA DOCTOR IN THE FAMILY

Revised September 30th, 2023

DOCTOR IN THE FAMILY NEW PATIENT FORM

PLEASE COMPLETE PATIENT INFORMATION BELOW:

Patient Name: _____

Patient Address: _____

Patient Address: _____

Patient Phone Number: _____

Patient Date of Birth_____

Patient Email [we do NOT send spam or disclose your email]: _____

Patient Health Insurance Plan Name: _____

Patient Insurance Plan Member ID Number: _____

NOTE ON COMMUNICATION: EFFECTIVE, SECURE, AND TIMELY COMMUNICATIONS ARE IMPORTANT TO PROVIDE QUALITY MEDICAL CARE. PHONE, TEXT, VOICEMAIL, EMAIL, PAPER MAIL ALL MAY BE USED. ALL TEST RESULTS ARE REPORTED WHETHER NORMAL OR ABNORMAL. PLEASE NOTIFY US IF YOU HAVE HAS TESTING OF ANY KIND PERFORMED SO THAT WE MAY COLLECT AND REPORT RESULTS TO YOU QUICKLY.

PHARMACY INFORMATION:

Pharmacy Name:_____

Pharmacy Phone Number:_____

Pharmacy Address:_____

Pharmacy Address:_____

MY SIGNATURE BELOW INDICATES I HAVE READ AND AGREE TO THE ABOVE:

Patient or Guardian Signature_____

Today's Date: _____