

LAWRENCE J. CONELL, M.D., PLC

PATIENT REGISTRATION

Welcome to our office. We are committed to providing the best, most comprehensive care possible. We encourage you to ask questions. Please assist us by providing the following information. All information is confidential and is released only with your consent. Please fill in the blanks below the line.

| | | | | |
|--|--|------------------------|------------------------------|-----------------------------|
| Patient Name | | Date of Birth | Sex | Age |
| Nickname or Preferred Name: | | | Marital Status | |
| Guarantor's Name if not same as Patient | | Social Security Number | Date of Birth | |
| Patient's Social Security Number | | Driver's License No. | | |
| Home Address | City | State | Zip | |
| Mailing Address if Different | City | State | Zip | |
| Home Telephone Number | Work Telephone Number | Cell Phone # | | |
| Occupation | Employer's Name or if Student, Name of School: | | | |
| Employer's Address | City | State | Zip | |
| Spouse's Name | Employer | | | |
| Patient's Family Physician (Doctor's Name not Group) | | | | |
| Whom May We Thank for Referring You to Our Practice? | | | | |
| NOTIFY IN CASE OF EMERGENCY | | | | |
| Name | | Relationship | | |
| Address | City | State | Zip | |
| Home Telephone | Work Telephone | | | |
| | | | | |
| | | | | |
| DO WE HAVE YOUR PERMISSION TO: | | | | |
| Leave a message on your answering machine at home? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attempt to reach you at your place of employment? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Leave a message at your place of employment? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Discuss your medical condition with any member of your family? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, with whom: | | Relationship: | | |

FINANCIAL POLICY STATEMENT AND AGREEMENT ON REVERSE
Please give this form and driver's license to the receptionist when you arrive.

WELCOME TO THE PRACTICE OF LAWRENCE J. CONELL, M.D., PLC

[Administrative Hours: Monday-Thursday 8:00 AM to 4:30 PM

Clinical Hours for Dr. Conell: By appointment only]

- Please bring up questions/needs/issues at each appointment (written notes are often helpful, so you don't forget important concerns).
- When scheduling an appointment, please inform staff of any recent hospital or emergency department visits, so records can be obtained prior to your visit.
- Please bring all medications and supplements, in their original containers, to every appointment.
- Appointments are made at an interval that seems appropriate at the initial or last visit; if the situation changes please contact the office to see if an earlier appointment is available.
- Between visit contacts/needs:
 - In a potentially life-threatening emergency call 911 or go directly to the nearest emergency department.
 - Messages left with staff, voicemail, or the answering service, are usually responded to within one business day. Note that there may be a fee for contact that requires accessing your records. It is best if you can leave a detailed message, and a fee may be able to be avoided if a response can be made through our staff.
 - **There is no one in the office on Fridays. Messages after 4:30 PM on Thursday will be checked around 4 PM on Friday. If your need is more urgent, you may call the answering service, and they will contact Dr. Conell or his coverage. There will be a \$25 fee for prescription requests after 4:30 PM on Thursday. Also note that stimulants for ADHD cannot be called in, and if you do not get your request in by Thursday at 4:30 PM you will have to wait until the following Monday. Please check your prescription status/needs before 4:30 on Thursday to avoid a charge.**
- As a nonparticipating physician with all insurance plans including Medicare and Medicaid, payment is due at the time of service. We except cash, checks, Visa and MasterCard. Note that Dr. Conell has opted out of Medicare completely, which means if you have Medicare, not only can the practice not submit bills on your behalf, but it is illegal for you to submit a claim as well.
- A statement of services will be provided to you for filing to your insurance carrier, if you so choose, for out-of-network reimbursement, **except** those with Medicare or Medicaid.
- Please provide 24-hour notice to cancel or reschedule an appointment to avoid a \$50 missed appointment discharge. Payment of this fee will be expected before any future appointments are made. This fee is nonrefundable and will not be applied to any other patient responsibility.
- There is a \$50 fee for all returned checks.
- There is a minimum charge of \$25 for all letters and requested form completion, with fees of \$50 and \$75 for longer forms.
- In the event your account is in arrears, all accounts over 90 days past due may be transferred to our collection service. In the event that this occurs, you will be responsible for all collection service fees, interest and all legal fees associated with collecting the account.
- Prescription refill requests outside a scheduled appointment may result in a per prescription processing fee, and there is a firm \$25 fee for requests after 4:30 on Thursday. Please allow a 2 business day turnaround time for prescription/refill requests.

Patient Signature: _____ DATE: _____