DR. MONTANARELLA & ASSOCIATES, P.A.

PATIENT INFORMATION (Please Print Clearly)

Name: _____DOB: _____ Marital Status: S M W D SEP

Street Address: _____City/State/Zip Code: _____

Home Phone: _____Cell Phone: _____Work Phone/Ext: _____

SSN: _____Email address: _____

Primary Care Physician: _____ Phone _____

Employer: _____ Emergency Contact: _____Phone: _____

Preferred Method of Contact: ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ MyEChart

RACE

The Federal Government is requesting we ask our patients to report on the following demographic information. This is not required and you may decline to report this information.

PLEASE IDENTIFY YOUR RACE:

☐ White ☐ Black ☐ Asian ☐ Other: _____ ☐ Refused to Report/Unreported

PRIMARY INSURANCE INFORMATION:

Primary Insurance Company: _____ Effective Date: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Secondary Insurance Company: _____ Effective Date: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

CANCELLATION OR NO SHOW POLICY

At Dr. Montanarella & Associates, PA, our goal is to provide you with quality obstetrical and gynecological care. In order to do so, appointments are offered in a timely fashion and the appropriate amount of time is scheduled for you to discuss your concerns with one of our providers. A missed appointment not only delays your care, but also prevents us from offering that appointment to another patient who could have been seen at that time. We do understand that unforeseen circumstances may arise and you may need to reschedule your appointment. We kindly request you notify our office within 24 hours of your appointment. If an appointment is missed or is not canceled within 24 hours of the scheduled appointment, fees will be assessed as follows:

*$50.00 charge for a missed annual or medical appointment
*$100 charge for a missed ultrasound appointment
*$100 charge for a missed minor office procedure (IUD, Nexplanon, SHG)
*$200 charge for a missed major office procedure (Novasure, Essure, Colpo, LEEP, Hysteroscopy)

If you have more than three last minute cancellations or missed appointments you may be discharged from our practice. If you arrive late for your appointment, we cannot guarantee that you will be seen.

INSURANCE AUTHORIZATION AND ASSIGNMENT (All Patients)

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain visits, procedures and diagnostic tests whether or not routine and others pay a percentage of the charge. It is your responsibility to pay any deductible amounts, co-insurance, co-pays or any other balances not paid by your insurance, that are patient responsibility.

I understand that I am financially responsible for services rendered if I am unable to supply a valid referral from my primary care physician as required by my insurance company as well as charges inclusive of any diagnostic testing whether or not paid by said insurance.

I hereby authorize said assignee to release all information necessary to secure that payment. If applicable, I assign benefits to be paid directly to the provider.

Signed: _____ Date: _____