Nanticoke Gastroenterology Office Policy

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

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: _____County: _____State: _____ Zip code: _____
Family Doctor: _____ Last seen: _____
Cardiologist: _____ Last seen: _____
Pharmacy: _____ Pharmacy Location: _____

It will likely be necessary for us to contact you with important information regarding your appointments, procedure instructions or account. Please provide your contact information and indicate your preferred contact number(s) AND at which number(s) we may leave a detailed phone message if you do not answer.

Patient Contact Numbers	Telephone Numbers	May leave message	Preferred Contact Numbers	May not leave message
Cell Phone		☐	☐	☐
Home Phone		☐	☐	☐
Work Phone		☐	☐	☐

Support Persons

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).

Support Person(s) Name	Relationship	Telephone Number	Emergency Contact	HIPAA Approved
			☐	☐
			☐	☐
			☐	☐

Insurance Information

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

Prescription Plan information
Name: _____
PCN: _____ RX Bin: _____
PRX Group: _____

Secondary:
Insurance Carrier: _____Member ID _____ Group _____

I certify that the information I have provided above is true and correct.

Signature: _____ Date: _____

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

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

Permission to Contact – I understand that my permission to contact the numbers I provided will be extended to staff from Nanticoke Gastroenterology and Seaford Endoscopy Center.

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

No show fees- A 50.00 fee will be charged if you do not give 24 hours' notice of a cancellation or reschedule for office visits. There is a 100.00 fee for late cancellation/no show for all procedures.

Self-Pay Patients -All self-pay patients are responsible for a $180.00 deposit for the initial office visit and 100.00 for follow up visits. 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.

Returned Checks - There is a $50.00 charge for all returned checks, payable in cash and credit card only.

Medication Refills - Dr. Mackler requires all patients to be seen once (1) a year to maintain prescriptions. If you have been seen within the last year, please allow 72 hours.

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.

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.

Collections*:* I understand that I am responsible for all charges incurred by me and agree to pay all fees, interest, and legal fees associated with the collection process.

Records Release- Our office requires 72 hours for processing.

Co-Pays, Co-Insurance and Deductibles are due at the time of your appointment.

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: _____

Relationship if not patient: _____