

# Hudson Dermatology Patient Registration Form

Page 1

**PLEASE USE A BLACK, MEDIUM POINT, FELT TIP PEN OR MARKER TO COMPLETE THESE FORMS. FAILURE TO DO SO WILL RESULT IN HAVING TO FILL OUT THE FORMS AGAIN.**

<b>Name</b>	First	Middle	Last	<input type="checkbox"/> Jr.	<input type="checkbox"/> Sr.	
<b>Title</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.					
<b>Home Address</b>	Street Number	Street Name		Apt #		
	City	State		Zip		
<b>Home Phone</b>	(      )		<b>Work Phone</b>	(      )		
<b>Mobile Phone</b>	(      )					
<b>Social Security Number</b>	-	-	<b>Date of Birth</b>	Month	Day	Year
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female					
<b>Spouse Name</b>			<b>Spouse DOB</b>	Month	Day	Year
<b>Referred By</b>						
<b>Physician's Name &amp; Address</b>				Did Physician refer you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Employer</b>	Employer Name	Address	Telephone (      )
<b>If Student</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Name of School</b>	

**Do we have your permission to:**

Leave a message on your answering machine at home?  Yes  No

Leave a message at your place of employment?  Yes  No

Discuss your medical condition with any member of your household?  Yes  No

Which family members?

In order to establish optimal relations with our patients and avoid misunderstanding regarding our payment policies, our staff is trained to inform you of the financial policies of this office. **PAYMENT IS EXPECTED FROM YOU AT THE TIME OF SERVICES FOR "YOUR PART" OF THE CHARGES. WE ACCEPT VISA® AND MASTERCARD® FOR YOUR CONVENIENCE.**

Further, your signature authorizes the doctor to release such medical information necessary to process your insurance claims (if any). You herein authorize payment of medical benefits to the doctor when an assigned claim is filed.

It is the policy of this office that the adult presenting the child for treatment is responsible for payment of the patient portion at the time of service. **IF THE PATIENT IS 18 YEARS OF AGE OR OLDER THIS FORM MUST BE SIGNED BY THE PATIENT, NOT THE PARENT.**

Your signature below indicates that you accept the policies of this office and that the information provided on this form is accurate.

<b>Signature</b>	<b>Date</b>
------------------	-------------

# Hudson Dermatology Patient Registration Form

<b>PRIMARY INSURANCE</b>				<b>Office Co-Pay \$</b>	
<b>Insured's Name</b>				<b>Relationship to Patient</b>	
<b>Does your insurance require a referral?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Home Address</b>	Street Number	Street Name	Apt #	Check here if Final Billing Address <input type="checkbox"/>	
	City	State	Zip Code		
<b>Home Phone</b>	( )		<b>Work Phone</b>	( )	
<b>Mobile Phone</b>	( )				
<b>Social Security Number</b>	-	-	<b>Date of Birth</b>	Month	Day Year
<b>Employer</b>	Employer Name		Address		Telephone
					( )

<b>SECONDARY INSURANCE</b>				<b>Office Co-Pay \$</b>	
<b>Insured's Name</b>				<b>Relationship to Patient</b>	
<b>Does your insurance require a referral?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Home Address</b>	Street Number	Street Name	Apt #	Check here if Final Billing Address <input type="checkbox"/>	
	City	State	Zip Code		
<b>Home Phone</b>	( )		<b>Work Phone</b>	( )	
<b>Social Security Number</b>	-	-	<b>Date of Birth</b>	Month	Day Year
<b>Employer</b>	Employer Name		Address		Telephone
					( )

<b>FINAL BILLING ADDRESS IF DIFFERENT FROM PATIENT OR INSURED</b>					
<b>Name</b>				<b>Relationship to Patient</b>	
<b>Home Address</b>	Street Number	Street Name	Apt #		
	City	State	Zip Code		
<b>Home Phone</b>	( )		<b>Work Phone</b>	( )	

**PLEASE BE ADVISED: WE DO NOT PROVIDE TREATMENT FOR WORKERS' COMPENSATION CLAIMS.**

If you have a skin problem due to your work, you should report the problems to your employer who will direct your care to a Bureau of Workers' Compensation (BWC) Provider with a special Workers' Compensation identification card.

If your employer refuses to cooperate, call the Bureau of Workers' Compensation and they can direct your actions. Their telephone number is 1-800-644-6292 or 330-643-3111. The Bureau can tell you the names of BWC participating physicians.

# HUDSON DERMATOLOGY

*Neera Agarwal-Antal, M.D.*

Dear New Patient:

There is a shortage of dermatologists in the United States. Therefore, it takes anywhere from three to six months or even longer to get a new patient appointment. In order to accommodate this demand, we carry a heavier schedule than some of the other physicians you may see. Although our goal is to stay on-time, it is not always possible. We ask you to help us by arriving on time for your appointment and bringing the attached completed and signed registration forms. If you are late for your appointment, do not have your forms completed and/or do not have your insurance card or referrals, we *may* have to ask you to reschedule. If we are running later than your scheduled appointment time and you can no longer wait, please see the front desk to reschedule. We apologize in advance for any inconvenience this may cause.

Our goal is to have the most efficient office. Therefore, we have put together the following packet to help our office operate as efficiently possible and help you have a better understanding of how our office runs.

As part of our ongoing effort to ensure that all of our new patients receive the individualized care they deserve, Dr. Agarwal-Antal asks that you complete the following questionnaire and registration sheet to the best of your ability. Use the medium black pen provided, so that it can be scanned into your chart. Please do not use pencils or colored pens. **BRING THIS COMPLETED QUESTIONNAIRE ALONG WITH YOUR INSURANCE CARD AND PHOTO I.D. WITH YOU AT THE TIME OF YOUR APPOINTMENT.** Some questions may not apply to you or your situation. Fill these areas in with "N/A". If this information is not completed, you do not have these forms with you, or you do not have your insurance card, **YOU WILL NOT BE SEEN.**

If a referral is required by your insurance plan, it is **YOUR RESPONSIBILITY** to obtain such a referral from your primary care doctor (PCP). Even if another specialist has recommended that you see Dr. Agarwal-Antal, the actual insurance referral has to be obtained from your PCP. We strongly advise all patients call our office two days prior to your scheduled appointment to make sure that our office has received your referral. **WITHOUT A CURRENT REFERRAL, YOU WILL BE ASKED TO RESCHEDULE YOUR APPOINTMENT FOR A LATER DATE.**

If this appointment is for a minor, a legal guardian must accompany the minor to the appointment. If the minor will be brought by someone other than the legal guardian, a notarized Permission to Treat letter must be brought to the visit. If the minor will be driving him/herself to the appointment, there is a consent form that can be filled out and signed by the legal guardian giving permission for the minor to be seen alone.

Those patients, with a Durable Power of Attorney for Healthcare (DPOA-HC) must either arrive with the DPOA-HC or documentation of such. The DPOA-HC must give consent for this appointment and must be able to be reached during the appointment so that we may obtain any necessary consents to treat the patient. Our office must have the DPOA-HC name, phone number and fax number. **SOME PATIENTS MAY NEED TO RESCHEDULE PROCEDURES IF WE ARE UNABLE TO REACH THE DPOA-HC DURING THE PATIENT'S VISIT.**

In an attempt to make our office more efficient and to better serve our patients, we have installed an Appointment Reminder System and Message Center. Our system will call you two days prior to your appointment and remind you of the date and time of your appointment. If you cannot make your appointment, just follow the instructions given during the call to cancel your appointment or leave a message. Please note that this system will not work if the number in our system requires that it choose an option before a message can be left.

## DIRECTIONS TO HUDSON DERMATOLOGY

### From the North:

---

- Route 8 South to Route 303 Exit.
- Turn left off the ramp. Go under Route 8 underpass. Turn right at Terex Road.
- Continue for approximately 3 miles. Turn right at Darrow Road (Route 91).
- Hudson Professional Office Park will be on your right.
- Turn right at Corporate Drive. Turn right into the complex of gray buildings.
- Hudson Dermatology is in the back toward the end of the drive.

### From the South:

---

- Route 8 to Steels Corner Exit.
- Turn right off ramp onto Hudson Drive. Go approximately 3 miles.
- Turn right at Terex Road. Turn right at Darrow Road (Route 91).
- Hudson Professional Office Park will be on your right.
- Turn right onto Corporate Drive. Turn right into the complex of gray buildings.
- Hudson Dermatology is in the back toward the end of the drive.

### From the East:

---

- Take either Graham Road or Kent Road.
- Turn right at Darrow Road (Route 91).
- Turn left at Corporate Drive. Turn right into the complex of gray buildings.
- Hudson Dermatology is in the back toward the end of the drive.

### From 303 East:

---

- Take Darrow Road (Route 91) South toward Stow. Continue approximately one mile.
- Turn right at Corporate Drive. Turn right into the complex of gray buildings.
- Hudson Dermatology is in the back toward the end of the drive.