

Neurology Institute of Melbourne

Patient Information

Name _____ Middle Initial _____

Permanent Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____

Seasonal Address (if applicable) _____

City _____ State _____ Zip Code _____ Phone _____

Birthdate _____ Age _____ Sex _____ Marital Status _____ Social Security # _____

Employer / Occupation _____ Work Phone _____

Spouse's Name _____ Birth Date _____ Employer _____

Emergency Contact _____ Phone _____ Relationship _____

Nearest relative (not living with you) _____ Phone _____

How did you hear about us? _____ Primary Care Physician _____

Who is responsible for this bill? _____ Relationship to you _____

Is this visit related to **Workers Comp** or **Auto accident**? (please specify) Date of Injury _____

Insurance Provider _____ Secondary Insurance _____

I (your name) _____ hereby assign all medical benefits to include major medical benefits to which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to Neurology Institute of Melbourne, PA. this assignment will remain in effect until revoked by me in writing.

YOUR PORTION OF THE OFFICE VISIT IS DUE THE DAY OF THE VISIT. As a courtesy to you, our office provides the service of filing your initial insurance claims. IT IS YOUR RESPONSIBILITY TO OBTAIN AUTHORIZATION FOR ALL SERVICES. If for any reason your insurance company / health plan refuses payment to Neurology Institute of Melbourne, PA, you will be responsible for such payment for services rendered. By signing below you agree to these terms.

Signature _____ Date _____

Neurology Institute of Melbourne

New Patient Review of Symptoms

Patient Name _____

Date _____

PLEASE CHECK ALL THAT APPLY

NEUROLOGICAL SYSTEM

- Fainting Spells
- Light headedness
- Dizzy spells
- Convulsions (seizures)
- History of concussion or head trauma
- Tremors or shakiness
- Uncontrolled jerking
- Change in handwriting
- Sudden loss of vision
- Sudden fall to floor
- Loss of memory
- Numbness or weakness of arm or leg
- History of encephalitis or meningitis
- History of stroke
- Difficulty with balance
- Difficulty with speech
- Period of coma or loss of consciousness

DIGESTIVE SYSTEM

- Difficulty swallowing
- Heart burn
- Stomach pains
- Vomiting
- Vomit blood or coffee colored material
- Bloating
- Diarrhea
- Black stools
- Constipation
- Have been told you have liver disease?

CARDIOVASCULAR SYSTEM

- High blood pressure
- Chest pain
- Leg cramps produced by walking
- History of heart murmur
- Previous heart attack
- History of angina
- History of rheumatic fever
- Attacks of racing heart beat

RESPIRATORY SYSTEM

- Shortness of breath
- Cough which produces sputum
- Cough which produces NO sputum
- History of pneumonia
- History of T.B.
- Pain with breathing
- Wheezing

GENITOURINARY SYSTEM

- Unusually frequent urination
- Get up at night to urinate
- Burning on urination
- Feeling of constantly full bladder
- History of urinary infections
- Prostate problems
- Menstrual problems

DERMATOLOGICAL SYSTEM

- Painful scalp
- Skin problems
- Bruise easily
- Eczema
- Hives
- Problems

MUSCULOSKELETAL SYSTEM

- Whiplash injury
- Neck pain
- Neck lumps or swelling
- Stiffness of the neck
- Low back injury
- Low back pain

OPHTHALMOLOGIC SYSTEM

- Blurry vision
- Eyesight worsening
- Double vision
- Eye pain
- Eyes water or burn
- Eye trouble (other)
- Cataracts

ENT

- Hearing difficulties
- Frequent infections
- Ringing or buzzing in ears
- Earaches
- Loss of sense of smell
- Nose bleeds
- Trouble breathing with mouth
- Closed
- History of sinusitis
- Previous skull fracture
- Frequent headaches
- Painful or tender over sinuses

Neurology Institute of Melbourne

New Patient Information Sheet

Name _____ Today's Date _____

Date of Birth _____ Age _____ Height _____ Weight _____

Why are you here to see us today? _____

Local Pharmacy _____

name address city state phone

Who is your Primary Care Physician? _____

Please list all of your medications and dosages including vitamins and over the counter products:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any allergies to any medications? If so, what type of a reaction do you have?

Medication _____ Reaction _____

Medication _____ Reaction _____

Medication _____ Reaction _____

Medication _____ Reaction _____

Family History (Circle each item appropriately and give family relation if known.)

- Y/N Alzheimer's Disease Relation _____
- Y/N Brain Tumors Relation _____
- Y/N Lou Gehrig's Disease (ALS) Relation _____
- Y/N Migraines Relation _____
- Y/N Multiple Sclerosis Relation _____
- Y/N Neuropathy Relation _____
- Y/N Parkinson's Disease Relation _____
- Y/N Psychiatric Disorder Relation _____
- Y/N Strokes Relation _____

Habits (Circle each item appropriately and list quantity per day)

- Y/N Alcohol (Qty): _____
- Y/N Drug Use (Type and Qty): _____
- Y/N Tobacco (Chewing, Smoking, Dip, Snuff—Qty): _____

Major Illnesses (Circle each item appropriately)

- | | | | |
|-----------------|--------------------|--------------------------|---------------------|
| Y/N Acid Reflux | Y/N Cataracts | Y/N Heart Valve Disorder | Y/N Psych Disorders |
| Y/N Anemia | Y/N Depression | Y/N High Blood Press. | Y/N Seizures |
| Y/N Anxiety | Y/N Diabetes | Y/N Kidney Disease | Y/N Stroke |
| Y/N Arthritis | Y/N Diverticulitis | Y/N Stroke | Y/N Thyroid |
| Y/N Asthma | Y/N Emphysema | Y/N Major Depression | Y/N Ulcer |
| Y/N Atrial Fib. | Y/N Fibromyalgia | Y/N Meningitis | |
| Y/N Back Prob. | Y/N Glaucoma | Y/N Neuropathy | |
| Y/N Cancer | Y/N Heart Disease | Y/N Prostate Prob. | |
| Y/N Other | _____ | | |

Hospitalizations and Surgeries:

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Major Accidents including Trauma and Injuries:

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Approximate Date: ___ / ___ / ___ Details: _____

Neurology Institute of Melbourne

OFFICE POLICIES

APPOINTMENTS _____ patient initials

As a courtesy, we allow 15 minutes for lateness. After 15 minutes we reserve the right to reschedule. We have a "reminder policy" whereby all scheduled patients are called the workday before the appointment to confirm that they will attend the appointment. We do not double book appointments, therefore, if you do not call to cancel a scheduled appointment 24 hours in advance, you create a vacancy in our schedule which cannot be filled. For this reason, it is our policy to charge the following NO SHOW fees:

\$50.00 FOR A MISSED FOLLOW UP APPOINTMENT

\$100.00 FOR A MISSED NERVE CONDUCTION STUDY APPOINTMENT

\$100.00 FOR A MISSED EEG APPOINTMENT

\$100.00 FOR A MISSED FOLLOW-UP / EMG SCHEDULED TOGETHER

\$250.00 FOR A MISSED 72 HOUR AMBULATORY EEG APPOINTMENT

INSURANCE POLICIES _____ patient initials

We accept most private insurances but due to the diversity of policies, we ask that patients contact their insurance companies to ensure we are a provider. For your information, we are **not** a Health First or Medicaid provider. We *do* accept *REGULAR MEDICARE*, but we *do not* accept the newer Medicare products. If you are unsure if your policy is accepted, please direct your questions to the receptionist. It is the responsibility of the guarantor to provide proof of current insurance at the time of the appointment. If this information is unavailable at the time of the appointment or the insurance cannot be verified, the guarantor, at the time services are rendered, is required to pay the full amount of the office visit and seek reimbursement for their insurance company, or utilize the private pay option. There is a discount for private pay patients who do not have current insurance. All payments are due at the time of service. There is a 15.00 administration fee for all billed services. Private pay patients should be prepared to pay for their entire office visit cost. If you have any billing questions, please contact our billing service company, Seabreeze Medical Billing, at 1-877-859-5650.

MEDICAL RECORDS POLICY _____ patient initials

All requests for medical records must be in writing and may take up to 14 days to process. All patient accounts must be paid in full before medical records are released. Medical records to / from another physician may be requested by completing the appropriate form available in our office. As a courtesy, we provide the first copy of your medical records at no charge. In accordance with Rule 64B8-10.003 Administrative code, our office accesses charges for reproducing additional copies of medical records as follows: \$1.00 per page for the first 25 pages and \$.25 per page for records thereafter. In addition, actual postage will be charged for all copies of medical records that are mailed. Copies of records are available for pickup at our office at no additional charge. All fees must be paid prior to medical records release.

FORMS _____ patient initials

It is the policy of the Neurology Institute of Melbourne to collect a \$50.00 service charge prior to the completion of all forms.

Neurology Institute of Melbourne

FINANCIAL POLICIES

Welcome to the Neurology Institute of Melbourne. We are happy you have chosen Dr. Unger as your Neurologist and we will strive to give you the best medical care. We understand that in addition to needing to feel comfortable with your physician, many patients have concerns about the financial policy of our practice.

It is the policy of our office to collect co-payments / deductibles at the time services are rendered. Any amount due at the time of service that is not collected will be assessed a \$15.00 billing fee. We accept cash and all major credit cards. As a courtesy, we also accept personal checks. However, if a check is returned by the bank, your account will be assessed a 425.00 check return fee and you will no longer be able to pay by check.

For all services rendered to minor patients we will look to the adult accompanying the patient of the parent / guardian for payment (including any past due balances). We will not get involved in arrangements made between divorced parents or custodial agreements.

Neurology Institute of Melbourne has agreed to file insurance for patients who participate in insurance plans. In order to do this as accurately as possible we MUST see your insurance card at each visit. We must have your insurance card or written verification from you insurance company that you are currently eligible for benefits. If you do not have this available the visit will need to be paid in full. Any applicable credit amounts will be refunded to you once contracted insurance information is received and dates of service are paid by the insurance company.

If your visit is auto or worker's compensation related, we must be informed immediately. The charges for auto related visits will be billed to your auto insurance company and, as a courtesy to your major medical carrier. All balances are the responsibility of the patient. We do not accept "Letters of Protection" from attorneys. We must have the following information for billing: auto insurance company, claim number, adjuster's name and phone number and mailing address for billing.

Any services that we file with your insurance company that are not responded to after 90 days from the date of service may be transferred to patient balance which will remain the responsibility of the patient until payment is received or written correspondence is received from the insurance company verifying that payment is forthcoming from them. Any balances not paid within 90 days will be forwarded to our collection agency unless prior arrangements have been made with our office. Any fees associated with collecting your debt will be the responsibility of the patient. Further appointments will not be scheduled until the balance has been paid in full or an approved payment arrangement has been made.

A monthly statement will be sent to you by our billing company, Seabreeze Medical Billing, detailing unpaid charges. If you have any questions regarding items which have not been paid by your insurance, we ask that you contact your insurance company or employer as benefit packages vary by employer and policy.

NON-COMPLIANCE WITH THIS FINANCIAL POLICY MAY RESULT IN DISMISSAL FROM THE PRACTICE.

I have read and understand the financial policy of the practice and agree to be bound by its terms. I also understand and agree that such terms may be amended at will by the practice.

Signature of Patient or Guardian

Date

Neurology Institute of Melbourne, PA

Richard M. Unger, Jr., MD

116 Silver Palm Avenue

Melbourne, FL 32901

Phone: 321-725-6999 Fax: 321-725-6981

Please be advised that Dr. Unger reads all of his patient's films (MRI's, CT scans). This includes any that may have been read by another physician, including radiologists.

This is done in an effort to provide you with the best possible patient care. Dr. Unger wants to ensure the accuracy of these tests since his care is based upon the results.

Your insurance company is billed a \$50.00 read fee per test. If they do not reimburse this office, you may be liable for this fee.

Please sign below to acknowledge you are in agreement with the foregoing.

Signature

Print Name

Date

