





Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please check any symptoms you currently have**

**General Problems:**

- Weight change
- Loss of appetite
- Fever/chills
- Fatigue
- Night sweats
- Loss of energy

**Skin Problems:**

- Rash
- Hives
- Dry or sensitive skin
- Itching

**Gland Problems:**

- Tiredness
- Excessive thirst
- Heat intolerance
- Cold intolerance
- Breast lump or discharge

**Neurologic Problems:**

- Headaches
- Numbness
- Seizures
- Dizziness
- Memory problems
- Tremors
- Difficulty walking
- Pain
- Falls
- Weakness
- Snoring
- Daytime sleepiness
- Urge to move legs at night

**Eye Problems:**

- Diminished vision
- Blurring of vision
- Cataracts
- Watery eyes
- Eye pain
- Double vision
- Droopy eyelids

**Blood problems:**

- Blood transfusion
- Easy bleeding or bruising

**Musculoskeletal:**

- Back pain
- Neck pain
- Arm pain
- Leg pain
- Joint pain
- Joint swelling
- Leg cramps
- Muscle aches

**Ear/nose/throat problems:**

- Recent cold
- Hearing loss
- Change in voice
- Sore throat
- Ringing in ears
- Drooling
- Difficulty swallowing
- Sinus problems

**Heart Problems:**

- Light-headedness
- Chest pain
- Irregular heart beat
- Passing out
- Shortness of breath

**Stomach problems:**

- Nausea
- Heartburn
- Vomiting
- Stomach pain
- Diarrhea
- Constipation
- Blood in stool

**Lung Problems:**

- Coughing up blood
- Breathing problems
- Cough
- Coughing stuff up

**Psychiatric:**

- Depression
- Tension/stress
- Sleep problems
- Irritability
- Worrying/Anxiety
- Hallucinating (seeing or hearing things)
- Decreased enjoyment of life
- Hearing voices

**Genitourinary:**

- Loss of bladder control
- Difficulty urinating
- Leaking of urine
- Burning with urination
- Sexually transmitted diseases

**Men Only:**

- Impotence (erectile dysfunction)

**Women Only:**

- Currently pregnant
- Heavy menstrual bleeding
- Menopause

<b>Please indicate the chances of falling asleep in the following situations by circling the most appropriate number:</b>				
0	1	2	3	Sitting and reading
0	1	2	3	Watching TV
0	1	2	3	Sitting, inactive in a public place (e.g. a theatre or a meeting)
0	1	2	3	As a passenger in a car for an hour (without a break)
0	1	2	3	Sitting quietly after a lunch without alcohol
0	1	2	3	While stopped for a few minutes in traffic
0	1	2	3	Sitting and talking to someone
0	1	2	3	Lying down to rest in the afternoon (when circumstances permit)
				<b>Total</b>
<hr/>				
<b>Rating scale:</b>		<b>0</b> = Would never doze <b>1</b> = Slight chance of dozing <b>2</b> = Moderate chance of dozing <b>3</b> = High chance of dozing		

## MIDTOWN NEUROLOGY, P.C. FINANCIAL POLICY

- **Self Pay** - Payment is due on the date of service if you are not covered by medical insurance.
- **Insurance** - We participate with most insurance companies.
  - You must provide us with current insurance information and personal identification.
  - We will file your charges to your medical insurance company for you.
  - You are responsible for all unpaid balances.
- **Co-Payments and Deductibles:**
  - Insurance co-payments are due at check-in.
  - If you cannot pay your co-payment at your appointment, we will be happy to reschedule your appointment.
  - Insurance deductibles, co-insurance and other patient responsibilities should be paid at your visit.
- **Forms of Payment:**
  - We accept cash, checks, and all major credit cards (Visa, MasterCard, American Express, and Discover).
  - We accept credit card payments over the phone and also have the ability to send you a bill electronically to pay with your credit card over the internet.
  - We also offer a line of credit through our billing partner, CareCredit®. Interest-free payment plans are available for those who qualify.
- **Medicare** - Medicare requires 20% of their allowed fee to be paid by the patient or by a supplemental policy.
  - A deductible is also required by most Medicare policies.
  - If you do not have a supplemental policy, you will be billed for the 20% not covered by Medicare as well as your deductible.
- **Referrals and Prior Authorizations:**
  - If your insurance requires a referral from your primary care physician or prior authorization for services, you are responsible to inform us and obtain this information.
  - We will assist you with this process when possible.
  - We will be happy to reschedule your visit if the insurance requirements have not been met.
  - If you do not have prior approval, you may still see the doctor if you pay your visit in advance.
- **Workman's Compensation:**
  - All workers compensation companies require prior authorization. You cannot be seen until prior approval is obtained.
- **No-Show Policy:**
  - Established Patients:
    - Midtown Neurology, P.C. reserves the right to charge a \$25 fee if you fail to show up for an appointment. We may require you to pay the \$25 fee prior to your next appointment.
  - New Patients:
    - Midtown Neurology, P.C. reserves the right to charge a \$25 fee for missed appointments. Please pay this when you arrive at your rescheduled appointment.
- **Cancellations:**
  - Call us if you cannot keep your appointment.
  - No fee will be charged for cancellations made at least 24 hours prior to your appointment.
- **Fees for Forms:**
  - There is a \$25 fee for each form that you request one of our providers to complete.
  - Fees must be paid in advance.
  - Please allow 72 hours for the completion of forms.

**I have read and understand this financial policy. I clearly understand that it is my responsibility to pay my bill in a reasonable time. If for any reason any portion of my bill is not paid by my medical insurance, I hereby agree to make immediate payment in full or to make arrangements for prompt payment. I further agree to pay all reasonable costs of collection including attorney fees, if any.**

—> **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_