

Vishal Gandotra, MD INC

Patient Registration

Patient Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: Male / Female

Address: _____
City/State Zip Code

Home Phone #: _____ Cell #: _____

Marital Status: _____ Email Address: _____

Employer: _____ Workphone: _____

Emergency Contact: _____ Phone Number: _____

Who referred you to our office? _____

INSURANCE/BILLING INFORMATION PRIMARY

Insurance Company: _____ Phone Number: _____

Name of Insured: _____ Date of Birth: _____

Policy or ID Number: _____ Group Name or Number: _____

Relationship to the patient: _____ Insured Date of Birth: _____

SECONDARY INSURANCE

Insurance Company: _____ Phone Number: _____

Name of Insured: _____ Date of Birth: _____

Policy or ID Number: _____ Group Name or Number: _____

Relationship to the patient: _____ Insured Date of Birth: _____

ASSIGNMENT INSURANCE BENEFITS

I hereby authorize direct payment of medical/surgical benefits to Dr. Vishal Gandotra for services rendered by him person or under his supervision.

I understand that I am financially responsible for any balance not covered by my insurance.

Patient Name (print): _____ Date: _____

Guardian Name (Print) : _____ Date: _____

Vishal Gandotra, MD INC

5701 W. Charleston Blvd Suite #201
Las Vegas, NV 89146

Patient Name: _____

I hereby agree to be financially responsible for all charges incurred regardless of insurance coverage. In the event my account is referred to a collection service due to lack of payment on my part, I agree that all collection/legal fees may be added to my account.

Returned checks: A \$25.00 NSF fee will be charged for checks initially returned to the bank. If the check is returned unpaid a second time, it may be referred to a collection agency for recovery.

Patient signature or responsible Party

Date

Signature of witness

Date

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HISTORY AND PHYSICAL

Patient Name: _____ Date of Birth: _____

What is your main complaint: _____

How long has this been a problem? _____

Drug Allergies: _____

Do you have history of?

- Asthma
- Arthritis
- Alcoholism
- Anemia
- Blood disorder/serious bruising
- Chest pain/angina
- Colon Polyps
- Congenital heart disease
- Congestive heart failure
- COPD
- Diabetes
- Heartburn
- Heart rhythm disturbance
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Heart valve replacement
- High blood pressure
- History of endocarditis (heart valve infection)
- H-Pylori Infection
- HIV/AIDS
- Jaundice
- Kidney disease
- Liver disease
- Menstrual problems
- MI
- Pancreas disease
- Stroke/TIAs
- Shortness of breath
- Ulcers- Stomach or duodenal
- History of Cancer: _____

Habits:

- Smoke Yes No
- Alcohol Yes No
- Other/Recreational Drugs Yes No _____
- Coffee Yes No
- Marijuana Yes No

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HIPAA and Your Private Medical Information

What does HIPAA mean?

HIPAA is the Health Insurance Portability and Accountability Act (HIPAA). It was put into place to protect patient privacy and also ensures privacy of all accumulated health information that belongs to the patient. It was signed into law in 1996 under the United States Department of Health and Human Services. Healthcare providers nationwide were required to comply with the rules and regulations of privacy protection by April of 2003. It means that your private health information is protected by federal law. You have rights regarding your personal information and it provides specific rules and regulations on who may have access to it.

Why do I have to sign the HIPAA agreement papers every time I see a healthcare provider?

The HIPAA agreement states that you must be given the "Notice of Privacy Practices" statement which belongs to the facility that you have an appointment with. The notice states how the healthcare providers can use the information from your personal medical file and when and who they can give the information to. If you are a regular patient at a facility, you may only have to sign the HIPAA paperwork once and then it will become part of your file. Some facilities do require you to sign one at every visit however. It depends on the policy of the facility.

Does my doctor have to sign the HIPAA agreement too?

Medical staff does have to sign an agreement at least once a year, stating that they are aware of the provisions of the law, that they understand these laws and that they will uphold these laws. These are kept on file at the facility at which they work. States may differ in their requirements, but the basic privacy laws must be upheld.

What are my rights under the federal HIPAA laws?

You can ask to see your records and to get copies of them you can have any corrections that you feel need to be made, included in your chart.

You will be notified if your health information needs to be shared with other healthcare providers or specialists, insurance companies or billing personnel. You can file complaints if you feel your privacy rights were violated in any way.

What kind of information does it protect?

It protects any kind of health information such as office visits, tests and procedures, diagnosis, or other facets of medical care. This includes mental health information, therapy, counseling or other aspects of mental health care. Information that is spoken printed or transmitted electronically all fall under the HIPAA privacy act.

Does my healthcare provider have the right to share my information?

Yes. Your healthcare provider does have the right to share your information with:

- Other healthcare professionals involved in your care
- For coordination of your healthcare with other specialties.
- To report any information that affects public health, such as dog bites, gunshot wounds or infectious diseases
- With any family, friends or other people that YOU determine as acceptable, to help with your medical care or finances and billing

Keep in mind that if you want your medical records from one office sent to another, you will have to sign a release form.

What if I want access to my health information?

You should be able to have access to all your health information whenever and wherever you want. This includes office visits, tests and lab results, and communication between healthcare providers. You also have the right to know who your information has been shared with.

Who gets to see my confidential health information?

Anyone directly involved in your care would have access to your information.- Doctors, nurses, other medical personnel, billing offices and secretarial might all have legal access to it. Any specialists, personnel who perform lab tests and diagnostic tests, or any procedures either outpatient or inpatient may also have access to your records for the time that you are in their care.

Basically anyone who is necessary to provide the best medical care that you can receive.

Patient Name

Date