Nashville Knee & Shoulder Center

Patient Name _____ Responsible Party_____

Address _____

Zip code _____ City _____ State _____

Home# _____ Marital Status: Single Married Divorced Widowed

Work # _____ Date of birth _____

Cell # _____ Social Security # _____

E-mail: _____ Sex _____ Employer _____

Emergency Contact:_____Phone:_____

Responsible Party Information (Parent Accompanying Child)

Name _____ Sex _____

Social Security # _____ Date of birth _____

Address _____

Zip code _____ City _____ State _____

Home# _____ Employer _____

Work# _____ Cell# _____

Primary Insurance Company _____

Subscriber Name _____

DOB _____Subscriber SSN #_____

Employer_____

Employer Phone# _____

Secondary Insurance Company _____

Subscriber Name _____DOB _____

Subscriber ID #_____ Group # _____

Patient and/or Guardian signature _____Date _____

Nashville Knee & Shoulder Center

Name:_____ **Age:**____ **Height**_____ **Weight**_____

Who referred you?_____

Name/Address of referring physician:_____

Family Physician:_____

Which body part are we seeing you for today?_____

(Please check one if applicable) Right side:_____ **Left side:**_____ **Both sides:**_____

Please describe your problem:_____

_____

How long ago did you first notice your problem?_____

Occupation:_____ **Did your injury occur on the job? Yes**___ **No**____

Is this a sports related injury? Yes_____**No**_____ **If yes, what sport?**_____

Do you have any of the following medical conditions? (Please check all that apply)

___Glaucoma **___Stomach Problems (Ulcers)** **___Bleeding**

___Seizures **___Liver Disease** **___Diabetes**

___Lung Disease **___Prostate/Urinary Problems** **___Blood Clots**

___Heart Disease **___Kidney Stones** **___Cancer (Where?)**_____

___Hypertension (High Blood Pressure) **___Asthma** **___Depression**

Have you ever Had, or been Diagnosed with MRSA? Yes_____**No**_____

___Other Conditions:_____

Please list all surgical procedures:_____

_____

List all medications you are presently taking:_____

_____

Are you allergic to any medications? Yes_____ **No**____
If yes, please list the medications:_____

Tobacco Use: Yes_____ **No**_____ **Alcohol Use: Yes**_____ **No**_____ **Drug Use: Yes**____ **No**____

Do any diseases run in your family? Diabetes___Heart Disease___Cancer___

Other_____

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Please describe in detail HOW, WHEN, and WHERE your problem began:

_____

_____

_____

_____

_____

_____

Did you have a specific injury?_____

What was the exact date of injury?_____

Have you had treatment for this injury/problem? Yes_____ No_____
If yes, please describe treatment:

_____

_____

Have x-rays been taken since the injury? Yes_____ No_____

Did you bring those films with you today? Yes_____ No_____

Have you had similar problems in the past? Yes_____ No_____
If yes, please explain:

_____

_____

I hereby authorize Nashville Knee & Shoulder to release the above information and any other pertinent information related to my visit to my insurance carrier for the processing of any medical claims and/or forms.

_____

Patient/Parent or Guardian Signature **Date**

Nashville Knee & Shoulder Center

Patient Agreement

Limitation of Practice: Patient understands that Dr. Pagnani's/Dr. Jones practice is limited to Orthopedics.

Patient Consent: Patient hereby gives consent, if needed, for drawing blood samples for diagnosis or in case of accidental puncture or exposure to medical personnel during my course of treatment either in the offices or in the hospital. These tests may include AIDS testing.

Privacy Policy

All patients have a right to review our Notice of Privacy Practices. Any employee of the practice can provide you a copy of the Notice of Privacy Practices. If you would like to restrict access or request modifications be made to your Personal Health Information, please request the required form from a member of our staff.

Collection Policy

Insurance Claims Filing

In all cases, the patient is responsible for payment of their account. As a courtesy, Nashville Knee & Shoulder Center, PLLC will file a claim to the patient's insurance coverage.

Assignment and Release: Patient hereby authorizes and assigns applicable insurance benefits to be paid directly to the physician; Patient is financially responsible for non-covered services. Patient authorizes release of information necessary to process insurance claims. Patient authorizes photographs to be restricted for medical, education or insurance purposes and information released to other practitioners in good faith effort for my medical care.

Medicare: Patient requests that payment of authorized Medicare benefits be made either to the patient or on the patient's behalf to *Nashville Knee & Shoulder Center, PLLC* and their associates for any services furnished the patient by that physician. Patient authorizes any holder of medical information about the patient to release to the Center for Medicare and Medicaid Services (CMS) or its agents any information needed to determine these benefits payable for related services. This form is not to be used by the patient for Medicare reimbursement.

Managed Care Plans and Referrals

Managed care plans (e.g. HMO's) require specialist and sub-specialists to obtain a referral number before the physician can see a patient. The patient is responsible for obtaining a referral number, not this office. Failure to have a referral number prior to service will result in reduced benefits by the managed care plan. Therefore, the patient is responsible for any balance not paid by the coverage plan.

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Co-Payments

In all cases, the patient is responsible for making co-payments at the time of the patient visit in the form of cash or check. If a co-payment is not made at the time of the patients visit, *Nashville Knee & Shoulder Center, PLLC* , reserves the right to require co-payment to be made prior to all future patient visits.

Maximum 30-Day Period for Unpaid Balances

Patient Balances are due 30 days after insurance coverage payment has been made. In the alternative, the patient must make acceptable payment arrangements by contacting the Billing Department at *Nashville Knee & Shoulder Center, PLLC.* Balances may be paid via cash, check, Visa, or MasterCard.

Unpaid Balances

If for any reason the patient cannot make scheduled payments, the patient must immediately contact the Billing Department at *Nashville Knee & Shoulder Center, PLLC* to make acceptable arrangements. *Nashville Knee & Shoulder Center, PLLC* reserves the right to refer all unpaid accounts to collection agencies. Any fees associated with collection, including collection agency contingency fees and court costs, will be added to the patient's account balance. After accounts are place with collection agencies, all patient visits and procedures will be on a cash only basis.

Service Charge

Nashville Knee & Shoulder Center, PLLC reserves the right to assess a service charge, not to exceed $20 per month, to a patient account for any unpaid balance over 30 days after the insurance coverage has been paid. No service charges will be assessed to patient account where the patient has made payment arrangements with the Billing Department and payments are being made as agreed.

Provider Signature _____ Date _____

Patient Signature _____ Date _____

ALL QUESTIONS CONCERNING THESE POLICIES SHOULD BE DIRECTED TO THE ADMINISTRATOR