

CONSULTANTS IN NEUROLOGY, S.C.

Raymond Rybicki, M.D.

•Neurology • Spine • Peripheral Nerve • Carpal Tunnel Syndrome • Low Back Pain • Neck Pain • Peripheral Neuropathy • Multiple Sclerosis • EMG/NCV Procedures • EEG Procedures • Evoked Potentials •

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 at 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.

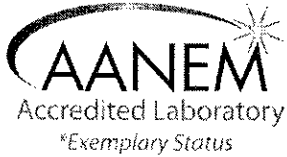
It's very important that we know all the medications that you are taking so bring a complete list of your medications including over-the-counter or non-prescription drugs that you use. Also indicate the dose amounts and frequency of the medications. As an option, you can bring the prescription bottles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

If you need any forms completed, please bring to your appointment.

Thank you in advance for coming prepared to your appointment.

Consultants in Neurology, S.C.
3805 B Spring Street, Suite 120
Racine, WI 53405

Phone: (262) 631- 8550
Fax: (262) 631-8557
www.ConsultantsinNeurology.com



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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.

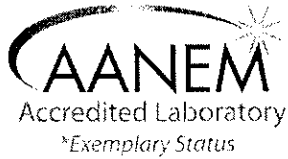
4 Consultants In Neurology, S.C. participates in the following HMO and PPO Networks. Patients are responsible for securing the necessary written referral (as required by your managed care plan) from your primary care physician prior to services being rendered. Managed care networks have various IPAs; 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:

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

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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.C.?

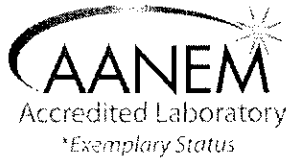
Statements are mailed monthly to all patients with outstanding balances. We allow your insurance company 60 days to process the claim. You are responsible for any remaining balance or non-covered service. It is also your responsibility to investigate any delays in payment from your insurance carrier.

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, Consultants in Neurology, S.C.

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★ **PLEASE PROVIDE YOUR INSURANCE CARDS TO COPY**



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-hour notice.

Payment for any portion owed by the patient is due within 30 days of service. A 1% per month or 12% per year late fee will be assessed on any unpaid balance remaining after 30 days.

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. We will increase your balance by 35% to cover collection costs.

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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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 Number to Call: Home Work Cell

Personal Doctor _____ Referring Doctor _____

Social Security # _____ E-mail Address _____

Employer _____ Occupation _____

Employer Address _____ City _____ ST ____ ZIP _____

Spouse's Name _____ First _____ MI _____

Spouse's DOB _____ (DOB 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 _____

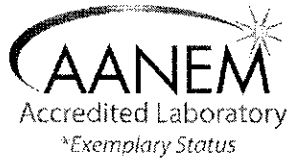
Group Number _____ Member Number _____

Policyholder _____ DOB _____ Relationship _____

CURRENT MEDICAL ISSUE (S) _____

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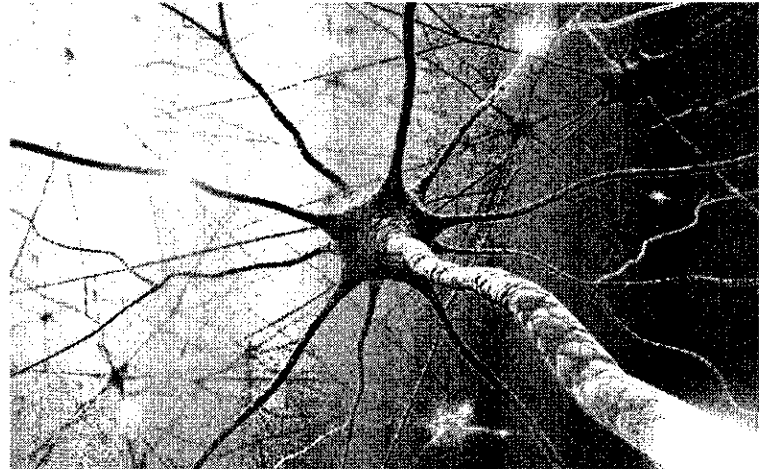
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PATIENT INFORMATION

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

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You have immune system problems
 You have had neck or back surgery

DURING YOUR TEST

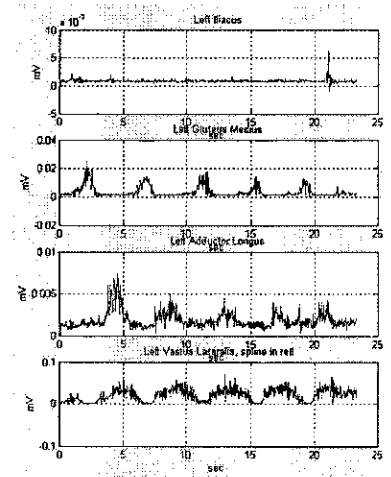
You will be asked to lie on an exam table with a blanket over you. You May have one or both of the following procedures:

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.

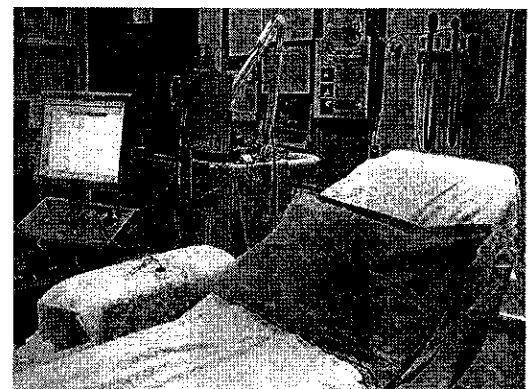
The results of the tests will be interpreted and studied by the doctor and his findings will be sent to your referring physician.

Appointment Information:

Date: _____

Time: _____

Place: _____



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HIPAA Compliance Patient Consent Form

Our Notice of Privacy Practices provides information about how we may use or disclose protected health information.

The notice contains a patient's rights section describing your rights under the law. You ascertain that by your signature that you have reviewed our notice before signing this consent.

The terms of the notice may change, if so, you will be notified at your next visit to update your signature/date.

You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations.

By signing this form, you consent to our use and disclosure of your protected healthcare information and potentially anonymous usage in a publication. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

- Protected health information may be disclosed or used for treatment, payment, or healthcare operations.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.
- The practice may condition receipt of treatment upon execution of this consent.

May we phone, email, or send a text to you to confirm appointments? YES NO

May we leave a message on your answering machine at home or on your cell phone? YES NO

May we discuss your medical condition with any member of your family? YES NO

If YES, please name the members allowed:

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____ Date: _____

Witness: _____ Date: _____