PATIENT INFORMATION FORM

Suburban Women's Healthcare, P.C.

_____ _____/_____/_____

Name Date of Birth

_____ _____

Address SS #

_____ _____ _____ Marital Status: S M W D Sep

City State Zip Code (circle one)

_____ _____

Employer Position

_____ _____ _____(_____)

Home Phone Cell Phone Work Phone Ext.

☐ **Call at work for emergency only**

Preferred number to call: ☐ Home ☐ Cell ☐ Work

Alternate Contact:

_____ _____

Name Relationship to Patient

_____ _____ _____(_____)

Home Phone Cell Phone Work Phone Ext.

Primary Medical Doctor _____ Phone: _____ Fax: _____

Pharmacy _____ Pharmacy Phone _____

Mail Order (if used) _____

Primary Insurance Card Holder ☐ self

☐ Other (ie.. spouse/father) _____

Primary Card Holder Date of Birth _____/_____/_____

Please make sure you bring with you:

1) Insurance Card
2) Picture ID
3) Co-Pay required at time of service

Please indicate how you heard about us or came to us:

1) Referral from relative/friend or current patient _____
2) Referral from your Primary or other physician _____
3) Advertisement : Bee Newspapers / Buffalo Spree / TV commercial
4) Our Website or other Internet search

Suburban Women's Healthcare Financial Policy

Thank you for choosing Suburban Women's Healthcare, P.C. for your OB/GYN healthcare provider. We strive to deliver comprehensive and preventative health care while educating our patients to make the best informed decisions for a healthy lifestyle. As an office, we are committed to the success of your medical care and treatment.

Suburban Women's Healthcare requires payment at the time of service:

This includes all applicable copays, deductible balances and co-insurance associated with each individual's insurance policy. You (the patient) are responsible for understanding your policy and making the appropriate payment at the time of check-in. Please make sure to give our front desk office the correct insurance information to prevent billing errors. You will be held responsible for any services that are delayed due to incorrect billing information that you give us.

Copays:

All copays are required at the time of check-in. Patients who do not pay their copay at the time of service, will incur a $10 surcharge in addition to their copay.

Deductibles and Co-insurances:

There will be a pre-estimated amount due at the time of service for patients with deductibles or coinsurance plans. The pre-collected amount is only an estimate as we are unable to determine all services which will be completed prior to being seen. You will be billed for any remaining amount due once your services have been billed and processed through your insurance company. If you have overpaid for any reason, you will receive a refund once we receive confirmation from your insurance company. The Prepaid amount our office will charge for deductibles and coinsurances will range from **$50 to $100** at the time of service.

No Insurance/ Self Pay:

Patients who have no insurance coverage will be required to pay an estimated amount for the visit in full. The pre-collected amount is only an estimate as we are unable to determine all services which will be completed prior to being seen. You will be billed for any remaining amount due or refunded if you overpay after your bill has processed.

No Show Policy:

Patients who fail to keep their appointments without cancelling or rescheduling within 24 hours or are more than 15 minutes late for their set appointments will be responsible for a **$25 no show fee**. Please be courteous to the fact that this was a set appointment time in the provider's schedule which resulted in them not seeing you and also prevented another patient from being scheduled at that same time who would have kept their appointment.

Medical Records:

If you are transferring your medical care to another practice or provider, our office does charge $.75 per page per New York State Public Health Law 18, not to exceed a $50 charge. Patients who request their lab results or office visits to be sent to their primaries or specialists for coordination of care will not be charged. Please contact medical records department at (716) 876-5512, ext. 404 with any questions.

Any Questions:

Our Business Office is available to answer any questions regarding your bill, charges or refund status during normal business hours: Mondays thru Thursdays 8:30am to 3:30pm and Fridays 8:30am to 1:00pm. Our Business Office number is (716) 876-5512, ext: 401 or 402.