

The Ryu Hurvitz Orthopedic Clinic

PATIENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ SS#: _____ Marital Status: _____ Gender: M / F

Address: _____

City/State/Zip Code: _____

Phone Home: _____ Mobile: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Employer: _____

Primary Care Physician: _____

I hereby authorize discussion of my general medical condition, diagnosis, treatment, payment and health care options with: (Check all that apply)

Spouse/Name _____ Children/Name _____

Other/Name _____

INJURY

Body Part Injured: _____ () Right () Left Date of injury? _____

Was it work-related? _____ Brief description of the injury: _____

PRIVACY NOTICE ACKNOWLEDGEMENT:

I acknowledge that a copy of the Notice of Privacy Practices from The Ryu Hurvitz Orthopedic Clinic has been made available to me. I am aware that a paper copy of this Notice will be provided at my request.

Initials: _____

FINANCIAL POLICY

Please understand that payment of your bill is part of this treatment and care. Please remember that insurance is not a substitute for payment.

For your convenience, you will find the answers to a variety of commonly-asked questions below.

*We accept payment by cash, check, VISA, MasterCard or American Express.

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*Your financial responsibility depends on a variety of factors: Deductible, Co-Insurance and Co-pays. You must also be eligible at the time of service. If you do not understand your benefits, please contact your insurance company member services for detailed explanation.

*It is the patient's responsibility to inform us promptly of any changes regarding insurance coverage, address or phone number.

*If you cannot make it to your appointment, we ask that you notify us or re-schedule your appointment *at least 24 hours in advance.*

*The Ryu Hurvitz Orthopedic Clinic has the right to send you to collections for any patient balance that is still outstanding after 3 monthly statements have been sent to you, or if patient balance is still outstanding 6 months after insurance has processed claims, unless arrangements have been made.

*If you are having surgery, the Surgery Coordinator will contact your insurance company for benefits and pre-certification/authorization. You may be required to pay a pre-surgical deposit, depending on your coverage and deductible.

*A parent or legal guardian must accompany patients who are minors on the patient's visits. This accompanying adult is responsible for signing all the paperwork on behalf of the patient.

*The doctors are PPO providers; they also take Medicare and CenCal. Below is a list of plans that they are NOT contracted with:

- Dr. Ryu is NOT contracted with: State Medi-Cal, Blue Shield SHOP or HMOs (except for Physicians Choice of Santa Maria and Blue Shield HMO in Santa Maria with a referral from PCP), and Anthem Blue Cross Pathway.
- Dr. Hurvitz is NOT contracted with: State Medi-Cal, United Health Care Core/W500, Anthem Blue Cross Pathway or HMOs (except for Physicians Choice of Santa Maria and Blue Shield HMO in Santa Maria with a referral from PCP).
- Dr. Yau is NOT contracted with: State Medi-Cal, Anthem Blue Cross Select, Anthem Blue Cross Pathway or HMOs.
- Dr. Thomas is NOT contracted with: State Medi-Cal, Anthem Blue Cross Select, Anthem Blue Cross Pathway, and HMOs (except for Physicians Choice of Santa Maria with a referral from PCP). She is currently out of network with all Blue Shield PPOs – this contract is pending.

*If your doctor is not contracted with your plan, he will still be glad to see you. We will still bill your insurance and they will process the claims as out-of-network. We do collect at the time of service.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable copayment, coinsurance, and deductible, are my responsibility.

I authorize my insurance benefits be paid directly to Dr. Richard Ryu, Dr. Graham Hurvitz, Dr. Jervis Yau or Dr. Danielle Thomas.

I authorized Dr. Richard Ryu, Dr. Graham Hurvitz, Dr. Jervis Yau or Dr. Danielle Thomas to release pertinent medical information to my insurance company when requested, or to facilitate payment of claim.

Date

Signature

Printed Name