

CONSULTANTS IN NEUROLOGY, S.C.

Raymond Rybicki, M.D.

Racine Office
3805-B Spring St., Suite 120
Racine, WI 53405

ConsultantsInNeurology.com
Phone (262) 631-8550
FAX (262) 631-8557

Kenosha Office
3601 30th Ave., Suite 201
Kenosha, WI 53144

PATIENT MEDICAL HISTORY – LONG FORM

Today's Date

Last Name First MI

Date of Birth Age Ht Wt Male Female

Address City ST ZIP

Home Phone Work

Cell Phone Best Day Number to Call: Home Work Cell

Personal Doctor Referring Doctor

Social Security # E-mail Address

Employer Occupation

Employr Address City ST ZIP

Spouse's Name First MI

Spouse's DOB (Date of birth is needed if insurance is through spouse)

Nearest Relative Phone Relationship

Relative Address City ST ZIP

INSURANCE INFORMATION **Marital Status** **Single** **Married** **Divorced** **Widowed**

Insurance Co. Phone

Claims Address City ST Zip

Group Number Member Number

Policyholder DOB Relationship

2nd Insurance Phone

Claims Address City ST Zip

Group Number Member Number

Policyholder DOB Relationship

CURRENT MEDICAL ISSUE (S)



PLEASE PROVIDE YOUR INSURANCE CARDS TO COPY



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2 MEDICATIONS AND ALLERGIES

CURRENT MEDICATIONS

List all medications that you are taking (prescriptions and over-the-counter) including aspirin, vitamins, etc.

	Medication	Mg	Daily Dose	How Often
1				
2				
3				
4				
5				
6				
7				
8				

ALLERGIES

List medications or injections that have given you bad reactions. List the reaction (hives, welts, rash, itching, headache, nausea, diarrhea, passing out, shock, shortness of breath)

	Medication or injection	Reaction	Year
1			
2			
3			

3 PAST MEDICAL HISTORY

	Operations/Accidents	Hospital	Year
1			
2			
3			
4			
5			

	Hospitalizations	Hospital	Year
1			
2			
3			
4			
5			

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List medical problems not requiring hospitalization such as chronic headaches, rheumatic fever, diabetes, high blood pressure, tuberculosis, hepatitis, kidney stones, gallstones, ulcers, etc.

Problem	Treatment	Year
1		
2		
3		
4		
5		

4 SOCIAL HISTORY

Do you smoke?	No	Yes	How Long:	How Much:	
	What do you smoke?		Cigarettes	Cigars	Pipe
	Have you stopped?		No	Yes	When:
Do you drink alcohol?	No	Yes	How Long:		
	How Much?	1 drink/day	2 oz/day	4 oz/day	More
Have you ever used:	Marijuana	Heroin	Cocaine	LSD/PCP	Other
Have you visited outside the U.S. in the last 6 months?		No	Yes		

5 FAMILY MEDICAL HISTORY

	Male	Fem	Age	Health Problems	Age/death	Cause/death
Father						
Mother						
Spouse	M	F				
Siblings	1	M	F			
	2	M	F			
	3	M	F			
	4	M	F			
	5	M	F			
Children	1	M	F			
	2	M	F			
	3	M	F			
	4	M	F			
	5	M	F			

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IMMEDIATE FAMILY MEDICAL ISSUES – Include relationship to you

Anemia	Alcoholism
Bleeding Disorders	Brain Tumor
Cancer	Diabetes
Heart Problems	High Blood Pressure
Migraines	Multiple Sclerosis
Muscle Disease	Muscular Dystrophy
Seizures	Stroke

6 REVIEW OF SYSTEMIC SYSTEMS

GENERAL HEALTH

Check Yes or No to any of the following that you have now or have recently had:

Yes	No	Chills/fever	Yes	No	Feeling of cold and warm
Yes	No	Night sweats	Yes	No	Weight loss
Yes	No	Bruise easily	Yes	No	Flushing
Yes	No	Itching	Yes	No	Change in skin complexion
Yes	No	Change in energy level			

WOMEN ONLY

Yes	No	Recent vaginal discharge	Yes	No	Menstrual irregularities
Yes	No	Discharge from nipple	Yes	No	Lump in breast
Yes	No	Problem with sexual activity			

Date of last pelvic exam:

Date of last period:

Date of last mammogram:

Date of last Pap smear:

MEN ONLY

Yes	No	Discharge from penis	Yes	No	Hernia
Yes	No	Prostate problems	Yes	No	Problems with sexual activity
Yes	No	Homosexual activity	Yes	No	Very weak and slow urinary stream

MENTAL HEALTH

Yes	No	Hard to concentrate or remember
Yes	No	Usually feel lonely or depressed
Yes	No	Cry frequently
Yes	No	Feel you have a hopeless outlook
Yes	No	Tendency to worry a lot
Yes	No	Disturbed by work or family problems
Yes	No	Ever considered committing suicide

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Yes No Ever desired or sought psychiatric help

Yes No Unable to sleep at night

NEUROLOGY

Yes No EEG Procedure Yes No Hand numbness

Yes No EMG Procedure Yes No Low back pain

Yes No CT Scan Yes No Neck pain

Yes No MRI Scan Yes No Uncontrolled movement

Yes No Severe headaches Yes No Slurred speech

Yes No Vision problems Yes No Recent passing out

Yes No Paralysis Yes No Convulsions/seizures

Yes No Recent dizziness Yes No Leg numbness

Yes No Glasses Yes No Muscle weakness

RESPIRATORY

Yes No Recent hoarseness

Yes No Chronic cough How long?:

Yes No Cough up sputum How much? (tsp, Tsp, ½ cup)

Yes No Shortness of breath How far can you walk?

Yes No Asthma or wheezing Daytime Nighttime

Yes No Exposure to tuberculosis

CARDIOLOGY

Yes No Problem with waking up at night short of breath

Yes No Sleeping on extra pillows to breath easier

Yes No Swelling of feet

Yes No Irregular heart rate, palpitations

Yes No Chest pain or chest pressure with walking or exertion

Yes No Chest pain or chest pressure after eating or when upset

Yes No Pain in legs or calves with walking

Yes No History of heart murmur

Yes No History of rheumatic fever

GASTROINTESTINAL

Yes No Difficult/painful to swallow Yes No Easily nauseated (vomiting)

Yes No Vomited blood Yes No Ever had hepatitis

Yes No Bowel movements black/bloody Yes No Bleeding from rectum

Yes No Camping trip in last 6 months Yes No Can't control bowel movements

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GENITOURINARY

Yes	No	Frequently up at night to urinate	Yes	No	Hesitancy with urination
Yes	No	Urinate more than 5-6 times per day	Yes	No	Brown, black, bloody urine
Yes	No	Wet your pants or wet the bed	Yes	No	Difficult starting urine flow
Yes	No	Air or bubbles when urinating	Yes	No	Any kidney stones
Yes	No	Burning or pain when urinating			

ADDITIONS, OTHER COMMENTS OR NOTES:

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ASSIGNMENT OF INSURANCE BENEFITS

To Our Patients:

A health insurance policy is a contract between the patient and the insurance carrier. Patients are responsible for all charges whether covered by insurance or not. Our office will submit directly to your insurance if you furnish us with all the necessary information. If you receive a claim from our office, it is your responsibility to submit that claim form to your insurance carrier.

Patients not covered by insurance are expected to pay for services the day they are provided with service. Our office will allow a maximum of 60 days to receive an insurance payment. We reserve the right to add a re-billing fee of \$12 per month on any account 60 days past due. We also reserve the right to charge a cancellation fee with less than 24-hours notice.

We allow a maximum of 90 days for payment in full on all services rendered. If we do not receive payment in full within 90 days, legal action will be started on your past due account. You will be charged and be responsible for all costs of collection.

ASSIGNMENT OF INSURANCE BENEFITS

I hereby authorize the release of information for the purpose of payment and authorize direct payment to Consultants In Neurology, S.C. the benefits otherwise payable to me by my insurance company. I understand that I am financially responsible for services not covered by insurance to Consultants In Neurology, S.C.

I have read, I fully understand, and I agree to the above statement.

Patient Signature

Date

Employee Witness

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FINANCIAL POLICY

Consultants In Neurology, S.C. is committed to providing quality care and to ensure proper and correct billing is done for services provided in our clinic.

Our staff members will be happy to answer your questions or provide you with more information. The Billing Department can be reached at (262) 631-8550.

When will Consultants In Neurology submit a claim to insurance for me?

As a courtesy to you, we will submit a claim form to your insurance company when complete health insurance information (i.e., a copy of a valid insurance card or other identifying information) is provided at the time of service.

What if I'm covered by Medicare? Does Doctor accept assignments?

The doctors DO accept Medicare assignments and our office will submit a claim to Medicare and your supplemental insurance if we have complete insurance information (i.e., a copy of your Medicare card).

When are patients expected to pay at the time of service?

There are several instances when we will ask the patient for payment. They are as follows:

1 *Patients with Health Insurance.* Patients are responsible to pay the patient co-payment amount indicated on their insurance card or \$25 co-payment with commercial insurance at the time of service. Should your insurance pay the full amount, we will send a refund to you.

IMPORTANT NOTE: Patients will also be billed for any additional co-payments or deductibles after we have received payment from their insurance carrier. Consultants In Neurology, S.C. follows the Wisconsin Health law which prohibits us from reducing charges or waiving co-payments or deductibles to patients with health insurance coverage.

2 *Patients without Health Insurance.* Patients without health insurance or patients who choose to be self billed are expected to pay for EACH visit as it occurs.

3 *Other Exceptions.* If your insurance plan does not pay for office visits (i.e., Chrysler Employees BC/BS & Humana), payment is due at the time of service.

4 Consultants In Neurology, S.C. participates in the following HMO and PPO Networks. Patients are responsible for securing the necessary written referral (as required by your managed care plan) from your primary care physician prior to services being rendered. Managed care networks have various IPAs; therefore, we strongly urge our patients to contact their insurance company prior to their initial visit with our clinic.

Managed health care contracts that we are a part of:

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AETNA	HEALTH EOS	AHC
HUMANA	AURORA HEALTH NETWORK	UNITED HEALTH CARE
ANTHEM	WEA	CHAMPUS
WPS	CIGNA	

Our office will allow a maximum of 60 days to receive an insurance payment. We reserve the right to add a re-billing fee of \$12 per month on any account 60 days past due.

What type of payments will Consultants In Neurology, S.C. accept?

We will accept payment in cash, personal check, Visa, MasterCard, and money orders (made payable to "Consultants In Neurology.")

What is Consultants In Neurology, S.C.'s credit policy?

We understand that sometimes social or economic problems may prevent you from paying on your account. Our Insurance Department is available during office hours to assist you with questions related to billing and to arrange payment plans when needed.

What if I cancel my appointment?

If you cancel your appointment with less than 24 hours notice, we reserve the right to charge you a cancellation fee.

What happens if I'm being seen because of a motor vehicle accident or other injury covered by another party?

It is our policy to treat all patients according to the financial policy listed above. Consultants In Neurology, S.C. will contact the appropriate third party payer for written verification stating they will cover the patient's charges. We will bill your insurance, but we do not accept letters of protection from attorneys promising to pay your bill out of a settlement.

My injury is work related. How is this handled?

Before your visit, you will need to give us the name of a contact person at your place of work so we can call your employer to verify the work injury and get information needed for billing. Any service subsequently rejected by your employer or Worker's Compensation insurance carrier will be your responsibility.

How often will I receive a bill from Consultants In Neurology, S.S.?

Statements are mailed monthly to all patients with outstanding balances. We allow your insurance company 60 days to process the claim. You are responsible for any remaining balance or non-covered service. It is also your responsibility to investigate any delays in payment from your insurance carrier.

Please remember that the patient (parent or legal designated representative) is responsible for the financial obligations of his or her health care. We are here to help you but we cannot do so without your cooperation.

Thank You.

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NEW PATIENT APPOINTMENT NOTICE

Dear Patient:

Your appointment with our office has been scheduled for the following date, time, and location:

Date: _____ Time: _____ a.m. / p.m. Location: _____

Please plan to arrive 15 minutes before your scheduled time. If you arrive late, the doctor may not be able to see you and your appointment may have to be rescheduled.

Please bring the following items and information with you for your appointment:

- 1 Insurance cards
- 2 List of all medications (prescribed and over-the-counter) or bring in the bottles
- 3 Past medical records
- 4 Radiology reports (the films are not necessary)
- 5 Recent blood work
- 6 Completed Patient Medical History Form and other forms from our office
- 7 Insurance co-pay or \$25 required office fee (see our "Financial Policy")

Your past medical history and your family history are extremely important in diagnosing your present illness. We ask that you fill out the enclosed information packet completely before you arrive and bring it with you to our office for your appointment.

Please answer all questions to the best of your ability. You do not need to go into details. Our Physicians will review the information packet with you during your appointment.

We do not want to duplicate any testing that you already had; therefore, please bring copies of any testing that you have had done. If you cannot get copies, please call our office in advance in order for us to request the records directly from your doctor or test facility.

It's very important that we know all the medications that you are taking so bring a complete list of your medications including over-the-counter or non-prescription drugs that you use. Also indicate the dose amounts and frequency of the medications. As an option, you can bring the prescription bottles with you so medications can be documented in your chart.

Thank you in advance for coming prepared to your appointment.

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