

NADEC

Nutrition and Diabetes Education Center, LLC

Patient Registration Form

Patient Information

Last Name _____ First Name _____ MI _____
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell _____
Birth Date _____ Age _____ Sex _____ Marital Status _____ SS# _____
Emergency Contact Name _____ Relationship _____ Phone _____
Email: _____

Primary Care Physician _____ Phone _____
Employer's Name _____ Phone _____
Employer's Address _____

If different from patient information: (Primary/Secondary insurer information)

Responsible Party's Name _____ Relationship _____ Phone _____
Responsible Party's Address _____
Responsible Party's Employer _____ Phone _____
Employer's Address _____

Insurance Information

Company Name: _____ Phone Number: _____
Claim Address _____ City _____ State _____ Zip _____
Member Number: _____ Group Number: _____

If different from patient information: (Primary/Secondary insurer information)

Policyholder Name: _____ Policyholder SS#: _____
Your relationship to policyholder: _____ Policyholder Birth date: _____

Authorization Release and Assign Benefits

I understand the records concerning the patient are the property of NADEC and are maintained for the benefit of the patient, the staff and the referring physician. I certify that the information given by me in applying for payment under any health insurance plan is correct. I agree to the patient policies. I hereby authorize NADEC to release those records, including medical records which pertain to treatment to my personal physician and to release information needed for processing health claims to my commercial health insurance company or government program. I authorize insurance payments to be sent to the NADEC if applicable.

I certify that I am personally responsible for all services rendered to me and/or members of my family, if insurance does not reimburse NADEC as dictated by my insurance coverage.

Patient/Guardian Signature _____ Date _____

24 Hour cancellation of appointment is required to avoid charge.
www.nutrition-diabetes.com

<p style="text-align: center;">NADEC NUTRITION AND DIABETES EDUCATION CENTER</p>
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POLICY AND PROCEDURE

In order to meet your needs and provide quality care in a timely manner, we request you to honor the following procedures.

PAYMENT POLICY:

I claim full responsibility for services rendered at NADEC and understand that payment is required in full at the time of service, either patient or responsible party, insurance benefit and/or co-pay. We accept cash, check, money order or credit card. Checks are to be made payable to NADEC. We do not accept any other forms of payment. **Co-payments must be paid prior to the patient being seen. This is required in the terms of your contract with your insurance company.** Any amounts that are applied to the patient's deductible are due and payable prior to the patient's next visit or within 30 days after we receive notification from your insurance company, whichever comes first. **You will be charged \$35.00 for returned checks.**

COLLECTION POLICY:

Accounts become delinquent after **90 days**. All accounts that are delinquent will be turned over to our collection agency. There will be an fee added to your balance for their services.

MISSED APPOINTMENT POLICY:

Individual appointments are scheduled for a specific time. Our office requires a 24-hour notice for cancellations. **You will be charged \$25.00 for missed appointments unless the office is notified of cancellation at least 24 hours in advance.** If you believe you were charged this no-show fee in error, we allow 30 days to dispute this charge. This amount will be due prior to the patient's next visit.

LATE POLICY:

Our office adheres to a late policy of 15 minutes. If a patient is late for the appointment 15 minutes or greater, they will be asked to reschedule. Please call if you will be late for your appointment.

MEDICAL INSURANCE POLICY:

Medical insurance companies may or may not offer coverage for outpatient nutrition counseling, therefore you should carefully investigate the types of coverage you may have. Although you may have insurance that will reimburse you, please understand that it is your responsibilities to pay for your visit and to have your insurance company reimburse you if applicable. You must bring your **current insurance** card on your first visit and any new cards issued to you for any subsequent visit. Have your doctor fax over your referral or bring it with you on your first visit, if applicable.

RESULTS:

Please bring copies of your most recent lab results or have your doctor to fax them over prior to your first visit. Please bring a list of all medications you are taking, your food record, and your blood glucose (sugar) result, if applicable.

ACKNOWLEDGMENT:

I hereby acknowledge responsibility for payment of services at the time of the session unless prior arrangements have been made. I understand that the receipt provided to me may be *self-submitted* for insurance coverage for potential reimbursement. I understand that I may be charged a fee for appointments not changed or canceled at least 24 hours prior to the scheduled time of the appointment.

Patient/Guardian Signature: _____ Date: _____

NUTRITION AND DIABETES EDUCATION CENTER, LLC (NADEC)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program which requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept confidential. This Act gives you, the patient, significant rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for the following purposes: treatment, payment, and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. For example, providing your doctor with the results and progress notes.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. For example, sending a claim to your insurance company for payment on services provided.
- Health Care Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example of this would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services which may be of interest to you. Any other uses and disclosures will be made only with your written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information which you can exercise by presenting a written request to the Privacy Coordinator:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communication of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive and accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We restrict any access to personal information about you only to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information. Employees are required to abide by the following standards: (1) safeguard and secure

confidential personal information as required by law; (2) limit the collection and use of patient information to the minimum necessary to deliver our services; (3) permit only trained, authorized employees to have access to confidential information. In addition, NADEC will: (1) not share personal information, either internally or externally, for purposes other than what is allowed by law; and (2) attempt to keep our patient files up-to-date and allow patients the opportunity to correct information they believe is inaccurate.

In completing insurance claims for services provided to you, NADEC collects the following types of personal information: (1) address, telephone number, date of birth, Social Security number; (2) information received from your physician or other health care provider; (3) information related to your health status including diagnosis; (4) information about you necessary for proof of identification and proof of insurance. We may disclose this information to your insurance carrier without prior authorization, as permitted by law.

Nutrition and Diabetes Education Center, LLC (NADEC) recognizes the importance of maintaining secure and confidential personal information that we receive and maintain about our patients, and keeping our patients' personal information secure and confidential is required of all NADEC employees. We do not disclose any personal information about our patients or former patients to anyone, except as permitted by law.

You may address questions regarding our privacy practices, your privacy rights, or additional information regarding your privacy from our Privacy Coordinator by writing to Nutrition and Diabetes Education Center, LLC, c/o Privacy Coordinator, 12150 Annapolis Rd, Suite 104, Glenn Dale, MD 20769.

Patient Authorizations for Certain Disclosures

We will request your written authorization for uses and disclosures of your medical information that we did not identify in this notice or for those uses not otherwise permitted by law. These disclosures include your requests to provide information to your attorney, for information related to life insurance or disability insurance applications, or for pre-employment physicals, among others. Your authorization is valid for one year after you grant it, unless you specify a shorter time. You may revoke your authorization in writing at any time by contacting our Privacy Coordinator using the contact information on the first page.

PATIENT ACKNOWLEDGEMENT

I hereby acknowledge that I have received and reviewed a copy of this Privacy Notice, effective the date of your signature.

Signature

Date