



Name/Nombre: _____ Date/Fecha: _____

Email Address/Correo electronico: _____
(Email address is requested to give you access to patient portal and medical records)

Date of Birth/Fecha de Nacimiento: _____ Social Security #: _____

Address/Direccion: _____

City/Cuidad: _____ State: _____ Zip Code: _____

Home #: _____ Cell#: _____ Work#: _____

Sex: F or M Marital Status: S M W Sep D Spouse's Name: _____

Emergency Contact: _____ Telephone # _____

Medical Providers:

Primary Doctor's Name: _____ Telephone #: _____

Fax#: _____

Referring Physician's Name: _____

Telephone #: _____ Fax: _____

Employer Information:

Employer Name: _____ Telephone #: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____ Occupation: _____

Insurance 1:

Type: HMO PPO POS MEDICARE

Insurance Name: _____ Telephone# _____

ID#: _____ Group#: _____

Insurance 2:

Type: HMO PPO POS MEDICARE W/C AUTO

Insurance Name: _____ Telephone# _____

ID#: _____ Group#: _____

PLEASE NOTE THAT WE DO NOT TAKE AUTO ACCIDENT INSURANCE OR WORKERMANS COMPENSATION.

Office policies you should know:

- A. Please alert our office of any insurance, phone, or address changes
- B. We are NOT **Medicaid providers**; if your secondary insurance is Medicaid, you will be responsible for your annual Medicare deductible and possible co-insurance unless you are QMB federally qualified patient.
- C. Tests done outside our office (Blood, X-ray, CT-Scan, MRI, etc) may take up to 2 weeks or longer for results. If you have not received a call back in two weeks, please contact our office via the patient portal or call our office.
- D. Co-payments, co-insurances, and deductibles are due at the time of service; otherwise, your appointment may be rescheduled.
- E. Please be aware that **we are not** your insurance company; therefore, we have limited insurance benefit information. If you have any questions about **your** insurance benefits that you purchased, please contact the 1-800 numbers listed on your ID card. Thank you.
- F. **If you are an HMO patient and you need an authorization or referral from your primary care physician or referring physician for every visit. It is your responsibility to make sure the referral is faxed, mailed, transmitted, and/or brought to our office by the date of your appointment.** Without the referral, you will be responsible for all services. New patient visits may be up to **\$350.00** follow-up visits may be up to **\$175.00**
- G. For any medication refill please have the pharmacy electronic request the refill to your provider or you can go in the patient portal and request it yourself please do at least 72 hours in advance. Patient portal.
WWW.FCNEUROLOGY.NET
- H. If you would like a copy of these policies, please ask the medical clerk.
- I. We charge a \$50.00 no-show fee if you do not cancel 24 hours before your appointment.
- J. Marlene, our office manager can be contacted at 954-874-0201, ext. 103.
Thank you for choosing our office.

Patient Signature: _____ **Date:** _____



Financial Agreement/ Assignment of Benefits:

I hereby authorize payment to be made directly to Neuroscience Consultants LLP, or Margarita Almeida El-Ramey, D.O., P.A., LLC, and its subsidiary of benefits due to me from my insurance company. The responsible parties agree to pay for all fees, services and treatment incurred by the patient. If there is a fee that is not covered by the insurance, this is payable by the patient. The patient also agrees to pay for all deductibles, co-payments, co-insurances, and non-covered services. After receipt of a statement, if payment is not received by the next billing cycle, it may be subject to a monthly finance charge. If an account is referred to an outside agency for collection, the patient agrees to pay all costs related to such action. An account will be referred to a collection service if no payment or payment plans has been received within 90 days of service.

Patient or Guardian: _____ Date: _____

HMO Patient Notice:

You are responsible for obtaining a referral /authorization for your visits and or testing in our offices from your primary care physician.

Patient or Guardian: _____ Date: _____

Carequality/Commonwealth Patient Opt-Out Info (optional)

Carequality/Commonwealth is a nationwide health information exchange (HIE). The HIE allows doctors, nurses, pharmacists, other health care providers to securely share a patient’s vital medical information electronically. The purpose is to improve patient care by making sure doctors, hospitals and other health care providers have a complete and recent picture of your health when and where it is needed for your treatment or care. You have the right to ask that your medical information not be disclosed or shared by the Carequality/Commonwealth Framework. Your choice to opt-out of the health information exchange will not affect your ability to access medical care. Sign below if you wish to opt-out.



I choose to Opt-Out

Signature: _____

If you do not choose to opt-out, you will be defaulted to opt-in



I, _____ give full authorization to discuss my medical treatment, medications, diagnosis, and/or financial information with the following physicians and or family members only. I understand that my medical care will not be discussed with anyone that is not on this list.

_____ Relation

_____ Relation

_____ Relation

_____ Relation

_____ Patient Signature

_____ Date



We understand that there are times when you may need to miss an appointment due to an unforeseen circumstance. However, when you do not call to cancel your appointment, or you confirm and then do not show up, you are preventing another patient from getting treatment.

Please call us 24 business hours prior to your scheduled appointment to notify us if you are unable to attend your appointment. 48 hours if you are scheduled for an EMG or an EEG. If notification is not given within the time disclosed above, you *WILL* be charged \$50.00 for the missed appointment.

Our practice is committed to providing the best care to all our patients. Your cooperation is greatly appreciated.

I, _____ understand that Pines Neurology, the office of Dr. Margarita Almeida El-Ramey will charge me \$50.00 if I do not cancel my appointment in a timely fashion, as stated in this disclaimer. I understand that the office will *NOT* make any exceptions to this policy, except for a documented illness, which requires you, the patient to provide documentation to the office manager.

Furthermore, I understand that if I miss my appointment a total of 3 times, Pines Neurology reserves the right to decline setting a future appointment.

Signature: _____ Date: _____



Name of Patient: _____

Acknowledgement of Receipt of Notice of Privacy Practices available for download or viewing at www.fcneurology.net

I acknowledge that I have received a copy of Provider's Notice of Privacy Practices

Signature of Patient/Patient Representative

Date

Relationship to Patient

Documentation of Good Faith Efforts
To obtain patient's acknowledgment that they received provider's Notice of Privacy Practices

(For use when acknowledgment cannot be obtained from the patient.)

The patient presented to the office/hospital on [insert date] and was provided with a copy of Covered Entity's Notice of Privacy Practices. A good faith effort was made to obtain from the patient a written acknowledgment of his/her receipt of the Notice. However, such acknowledgment was not obtained because:

- Patient refused to sign.
- Patient was unable to sign or initial because:

- The patient had a medical emergency, and an attempt to obtain the acknowledgment will be made at the next available opportunity.
- Other reason (describe below):

Signature of Employee Completing Form: _____ Date: _____



Patient Portal Frequently Asked Questions

What is the purpose of the Patient Portal?

Patient Portal allows patients to communicate with their doctors and access important information over the Internet. Practices will send reminders, statements, lab results and much more electronically. You Can do this via an app on your smartphone (android or apple) or via a website. www.fcneurology.net

How does the Patient Portal work?

Patient Portal is a secure webpage that uses encryption to keep unauthorized persons from viewing communications, information, or attachments. Secure messages and information can only be viewed with the correct username and password.

How do I get started?

To gain access to your medical records through the Patient Portal, please visit your FirstChoice Neurology website www.fcneurology.net or provide the office staff during your visit your email.

What can I expect from the Patient Portal?

With the portal you will be able to view your personal:

- Health Record - progress notes
- Labs and MRI reports
- Outgoing Referrals
- Latest and Past Statements
- Visit Summaries
- Appointments including Upcoming, Historical, No-Show, Canceled, and Rescheduled

And communicate the following:

- Referral Requests
- Refill Requests
- Appointment Requests, Cancellations, and Reschedules
- Personal Information Updates
- General Messages to practice or physician

Patient Portal will also send various email reminders.

These emails include:

- Appointment Reminders:
 - o A reminder will be sent 2 days and 1 day before each appointment booked with our office.
- Appointment Confirmations:
 - o If an appointment is changed you will receive a confirmation with the modifications.

- Lab Published Information:
 - o Each time a lab result has been reviewed by your provider; an email will be sent letting you know they are ready for you to view.
- Statement Published Information:
 - o Each time a statement is published to the portal, you will receive an email.
- New Message Information:
 - o When a new message has arrived in your inbox, you will receive an email.
- Username, Password and Web Address Information:
 - o Upon becoming par with the Patient Portal or changing your login credentials at the office, you will receive an email.

What are the privacy protections and/or risks of using the Patient Portal?

By communicating through the Patient Portal, you eliminate the risk of unauthorized parties accessing your information during transmission. However, keeping messages secure depends on some additional factors. The office must receive the correct email address and only the patient (or granted parties) may access the login credentials.

What are the terms and conditions of the Patient Portal?

We reserve the right, at our discretion, to terminate Patient Portal offering, suspend user access and modify services available through the Patient Portal. The Patient Portal is provided in partnership with eClinicalWorks, our EHR software vendor and provider. That data is HIPAA compliant with high level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. To the extent possible, our office has undergone rigorous IT implementation and security standards exceeding industry recommendations. Please read our HIPAA policy for information on how private health information is used in our office. This information is available on our website www.fcneurology.net

Disclaimer: Responses from the practice will only be completed during regular office hours. Practice hours may vary in accordance with weekends and holidays. In the event of an emergency, call 911 or go to the nearest emergency room.

The screenshot shows a web browser window with the following elements:

- Browser Tab:** Patient Portal Login Pag
- Address Bar:** https://mycw56.eclinicalweb.com/portal6863/jsp/100mp/login_otp.jsp
- Page Header:**
 - Free Hotmail (2) ☆ HP ePrintCenter Prin
 - Miami-Dade County | Radio Station Guide (
 - Suggested Sites (2) ☆ Surface ☆ Surface (2) ☆ Web Slice Gallery (2)
- Logo:** FIRSTChoice NEUROLOGY
- Language:** Cambiar a Español
- Message:** Welcome to FirstChoice Neurology
- Support:** Having trouble signing in? Please Contact: neurologydocs@fcneurology.net
- Mobile App Promotion:**
 - healow logo
 - Access your health records through the healow mobile app
 - DOWNLOAD THE FREE HEALOW APP
 - Download on the App Store | Get it on Google play
 - Find us using our unique practice code on the healow app
 - FFJBCA
- Login Section:**
 - LOGIN TO YOUR ACCOUNT
 - We will send verification code to confirm access to this number. Standard text messaging rates apply.
 - Using Mobile Phone
 - OR
 - Enter the details below
 - User Name
 - Password
 - Trouble logging in