EAST BAY NEUROSURGERY AND SPINE REGISTRATION FORM

Date _____

Name (Last, First) _____ DOB _____

Address _____ Male ☐ Female ☐

City _____ State _____ Zip _____ SSN _____

Email (for access to our Patient Portal) _____

To protect your privacy and allow for efficient scheduling, please answer the following:

☐ No, it is not ok to leave messages or voicemails. I wish to be contacted personally.
☐ Yes, it is ok to leave messages or voicemails

Please write all your contact numbers where we may leave a message:

☐Home _____ ☐ Mobile _____ ☐ Work _____ ☐ Other _____

Primary Care Doctor _____ Phone _____

Referring Doctor _____ Phone _____

Emergency Contact _____ Phone _____

Relationship ☐ Spouse ☐ Parent ☐ Child ☐ Neighbor ☐ Other _____

PHARMACY INFORMATION

Name _____ Phone _____

Street _____ City _____ State _____

INSURANCE INFORMATION

Primary Insurance _____ Secondary Insurance _____

☐ HMO ☐ PPO ☐ Medicare ☐ Medi-Cal ☐ HMO ☐ PPO ☐ Medicare ☐ Medi-Cal

Subscriber Name _____ DOB _____ Subscriber Name _____ DOB _____

Relationship ☐ Self ☐ Spouse ☐ Parent ☐ Other_____ Relationship ☐ Self ☐ Spouse ☐ Parent ☐ Other_____

Copay ☐ No ☐ Yes $_____ Copay ☐ No ☐ Yes $_____

WORKERS' COMPENSATION ONLY

Insurance _____ Date of Injury _____

Adjustor _____ Adjustor Phone _____

Employer _____ Employer Phone _____

EAST BAY NEUROSURGERY AND SPINE, INC

Financial Policy:

Copay, coinsurance and deductible: All copays are due at the time of service. A processing fee of $10 may be assessed if you do not satisfy your insurers copay requirements at your office visit.

Surgery Deposits: A deposit for surgical services is required when a surgery date is scheduled

Balance Due on Prior Service: Payment of an outstanding balance is expected in advance of your next office visit.

Returned Check Fee: $35 fee for all returned checks. If your check is returned from the bank, future payments must be made with cash, money order or credit card.

Medical Records: $20-$30 fee to obtain a paper copy of your medical records. There is no fee for medical records transmitted through our Patient Portal. Your email is required to access our Patient Portal

Disability Forms, DMV Placards: $20 charge for each form filled out for patients or caretakers.

Collections: $35 fee for accounts turned over to the collection agency. You will be responsible for the outstanding balance in addition to the legal fees associated with the collection process.

Appointment Based Fees

Office Visit Cancellation within 24 hours of appointment	$25.00
Office Visit No Show	$50.00

HIPAA Privacy Policy: Your name and signature below indicates that you have been provided our Notice of Privacy Practices on the date below. If you would like a copy, please ask the patient care coordinator.

Coverage and Benefits: We are contracted with multiple insurance plans. It is the undersigned's responsibility to know and verify benefits and coverage. The undersigned agrees to reimburse ENBS for any deductible, copay, or coinsurance due. For non-emergency services, it is the undersigned's responsibility to ensure the insurance company has authorized the requested services and that denial of payment for lack of an authorization will be considered a denial for a non-covered benefit and payable by the undersigned.

Private Insurance Authorization for Assignment of Benefits/Information Release: I, the undersigned, authorize payment of medical benefits to East Bay Neurosurgery and Spine, Inc. for any services furnished me by the physician. I understand that my agreement with my insurance company is a separate agreement between myself and my insurance company and that I am financially responsible for any amount not covered by my contract. I also authorize you to release to my insurance company, or their agent, information concerning health care, advice, treatment or supplies provided to me. This information will be used for the purpose of evaluating and administering claims or benefits. I understand that in the event I have no insurance coverage, I am responsible for all billed charges.

Medicare/Medi-Cal Authorization/Information Release: I request that payment of authorized Center for Medicare and Medicaid Services (CMS) and its agents benefits be made on my behalf to East Bay Neurosurgery and Spine, Inc. for any services furnished me by EBNS. I authorize release of medical information about me to CMS and its agents to determine these benefits payable for related services.

I have read and understand the above Financial Policy, HIPPA Notice of Privacy Practices, Verification of Coverage/Benefits, and Assignment of Benefits/Information Release.

_____	_____	_____
Printed Name	Signature	Date

MEDICAL HISTORY

Date _____

Name (Last, First)_____ Age _____ Height _____ Weight _____

Describe the main problem that brings you here today _____

_____

How long have you had this problem? _____ Years/Months/Weeks

Rate your pain most of the time (circle one): None 1 2 3 4 5 6 7 8 9 10 (Worse)

Where is your pain? _____

What makes your pain better? _____

What worsens your pain? _____

Do you have (circle): Weakness Numbness Incontinence Balance Problems

What have you tried (circle): Therapy Injections Other _____

Are you (circle): Right handed Left Handed

Past or current medical problems ☐ Check box if NONE _____

_____

List all current medications and **DOSAGES** (or provide a list): ☐ Check box if NONE

1. 4.
2. 5.
3. 6.

Allergies: _____ ☐ No known drug allergies

Alcohol Use (circle): Never Occasional Frequent Heavy

Smoking (circle): Never Quit Current: #Packs/day _____ for _____years

Occupation: _____ If not working, date last worked _____

Marital Status (circle): Single Married Divorced Widowed Do You Live Alone? Yes No

Family history of brain or spine problems: ☐ No ☐ Yes _____

Do you have (circle): ☐ Check box if NONE

Dizziness	Diabetes	Swelling of Legs
Vision Problems	Fevers	Frequent Urination
Headache	Recent Weight Loss	Sleep Apnea
Hearing Problems	Recent Weight Gain	Constipation or Diarrhea
Fatigue	Chest Pain	Erectile dysfunction
Nausea/Vomiting	Breathing Problems	Depression
Heart Problems	Arthritis	Problems with Anesthesia
High Blood pressure	Abdominal Pain	Bleeding Problems