

# ***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: \_\_\_\_\_

Referring Provider (if applicable): \_\_\_\_\_

For Appointment Reminders, Do You Prefer Email or Text? \_\_\_\_\_

**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:**

The Ryu Hurvitz Orthopedic Clinic is in strict adherence with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). We will not disclose your health information with any unauthorized sources.

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:** \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

# *The Ryu Hurvitz Orthopedic Clinic*

## FINANCIAL POLICY

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

Answers to a variety of commonly asked questions are below:

- We accept payment by cash, check, VISA, MasterCard or American Express.
  - **You will receive an email or text from AdvancedMD with a link to pay your statement.**
- 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's member services department for detailed explanation.
- It is the patient's responsibility to inform us of any changes regarding insurance coverage, address or phone number. Failure to provide our office with your updated insurance coverage may result in you paying the full cost for your consult and treatment.
- It is the patient's responsibility to obtain updated referrals (when applicable). Common examples include CenCal, TriCare, Veterans Health and HMO Policies (see below) Failure to do so may result in you paying the full cost for your consult and treatment.
- 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.
- 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).
- If your doctor is not contracted with your plan, they 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.

# **The Ryu Hurvitz Orthopedic Clinic**

## **SURGERY DEPOSITS**

If you are having surgery, the Surgery Coordinator will contact your insurance company for benefits and pre-certification/authorization.

There are three components to your surgery bill: the surgeon, the facility and anesthesia. We collect for the surgeon's fee only.

Depending on your coverage and deductible, you may be required to pay a pre-surgical deposit. The surgery deposit must be paid, in full, before the date of surgery.

- Should the cost of the actual procedure performed differ from the estimated cost of the procedure, you will be refunded, or billed, for the difference.

Your initials indicate your acknowledgement of the above and your understanding that failure to pay the required surgery deposit may result in the cancellation of your surgery.

**Initials:** \_\_\_\_\_

## **SURGERY CANCELLATION POLICY**

An extensive amount of time and effort goes into scheduling each patient's surgery.

Last minute surgery cancellations take surgical time away from patients in need.

The Ryu Hurvitz Orthopedic Clinic will charge a \$200 cancellation fee for any surgeries cancelled within 48 hours of the date of surgery\*.

Your initials indicate that you acknowledge, and agree to pay, any applicable surgery cancellation fees.

\*barring any unforeseen or extenuating circumstances; allowances made at the discretion of the surgeon

**Initials:** \_\_\_\_\_

*I have read, understand, and agree with the 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**