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 30<sup>th</sup> Ave., Suite 201 Kenosha, WI 53144

# **PATIENT MEDICAL HISTORY – SHORT 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 I	Number to Call:	Home	Work	Cell
Personal Doctor		Referring	Doctor			
Social Security #		E-mail Ad	dress			
Employer		Occupatio	on			
Emplyr Address		City		ST	ZIP	
Spouse's Name		First			MI	
Spouse's DOB		(Date of b	(Date of birth is needed if insurance is through spouse)			
Nearest Relative		Phone	Phone Relationship			
Relative Address		City		ST	ZIP	
INSURANCE INFORMATION	Marital Status:	Single	Married	Divorced	Widow	<i>r</i> ed
Insurance Co.		Phone				
Claims Address		City		ST	Zip	
Group Number		Member I	Number			
Policyholder		DOB		Relationship		
2nd Insurance		Phone				
Claims Address		City		ST	Zip	
Group Number		Member I	Number			
Policyholder		DOB		Relationship	)	

# **CURRENT MEDICAL ISSUE (S)**







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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 rebilling 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.

Patient Signature	Date	
Employee Witness	_	

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

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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 <u>Patients with Health Insurance</u>. 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 <u>Patients without Health Insurance</u>. Patients without health insurance or patients who choose to be self billed are expected to pay for EACH visit as it occurs.
- 3 <u>Other Exceptions</u>. 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 rebilling 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. Consultantis 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 ti 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. Consultants In Neurology, S.C.

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## PATIENT INFORMATION

**EMG/NCS PROCEDURES** 

Electromyography and Nerve Conduction Studies

Testing Your Muscle And Nerve Function



#### WHAT ARE THESE TESTS?

Electromyography (EMG) and nerve conduction studies (NCS) are tests that measure muscle and nerve function. Generally, both tests are performed at the same appointment time.

During the NCS, a mild electrical current is applied to the skin on some parts of your body. The purpose of this is to measure how quickly impulses travel between nerves. The EMG procedure assesses muscle function. For this, a fine needle is placed under your skin into the muscle being tested. This is repeated on other muscles. The needle allows the electrical activity in your muscle to be measured. No electrical currents are applied with the needle.

During each of these tests, waveforms appear on a screen or are recorded on paper. These waveforms show how well your nerves and muscles work

## **BEFORE YOUR TEST**

Prepare for your test as instructed. Shower or bathe but do not use powders, oils, or lotions. Your skin should be clean. You may be asked to change into a hospital gown. The entire procedure will take about 1 hour. Be sure to allow for extra time to check in and prepare for your test.



Let the doctor know if:

You have any bleeding problems
You take blood thinners (anticoagulants) or other medications including aspirin
You have immune system problems
You have had neck or back surgery

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#### **DURING YOUR TEST**

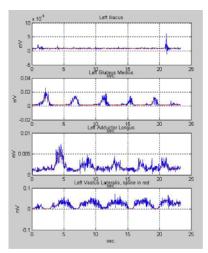
You will be asked to lie on an exam table with a blanket over you. You May have one or both of the following procedures:

# Nerve Conduction Study (NCS)

Small metal disks (electrodes) will be attached to your skin by means of a gel or paste. The doctor will apply mild electrical currents to your skin that will cause your muscles to twitch. This test will not hurt you but the currents can be measured to test how fast the impulses move along your nerves.

# Electromyography (EMG)

Most of the electrodes will be removed for the EMG procedure. The doctor will clean the area being tested with alcohol. A fine needle will be inserted into the muscle. When the needle is inserted, you may feel a slight pinch sensation. Try to relax and do as the doctor instructs. Electrical activity in the muscle is measured by instruments.



#### **AFTER YOUR TEST**

Before leaving, all electrodes will be removed and you can then return to your normal routine. If you do feel tired or have some discomfort, ease up on your daily routine as necessary.

The results of the tests will be interpreted and studied by the doctor and his findings will be sent to your referring physician.

Appointment Information:

Date:	
Time:	
Place:	