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beverly hills gastroenterology

Marc A. Edelstein M.D., FACP, FACG
Diplomate, American Boards of
Internal Medicine and Gastroenterology
Gastroenterology, Hepatology, and Nutrition
Diagnostic and Therapeutic Endoscopy

Susan P. Edelstein M.D., FAAP
Diplomate, American Boards of
Pediatrics and Pediatric Gastroenterology
Pediatric Gastroenterology, Hepatology, and Nutrition
Diagnostic and Therapeutic Endoscopy

New Patient Information - Dr. Susan Edelstein

Date: _____ Account No: FOR OFFICE USE ONLY

Child Information

Name: _____ Sex: M or F
DOB: _____ Place of Birth: _____
Social Security #: _____

Parent / Guardian Information

Name: _____ Relation to child: _____
DOB: _____ Social Security #: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home: ( )_____ Cell: ( )_____ Work: ( )_____
Email: _____
Emergency Contact: _____ Relation: _____
Phone: ( )_____

Employer Information

Employer: _____ Self Employed: Yes / No
Work Address:_____
City:_____ State: ____ Zip Code:_____ Phone: ( )_____

Billing Information

Home:☐ Work☐ Other☐ Address: _____
City: _____ State: _____ Zip Code: _____

Who were you referred by? _____

150 North Robertson Boulevard, Suite 204 | Beverly Hills, California 90211 | p: 310.659.1300 | f: 310.659.4300 | w: bhgastro.com

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New Patient Information - Dr. Susan Edelstein

Medical Information

Pediatrician: _____ Phone: ( )_____
Address: _____
City:_____ State: ____ Zip Code:_____ Fax: ( )_____

Other Physician: _____ Specialty: _____
Address: _____ Phone: ( )_____
City:_____ State: ____ Zip Code:_____ Fax: ( )_____

Other Physician: _____ Specialty: _____
Address: _____ Phone: ( )_____
City:_____ State: ____ Zip Code:_____ Fax: ( )_____

Other Physicians: _____ Specialty: _____
Address: _____ Phone: ( )_____
City:_____ State: ____ Zip Code:_____ Fax: ( )_____

Pharmacy: _____ Phone: ( ) _____
Address: _____
City:_____ State: ____ Zip Code:_____ Fax: ( )_____

PLEASE BRING YOUR INSURANCE CARD WITH YOU TO YOUR APPOINTMENT
OR FAX A COPY OF BOTH SIDES TO 310.659.4300

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New Patient Information - Dr. Susan Edelstein

Insurance Information

Primary Insurance: _____ Type of Plan: HMO/PPO /POS/ other
Subscriber: _____ DOB: _____
ID/ Policy #: _____ Relation: Self / Spouse / Parent/ other

Secondary Insurance: _____ Type of Plan: HMO / PPO / POS
Subscriber: _____ DOB: _____
ID/ Policy #: _____ Relation: Self / Spouse / Parent/ other

Other Insurance:_____ Type of Plan: HMO / PPO / POS
Subscriber: _____ DOB: _____
ID/ Policy #: _____ Relation: Self / Spouse / Parent/ other

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Insurance & Personal Payment Information for Services Provided by Dr. Susan Edelstein

Insurance Plans

Blue Cross, Blue Shield & Medicare:

Dr. Susan Edelstein is an in-network, or participating, PPO provider.

All Other Insurance Plans:

Dr. Edelstein is an out-of-network provider. You will be responsible for paying the portion of the charges that your insurance company does not pay.

Billing

In-network insurances:

Office visit copays are due at time of visits. All other co-insurances due will be billed to the patient after the carrier has processed the claim.

Out of network insurance plans:

As a courtesy to you, we will submit your claim to your insurance carrier for payment. When we have received all payments due from your insurance carrier, we will then bill you for the remaining balance. Included in this bill will be any balances not paid by your insurance carrier such as deductibles, co-insurances, and non-covered items.

Dr. Edelstein does ask that you pay the balance of your account within 60 days of being billed by us. Any balances not paid within 60 days of being billed by us will incur a finance charge of 1.5% per month thereafter. The finance charge will begin accruing 61 days after the date on the first bill we have sent to you. We will consider requests for monthly payments in cases of financial hardship.

Charges for Cancelled or Rescheduled Appointments and Procedures

Appointments:

There will be no charge for any appointment cancelled or rescheduled at least 48 hours ahead of the appointment. An appointment cancelled or rescheduled within 48 hours of the appointment will incur a rescheduling fee of $100.

Procedures:

There will be no charge for any procedure (colonoscopy, endoscopy, etc.) cancelled or rescheduled at least 72 hours ahead of the scheduled procedure. A procedure cancelled or rescheduled within 72 hours of the scheduled procedure will incur a rescheduling fee of $300.

Contact Us:

If you have any questions relating to Dr. Edelstein's charges or to the billing process, we will be happy to help you. Feel free to give us a call. Our office hours are 9:00 a.m. to 5:00 p.m., Monday through Friday.

I hereby assign to Dr. Edelstein all payments for medical services rendered and authorize payment directly to him. I also authorize the physician to furnish information to insurance carriers concerning my illness and treatment. I have read the above information and I agree to pay all charges that my insurance carrier does not pay. A copy of this original shall be as valid as the original.

_____ _____

Signature of Patient, Parent, or Guardian Date

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HIPAA Compliance Form

Notice of Health Information Practices

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

Introduction

At Beverly Hills Gastroenterology, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose the information. It also describes your rights as they relate to your protected health information. This Notice is effective 01-01-09 and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Beverly Hills Gastroenterology, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and plans for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals
- A source of data for medical research
- A source of information for public health officials charged with improving the health of this state and the nation
- A source of data for our planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

Understanding what is your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Beverly Hills Gastroenterology, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request
- Inspect and copy your health record as provided for in 45 CFR 164.524
- Amend your health record as provided for in 45 CFR 164.528
- Obtain an accounting of disclosures of your health information in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations
- Request a restriction on certain uses/disclosures of your information as provided for in 45 CFR 164.522
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken

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HIPAA Compliance Form

Our Responsibilities

Beverly Hills Gastroenterology is required to:

- Maintain the privacy of your health information
- Provide you with this notice as to our legal duties and privacy practices with the respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us, or if you agree, we will email the revised notice to you.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 310-659-1300.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer or with the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the OCR.

The address for the OCR is listed below:

Office for Civil Rights: U.S. Department of Health and Human Services
200 Independence Avenue, S.W.,
Room 509F, HHH Building
Washington, D.C. 20201

I, _____, hereby acknowledge receipt of the HIPPA Compliance given to me.

_____ _____

Signature Date

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