CAMINO
EAR, NOSE & THROAT CLINIC

Patient Information

Patient Name _____ Date _____

Address _____

City, State, Zip _____ Sex ☐ Male ☐ Female

Home Phone _____ Work Phone _____

Mobile Phone _____ Email _____

Communication Preference ☐ E-Mail ☐ Home Phone ☐ Mobile Phone

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed Date of Birth _____ Age _____

Social Security # _____ Occupation _____ Employer _____

Insurance Information

Primary Insurance Provider _____

Name of Subscriber _____ Subscriber DOB _____

Subscriber ID _____ Group ID _____

Subscriber Social Security # _____

Secondary Insurance Provider _____

Name of Subscriber _____ Subscriber DOB _____

Subscriber ID _____ Group ID _____

Subscriber Social Security # _____

Primary Care Physician

Primary Care Physician _____

Address _____

City, State, Zip _____ Phone _____

Referral Information

Referring Physician _____

Address _____

City, State, Zip _____ Authorization # (if needed) _____

Emergency Contact Information

Name and Relationship of Emergency Contact _____

Address _____

City, State, Zip _____ Telephone _____

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown ☐ Decline to Specify

Race ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Race ☐ Declined

Religion ☐ Do Not Wish to Specify ☐ Wish to Specify _____

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Pediatric Patient Health History

Date_____ /_____ /_____

Patient Name _____ DOB _____ Age _____

School _____

Pharmacy Name and Address _____

Medical History/Birth History

Method of delivery? ☐ Normal Vaginal ☐ Cesarean Section

Were there any complications or infections during pregnancy? ☐ No ☐ Yes

If yes, please explain:_____

Was child born premature? ☐ No ☐ Yes If yes, list gestational age _____ weeks

Was child in the NICU? ☐ No ☐ Yes If yes, was child intubated? ☐ No ☐ Yes

Did child pass newborn hearing screening? ☐ No ☐ Yes ☐ Unsure

Was child breastfed? ☐ No ☐ Yes

Please indicate any therapy child is receiving: ☐ PT ☐ OT ☐ Speech ☐ Other _____

Are your child's immunizations up to date? ☐ No ☐ Yes

Have you refused or declined any immunizations? ☐ No ☐ Yes If yes, which one(s)? _____

Does your child have or ever had any of the following conditions? Please check:

☐ Behavior/developmental disorders:
_____

☐ Ear infections. If yes, how many in past 12 months:
_____

☐ Easy bruising/bleeding disorder:
_____

☐ Heart problems:
_____

☐ Stomach or intestinal problems:
_____

☐ Strep throat or tonsillitis. If yes, how many in past 12 months:
_____

☐ ADHD/ADD
☐ Asthma
☐ Bladder/urinary tract infections (UTIs)
☐ Bronchitis/pneumonia
☐ Cancer/leukemia
☐ CMV exposure
☐ Cystic fibrosis
☐ Diabetes
☐ Headache/migraine
☐ Jaundice
☐ Meningitis
☐ Seizures
☐ Thyroid disease
☐ Tuberculosis

Do you think your child hears normally? ☐ No ☐ Yes

Has anyone voiced concerns about your child's speech development? ☐ No ☐ Yes

Please list other medical conditions your child may have:

_____

_____

_____

Previous Surgery

Has your child had any surgeries?

☐ No ☐ Yes (please list below)

Surgery	Date

Medications

Is your child taking any prescribed or over the counter medicines?

☐ No ☐ Yes (please list below)

Medication	Dosage	Reason for taking

Is your child allergic to any medications?

☐ No ☐ Yes (please list below)

Medication	Type of Reaction

Family History

Is there a family history (immediate family only) of medical problems? ☐ No ☐ Yes

- ☐ Hearing loss before age 50
- ☐ Bleeding problems
- ☐ Cancer
- ☐ Diabetes
- ☐ Heart disease
- ☐ High blood pressure
- ☐ Problems with anesthesia
- ☐ Stroke
- ☐ Other _____

Social History

Does your child attend day care? ☐ No ☐ Yes

Are there pets in the house? ☐ No ☐ Yes If yes, number/types: _____

Is there smoke exposure? ☐ No ☐ Yes If yes, describe exposure: _____

Who does the child live with? (Include siblings): _____

School grade? _____ List any special schools or classes _____

Number of languages spoken at home: _____

Do the child's siblings have ear infections? ☐ No ☐ Yes

Does the child use a pacifier? ☐ No ☐ Yes Stopped using pacifier at age (if applicable): _____

Does the child have poor academic performance? ☐ No ☐ Yes

Review of Symptoms
Please check only those symptoms your child has developed:

Constitutional:

- ☐ Anxiety
- ☐ Chills
- ☐ Fatigue
- ☐ Fever
- ☐ Headache
- ☐ Weight gain
- ☐ Weight loss

Ear, Nose, Throat:

- ☐ Difficulty swallowing
- ☐ Ear drainage
- ☐ Ear pain
- ☐ Hay fever
- ☐ Loss of hearing
- ☐ Nosebleeds
- ☐ Post nasal drip
- ☐ Ringing in ears
- ☐ Sinus problems

Eye:

- ☐ Blurred vision
- ☐ Double vision

Gastrointestinal:

- ☐ Acid reflux
- ☐ Constipation
- ☐ Diarrhea
- ☐ Hemorrhoids
- ☐ Nausea
- ☐ Poor appetite
- ☐ Stomach pain
- ☐ Vomiting

Genito-urinary:

- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Lack of bladder control/wets bed

Musculoskeletal:

- ☐ Joint pain
- ☐ Muscle pain
- ☐ Muscle weakness
- ☐ Neck stiffness

Neurological:

- ☐ Balance problems/dizziness
- ☐ Fainting
- ☐ Memory problems
- ☐ Seizure
- ☐ Tremors

Respiratory:

- ☐ Hoarseness
- ☐ Mouth breathing
- ☐ Oxygen dependence
- ☐ Persistent cough
- ☐ Productive cough
- ☐ Shortness of breath
- ☐ Snoring or gasping at night
- ☐ Wheeze/asthma

Skin:

- ☐ Bruise easily
- ☐ Hives
- ☐ Itching
- ☐ Rash
- ☐ Scars
- ☐ Sores that won't heal

Summary of Financial Policies

Will my insurance cover this visit?

In most cases, yes. Camino Ear, Nose & Throat Clinic accepts all PPO insurance and is in-network with several different HMOs as well. We do our best to help you know before you come in if your insurance will cover a visit with us. It is, however, ultimately your responsibility to know your plan, whether your insurance information is current (you will be asked) and to check with your carrier first to make sure we will be considered in-network for your visit. If you have an HMO, you are responsible for knowing whether an authorization has been issued for your visit. If we have reason to believe that your insurance will not cover something, we will have you sign an Advanced Beneficiary Notice beforehand, giving you notice. We do not accept Medi-Cal. If you have international medical insurance we cannot submit those claims on your behalf. You will be treated as a "Cash Pay" patient and will be given the necessary documents so that you may file a claim with your carrier.

_____ Initial here if you do not have Medi-Cal, primary or secondary.

_____ Initial here if you have International Medical Insurance.

Why am I being asked for a credit card and how will it be used?

We cannot see you if you do not have a credit card on file with our office. Our policy is to inform patients when they make the appointment. If you were not told, please let us know. Over the last several years we have seen patient copays/coinsurance/deductibles go from approximately 10% of our income to 35%. We are sure you also have noticed that your bills from physicians' offices have increased as well. The costs of healthcare shared by carriers and patients are increasingly being allocated to patients (lower premium, higher deductible plans) and we are being instructed, per your carriers, to send the bill to you. When you are in our office you will be asked verbally if you would like to use your credit card on file for your standard copay or for any unpaid balance. You will be given a receipt. If there is an outstanding bill for which you have received more than two statements and have not called with a question or have not mailed in an alternate form of payment, the outstanding balance will be charged in full.

What does it mean to be in a specialist's office?

Specialists' offices bill very differently from General Practitioners and Pediatricians. We do not have a global office visit code available to us to bill under that covers everything that happens in our office. Specialists must separately document and code every procedure and exam they conduct. Each code may generate a separate charge. So you may get a bill from our office if your carrier indicates that is what your plan requires. Our providers do not know your individual situation and nor do they know the wide variety of policies of various insurers regarding different charges, so please don't ask them in the exam room. Let them focus on you, and let our billing department help you understand and manage any charges that arise as a result of your visit.

How much will this visit cost me?

Short answer: we don't know beforehand (see the section above as to why). If you have insurance, you may have a copay, coinsurance and/or a deductible. Every patient and plan is different.

Do you accept non-insured ("Cash Pay") patients?

Yes. We offer non-insured patients rates that are comparable to the average reimbursement from an insurance company. We do not charge more than the average, and we may not, per our contracts with insurance companies, charge less. If the balance is large, a "Cash Pay" patient should discuss their payment options with our billing specialist, so a plan can be made and care not delayed. We do not want patients to avoid seeing a provider out of concern over a charge. We cannot accept cash payment if you are enrolled in Medi-Cal (Medicaid).

How and when do I pay?

For our insured patients we ask that you pay your copay at the time of your visit. For our non-insured patients, your charges will be determined at the end of your visit and we ask that you pay the outstanding charges, unless an alternate arrangement is made. All charges may be settled using cash, checks, Visa, Mastercard, American Express or Discover. You will receive a statement from our office showing what remittance advice, if any, we received from your insurance company. All undisputed amounts owed should be paid within 30 days of you receiving your first statement. After two statements are sent, the credit card on file will be charged.

Do you offer payment plans?

Yes. We offer 0% interest payment plans. The most important thing is that you call and speak with our billing specialist to arrange a plan as soon as you are aware that you need some assistance in managing the payment. The credit card that is kept on file with our office will be used to collect the agreed upon amounts at the agreed upon dates.

Am I able to negotiate my balance with Camino Ear, Nose & Throat Clinic?

Not really. If you are an insured patient, your agreement with your insurance company dictates how your charges are to be shared between you and your insurance carrier. We send the charges to your carrier; they tell us how to allocate the charges. Our agreement with them is very clear—we must collect what is owed or we can be dropped as a provider. For non-insured patients our insurance contracts still dictate that our minimum charges cannot be less than they reimburse. If you are under a financial hardship, and even an interest free payment plan will not suffice, there is a process by which you can document your hardship to the satisfaction of your insurance company (it involves pay stubs and bills) so that we will be allowed to reduce somewhat the amount you owe.

Do you send patients to collections?

Yes, unfortunately. Any balances that remain unpaid for more than 90 days from a final determination by your carrier as to the correct charges will be sent to collections. The company we use is Professional Credit.

Is there a fee for not showing up or showing up late for a scheduled appointment?

A "No-Show" is defined as a patient who fails to reschedule more than 24 hours before their scheduled visit. For Monday appointments, this means by the prior Thursday by 5 p.m. (one business day). If you call our office more than 24 hours before your visit to let us know you cannot make it, there is no charge. The fee for the first "No-Show" is $50. The second is $75. If there is a third no-show, the provider with whom you're scheduled with may decide to discharge you from their clinic or, another $75 charge will be incurred. We really dislike having to do this, but we really need some notice to allow other patients to schedule. We turn away other people needing care in order to hold a place for a patient. If there are extenuating circumstances, we're open to discussing them.

Is there a fee for a late cancellation or not showing up to a surgery?

Yes. A "No-Show" for surgery is a person who fails to cancel or reschedule more than 3 business days prior to their scheduled surgery. If you communicate with the surgeon's medical assistant more than 3 business days prior to your scheduled surgery and cancel or reschedule there will be no charge. The fee for a surgery that is not cancelled or rescheduled within the allowed timeframe will be $250. We really dislike having to charge this fee but we need the notice to allow other patients to be able to be put on the surgery schedule. A lot of time from the medical and surgery staff goes into planning the surgery and coordinating the people and equipment that are needed. Like with our office visits, we do understand that extenuating circumstances can arise. We're open to discuss those on a case by case basis.

Acknowledgement of financial policies and guarantee of payment

By signing my name below,

I hereby guarantee payment in full within ninety (90) days of all charges established by Camino Ear, Nose & Throat Clinic for service(s) rendered to me or my dependent, unless other arrangements satisfactory to Camino Ear, Nose & Throat Clinic have been made. This includes any charges that a third-party payer may determine to exceed usual and customary limits. I authorize Medicare, Medicaid, and all relevant commercial payers to pay Camino Ear, Nose & Throat Clinic, Margaret Carter M.D., Mark S. Kita, M.D., Michael T. Murray, M.D., Lionel Nelson, M.D., Hussein A. Samji, M.D., Kelly Brennan, Au.D., Ana Pereverzeva, Au.D., Jennifer A. Tucker, Au.D. and/or Nicole Ulen, Au.D. on my behalf for any services furnished to me or my dependent. I certify that I have read this assignment of benefits, that the information given by me is correct, and that I agree to all the provisions contained in it. The insurance information I have provided is current and correct. If I sign this form and the insurance card is found later to be outdated or invalid, I understand that I am responsible for paying for the services in full and will need to file with the insurance carrier myself. *My insurance co-pay is due at the time of service, per my insurance company.*

Print Name _____ Signature _____ Date _____

BASS MEDICAL GROUP

Camino Ear, Nose & Throat Clinic
is a division of Bass Medical Group.