



# New York House Call Physicians®

YOUR DOCTOR IN THE FAMILY

Revised July 29<sup>th</sup>, 2010

## NEW PATIENT FORM

### Notice of Privacy Practices:

The following describes how your medical information may be used, disclosed, and accessed: In accordance with the Health Insurance Portability Accountability Act of 1996 (HIPAA), New York House Call Physicians® will keep all of your health information confidential. Note that for the purposes of medical treatment (e.g. discussing your case with a consulting physician), payment (e.g. insurance paperwork which shows your diagnosis and corresponding diagnostic codes), health care operations (e.g. self-auditing our medical records, quality improvement), and medico-legal considerations (e.g. medical examiners, law enforcement officials, public health authorities), your health information may be released, obtained and/or disclosed by telephone, email, mail, or fax.

### Important notes for new patients regarding New York House Call Physicians Fees®:

If you are a Medicare patient, note that New York House Call Physicians® does not participate in Medicare, that services normally covered by Medicare will not be reimbursed by Medicare, nor can you or New York House Call Physicians® bill Medicare for services. You may seek Medicare reimbursed services from a physician other than New York House Call Physicians®, and your Medigap insurance coverage may not reimburse you for New York House Call Physicians® services.

If you have health insurance, note that New York House Call Physicians® does not participate with any health insurance plans. New York House Call Physicians® can provide you with an invoice which you may submit to your health insurance company to obtain reimbursement.

**A 100% cancellation fee will be applied for all appointments cancelled with less than 24 hours notice.**

Any medical issues arising after your New York House Call Physicians® consultation shall be addressed to your physician or by New York House Call Physicians® if you opt to pay New York House Call Physicians® for another consultation.

Additional fees may be applied for house calls outside of New York City and for consultations occurring late as a result of patient or guardian tardiness.

**ANY CONSULTATION INCLUDING AN EMAIL OR PHONE CALL OR TEXT MESSAGE REQUIRING A NEW PRESCRIPTION, A PRESCRIPTION REFILL, &/OR A PRESCRIPTION CHANGE WILL BE SUBJECT TO A CONSULTATION FEE.**

Patient or Guardian Initials \_\_\_\_\_ Today's Date \_\_\_\_\_

New York House Call Physicians™ 20 Park Ave Suite 1A New York NY 10016

www.doctorinthefamily.com • admin@doctorinthefamily.com • Phone 646.957.5444 • Fax 917.591.6885



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Patient Name: \_\_\_\_\_

Patient Address & Zip Code: \_\_\_\_\_

Patient Telephone &/or Cell Phone: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Patient Social Security Number: \_\_\_\_\_

Patient Health Insurance Information: \_\_\_\_\_

## BILLING INFORMATION (IF PAYING BY CREDIT CARD):

Name on Credit Card: \_\_\_\_\_

Type of Credit/Debit Card (If paying by credit/debit card):  VISA  MASTERCARD  DISCOVER  AMEX

Credit/Debit Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Card Verification Number: \_\_\_\_\_

[Note: "NY HOUSECALL" will appear on your credit card statement]

Where did you find us? \_\_\_\_\_

**My signature below indicates I have read, understand, and agree to the Notice of Privacy Practices and New York House Call Physicians® New Patient Agreement and I have reviewed and agree to all New York House Call Physicians fees® (posted on [www.doctorinthefamily.com](http://www.doctorinthefamily.com) or available by paper copy). I authorize New York House Call Physicians® (DBA "Doctor in the Family") to charge the credit/debit card above for medical services today & for future medical care (if applicable).**

Patient or Guardian Signature: \_\_\_\_\_

Today's Date & Time: \_\_\_\_\_

Patient or Guardian Initials \_\_\_\_\_ Today's Date \_\_\_\_\_