

Nanticoke Gastroenterology, P.A

Patient registration Form

Appointment Date: _____

Email Address: _____

Patient Information

Name: _____ SSN: _____
 Date of Birth: _____ Sex: M F Married Partnership Single Divorced Widowed
 Mailing Address: _____
 City: _____ State: _____ Zip code: _____
 Home Telephone: _____ Cell Phone: _____
 Employer: _____ Work Phone: _____
 Family Doctor: _____ Last seen: _____
 Cardiologist: _____ Last seen: _____
 Pharmacy: _____ Location: _____

Emergency Contact

Contact Name: _____ Relationship: _____
 Home Telephone: _____ Cell/Work Phone: _____

Please print the names of anyone, relationship, and phone number of anyone whom we may inform about your general medical condition and your diagnoses (including treatment, payment, and health care operations).

Name	Relationship	Telephone Number

I certify that the information I have signed above is true and correct

Patient/ Authorized Representative Signature: _____

Date: _____

Insurance Information

Insurance Carrier: _____
 Group Number: _____
 Member/ Patient ID Number: _____

Office Policy for Nanticoke Gastroenterology, P.A.

All office appointments are by Appointment only; there are NO walk-ins.

Appointment reminders - We have an automated appointment reminder that will remind you two business days prior.

Nanticoke Gastroenterology, P.A. - Will charge a \$50.00 NO SHOW FEE for any patient that does not give 24 hours' notice of a cancellation or reschedule.

Seaford Endoscopy Center, LLC -Will charge a \$100.00 NO SHOW FEE for any patient that does not give 24 hours' notice of a cancellation or reschedule.

Returned Checks - There is a \$35.00 charge for all returned checks, payable in cash and credit card only.

Self-Pay Patients -All self-pay patients are responsible for a \$150.00 deposit for the initial office visit. Self-pay patients will be responsible for a deposit on all procedures based on the self pay fee schedule which is due prior to the procedure. A payment plan can be set up for the remainder of the balance.

Forms - Please allow five (5) days from the time you drop off the form for completion.

Medication Refills - Dr. Mackler requires all patients to be seen once (1) a year to maintain prescriptions. If you do not need to see the doctor please allow 72 hours to refill your prescription.

Test Results - All tests will be discussed with you at your follow up visit. Office staff are not authorized to give test results over the phone, so please don't ask.

Identification and Insurance Cards - The patient is responsible for bringing identification and insurance cards to all appointments.

Billing - I authorized Nanticoke Gastroenterology, P.A. to bill my insurance company. I hereby authorize direct payment to Nanticoke Gastroenterology, P.A. for any insurance benefit otherwise payable to me for any services rendered by Nanticoke Gastroenterology.

HIPPA - I have reviewed the Notice of Privacy Practices for Nanticoke Gastroenterology, P.A.

Collections: I understand that I am responsible for all collections, interest, and legal fees associated with the collection process.

Violation of these policies can result in dismissal from the practice.
I have read and agree to all the above conditions.

Patient's Name: _____

Date of Birth: _____

Signature of Patient: _____ Date: _____