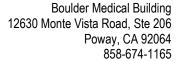


Boulder Medical Building 12630 Monte Vista Road, Ste 206 Poway, CA 92064 858-674-1165

PATIENT REGISTRATION

PERSONAL	<u>ONAL</u>			assigned at birth:		
Name	Da	ate of Birth		☐ Male	☐ Female	
**If you have a special request regarding how	y you'd like to be addres	sed, please notify the	staff.			
Address						
City		State	Zip			
Home Phone	Cell		•	to text appointers?	ointment Yes No	
Email			1011111		105	
PHYSICIANS Primary Care & Location		Referring				
<u>EMPLOYER</u>		Work Phone				
PERSON RESPONSIBLE FOR PAYMEN	<u>T</u> , if other than patient					
Name	Relationship	Ph	one			
IN CASE OF EMERGENCY (Please provid	de the name of an addi	tional contact perso	n.)			
Name		Relationship				
Address		Phone				
INSURANCE (You can skip this if we have	Cash Other _					
Primary Ins Name		Subscriber				
REFERRAL SOURCE Who referred you to our office? □Insurance	□Internet	∃Friend/Relative	□Hos	pital 🗆	J Physician	
I acknowledge I have reviewed Rancho EN	T's Notice of Privacy l	Practices.				
Signed		Date				
I give my permission for treatment by Ear, Nose & Throat to release informati benefits directly to Rancho Ear, Nose & Th	ion to my insurance		•	-		
Signed		Date				

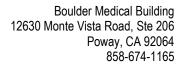




Patient Health History

In order for us to obtain a complete medical history, it is important for you to fill out this form as completely as possible. This is very important information. **Please fill out every item.** It is important for your doctor to know that you have carefully reviewed every area of this form.

□Male □Female Date of Birth Height Pharmacy Preference (include location)	
Name and location of Primary Care Physician	
Name and location of Referring Physician	
Are you taking ANY kind of medication now? (This includes prescription, over-the Coumadin, blood thinners, or herbal medications.) Yes	
Coumadin, blood thinners, or herbal medications.)	
☐ More on back Are you allergic to any medications? ☐ Yes ☐ No If yes, please list below	
Are you allergic to any medications? ☐ Yes ☐ No If yes, please list below	How often taken
Are you allergic to any medications? ☐ Yes ☐ No If yes, please list below	
Are you allergic to any medications? ☐ Yes ☐ No If yes, please list below	
Are you allergic to any medications? ☐ Yes ☐ No If yes, please list below	
N. C.M. I'. c'	y .
Name of Medication Type	e of Reaction
SURGERIES AND HOSPITALIZATIONS Have you ever had any problems with anesthesia? Yes No If yes, list types of anesthesia and problems you have had	
Have you had surgeries including Ear, Nose or Throat surgeries? ☐ Yes If yes, list types and when they were done.	□ No
Have you ever been hospitalized for non-surgical reasons? ☐ Yes ☐ No If yes, list dates and reasons.	
What is the main reason you are seeing the doctor today?	





Medical Information Release Form (HIPAA Release Form)

Name	Date of birth
R	Release of Information
I authorize the release of information including This information may be released to:	g the diagnosis, records, examination rendered to me and claims information.
Spouse	
Child(ren)	
Other	
Information is not to be released to anyone.	
This release of information will remain in effect	ct until terminated by me in writing.
Messages	
Please call my home my work	my cell Number
If unable to reach me: you may leave a detailed message. please leave a message asking me to r	return your call.
The best time to reach me is (day)	between (time)
Signed	
Witness	Date

Patient Name (please pri	int legibly)	

OFFICE FINANCIAL POLICY

At Rancho ENT, our focus is on your health. We are committed to providing a patient experience that goes beyond the traditional office visit. Please let our office manager know if you have any questions about our financial policy.

DIAGNOSTIC PROCEDURES

Most exams require additional diagnostic procedures. These tests are separate from the office visit and may be necessary for the proper evaluation and/or treatment of your medical condition. Declining them may impair or delay treatment. Depending on your insurance, the following are cost estimates after insurance adjustment. They may also be subject to a co-pay and/or an out-of-pocket deductible, as directed by your insurance plan.

Initial Office Visit/Consultation	\$100	- \$350	
Diagnostic Audiogram	\$40	- \$120	
Endoscopic Exam (listed as surgical procedure on your Explanation of Benefits)	\$150	- \$550	
Ultrasound (thyroid or neck)			
CT Scan	\$200	- \$600	Please initial

Please understand that while our physicians will be considerate of your financial needs, proper evaluation may require certain tests or procedures. Rancho ENT does not modify or negotiate treatment fees, as they are agreed upon by our contract with your insurance provider. Please advise our staff if you do not wish to have these procedures until after you have contacted your insurance for benefit information. The physicians will not modify or negotiate fees during the exam. **If you have questions, please address them to the office manager prior to your appointment.**

INSURANCE BILLING

- > I understand Rancho ENT does not accept Medi-Cal (primary or supplement) or CMS.
- > I understand I am responsible for all co-pays, co-insurance and deductibles. Follow-up visits are not included with the initial visit.
- Rancho ENT bills secondary insurances as a courtesy. If my insurance does not pay within a reasonable amount of time, I understand I will be responsible for outstanding fees.
- > I understand if my HMO or other insurance requires authorization for specific tests or procedures, I must be sure that prior authorization is obtained before receiving such services.

Please initial

MISSED APPOINTMENTS

- > Our office makes every effort to provide prompt medical care to all our patients. If you are unable to keep a scheduled appointment, please let us know in advance. A NO-SHOW (when a patient fails to keep a scheduled appointment) will generate a \$50 fee.
- > If you are delayed and cannot arrive for your appointment on time, please call to advise us of your delay. Any significant delay may require the visit be rescheduled.

Please initial

We understand there may be issues beyond your control and want to be understanding. In the event you have a special circumstance, please contact our office manager.

OTHER

Please be advised Dr. Wadhwa and Dr. MacEwan maintain surgical privileges at Pomerado Hospital and Rancho Bernardo Surgery Center. Additionally, Dr. Wadhwa and Dr. MacEwan primarily admit patients to the Pomerado Hospital. Dr. Wadhwa and Dr. MacEwan maintain a minority partnership interest in the Rancho Bernardo Surgery Center.

I have read the above and understand that failure to meet my financial obligations may result in the referral of my account to a collection agency.

Signed	Date	
_		



Notification Regarding Testing Results Lab, Pathology & Imaging

Frequently, Rancho Ear, Nose and Throat will request that you complete testing with an outside provider such as a radiology or laboratory/pathology facility. While it is standard procedure that we receive results from these providers in a timely manner, sometimes it simply does not happen.

Please contact us if you have not heard from us within one week of your testing as we may not have received your results. Please understand we do not receive notification from the facility when testing is initiated.

It is extremely important that you receive your test results, especially if they are abnormal.

We appreciate your cooperation in this matter as we work together to optimize your health and give you the best possible outcome.

I understand my obligation to follow up on test results.	
SignatureDate	