FPIM of New Haven County, LLC 2016

Patient Name	Sex	Date of Birth	Marital Status	Social Security #

Street Address	City	State	Zip Code

Home # Work # Cell #	Emergency Contact Name Address	Relationship Home # Cell #

Email	Occupation
Employer Name Address	

Medical Insurance

Primary Ins. Co.	Subscriber - Self - Spouse Spouse's Name	Policy Number Group Number
Secondary Ins. Co.	Subscriber - Self - Spouse Spouse's name	Policy Number Group Number
Additional Ins. Co.		Policy Number Group Number

Spouses Name:	Sex	Date of Birth	Age	Social Security #

Release of Information:

I authorize Family Practice and Internal Medicine to release all pertinent information regarding treatment of the above named patient to all third parties for the specific purpose of claims processing.

Assignment of Insurance Benefits:

I authorize payment directly to Family Practice and Internal Medicine all benefits payable to the provider who has rendered a service/s for the above named patient.

Financial Agreement:

In consideration for the services rendered by Family Practice and Internal Medicine, I agree to pay in full the order of Family Practice and Internal Medicine for all services rendered including non-covered charges, deductibles and copays. If it becomes necessary for Family Practice and Internal Medicine to engage the services of an Attorney or Collection Agency, I agree to pay lawful and reasonable Attorney's fees or Collection fees and Court costs.

Signature

Date

Relationship to Patient

Acknowledgement of Receipt of Notice of Privacy Practices

Patient Name: _____ Date of Birth: _____

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices from FPIM of New Haven County, LLC. I understand that if I have further questions or complaints I may contact the HIPAA Privacy Officer.

I also understand that I am entitled to receive updates upon request if the Notice of Privacy Practices is amended or changed in a material way.

_____ _____

Signature Date

_____

Relationship to Patient

family practice and internal medicine

FPIM of New Haven County, LLC

205 Main Street
East Haven, CT 06512

(203) 466-5070
Fax (203) 466-5075

Upon arrival to our office, when you check in, you will be asked for your insurance card. We will need to see your card **every time** you come for an office visit.

If you have a co-payment, it must be paid at the time of your visit. We accept VISA, Mastercard, and cash.

NO CHECKS

If you are unable to make your appointment, please call ahead to reschedule. You are responsible to let your physician know if your insurance has certain rules. This would include which physical therapy facilities/providers are available to you, laboratory facilities used for your specimens, hospitals covered under your plan, or when you or your family members are eligible for complete physical examinations. **We ask that you please remind us of your plans policies.** You may become responsible for charges which do not meet the criteria set by your insurance plan.

If your insurance requires a referral to a specialist, or pre-authorizations for outside testing or special procedures, you must be sure that you request this from your physician. We need to know one week prior to your specialty visit (unless it is an emergency).

We will submit all claims to any insurance company we participate with. Many times, if there are deductibles or co-insurance payments due, you will receive a statement from us. It would be helpful if you would send in payment as soon as you receive this statement.

Managed Care seems to be more difficult than it used to be in the past. We hope that you will be able to work with us so that we can make the business part of your visit here as easy as possible. This enables us to concentrate on the health of you and your family.

HOURS:

Monday-Thursday:	8:00 a.m.-6:00 p.m.
Friday:	8:00 a.m. -4:00 p.m.
Saturday:	9:00 a.m.-12:00 p.m.

WALK IN OR BY APPOINTMENT