



# New York House Call Physicians®

DBA DOCTOR IN THE FAMILY

Revised January 17<sup>th</sup>, 2020

## DOCTOR IN THE FAMILY NEW PATIENT FORM

### NOTICE OF PRIVACY PRACTICE & SECURITY:

In accordance with the Health Insurance Portability Accountability Act of 1996 (HIPAA), DOCTOR IN THE FAMILY also DBA NATAN SCHLEIDER MD PLLC or NEW YORK HOUSE CALL PHYSICIANS will keep all of your health information confidential. This means that your medical records anything related to your health will NOT be released without your written consent and explicit permission.

### NOTE FOR MEDICARE & MEDICAID PATIENTS:

DOCTOR IN THE FAMILY does not participate with Medicare or Medicaid. Medical services covered by Medicare and Medicaid may not be billed to Medicare or Medicaid. You will not be reimbursed for services mediated by DOCTOR IN THE FAMILY.

### NOTE REGARDING FEES:

COMMUNICATIONS BETWEEN DOCTOR & PATIENT REQUIRING PHYSICIAN DOCUMENTATION FOR ANY REASON MAY INCUR A FEE.

IF YOU NO SHOW FOR A SCHEDULED APPOINTMENT OR FAIL TO CANCEL AN APPOINTMENT WITHIN 1 BUSINESS DAY ADVANCE NOTICE A CANCELLATION FEE WILL BE CHARGED.

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**MY SIGNATURE BELOW INDICATES I HAVE READ AND AGREE TO THE ABOVE:**

**Patient or Guardian Signature** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

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Office: 35 East.35<sup>th</sup> Street, New York, NY 10016

www.doctorinthefamily.com • [info@doctorinthefamily.com](mailto:info@doctorinthefamily.com) • Phone 646.957.5444 • Fax 917.591.6885



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### PHARMACY INFORMATION:

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

**MY SIGNATURE BELOW INDICATES I HAVE READ AND AGREE TO THE ABOVE:**

**Patient or Guardian Signature** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

New York House Call Physicians® DBA DOCTOR IN THE FAMILY

Office: 35 East.35<sup>th</sup> Street, New York, NY 10016

www.doctorinthefamily.com • [info@doctorinthefamily.com](mailto:info@doctorinthefamily.com) • Phone 646.957.5444 • Fax 917.591.6885





# New York House Call Physicians®

DBA DOCTOR IN THE FAMILY

Revised January 17<sup>th</sup>, 2020

## DOCTOR IN THE FAMILY NEW PATIENT FORM

### NOTICE OF PRIVACY PRACTICE & SECURITY:

In accordance with the Health Insurance Portability Accountability Act of 1996 (HIPAA), DOCTOR IN THE FAMILY also DBA NATAN SCHLEIDER MD PLLC or NEW YORK HOUSE CALL PHYSICIANS will keep all of your health information confidential. This means that your medical records anything related to your health will NOT be released without your written consent and explicit permission.

### NOTE FOR MEDICARE & MEDICAID PATIENTS:

DOCTOR IN THE FAMILY does not participate with Medicare or Medicaid. Medical services covered by Medicare and Medicaid may not be billed to Medicare or Medicaid. You will not be reimbursed for services mediated by DOCTOR IN THE FAMILY.

### NOTE REGARDING FEES:

COMMUNICATIONS BETWEEN DOCTOR & PATIENT REQUIRING PHYSICIAN DOCUMENTATION FOR ANY REASON MAY INCUR A FEE.

IF YOU NO SHOW FOR A SCHEDULED APPOINTMENT OR FAIL TO CANCEL AN APPOINTMENT WITHIN 1 BUSINESS DAY ADVANCE NOTICE A CANCELLATION FEE WILL BE CHARGED.

DOCTOR IN THE FAMILY does NOT contract with any health insurance company but may participate with insurance company “out of network.” We are not professional billers. We do not explain the meaning of the medical codes.

CHECKS MAILED TO YOU FROM INSURANCE COMPANY FOR SERVICES WE PROVIDE SHOULD BE FORWARDED TO US. YOUR CREDIT CARD MAY WILL BE BILLED FOR SERVICES PROVIDED. CHECKS MAY HAVE YOUR NAME ON THEM BUT IS NOT YOUR MONEY. MAKING MONEY BY USING YOUR INSURANCE IS INSURANCE FRAUD. AUTHORITIES WILL BE NOTIFIED. YOUR BILLS WILL BE SENT TO COLLECTIONS.

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Patient Address: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Patient Email: \_\_\_\_\_

Patient Health Insurance Plan Name: \_\_\_\_\_

Patient Insurance Plan Member ID Number: \_\_\_\_\_

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