Elmwood Family Physicians

777 Route 70 East, G-101
Marlton, NJ 08053
Tel: 856-983-9939 Fax: 856-983-9936
Board Certified in Family Medicine
Jay D. Patel, MD Parag S. Patel, MD Hetal S. Shah, MD
Stephanie Santino, PA-C Emily Cutshall, PA-C

First Name:_____ **Last Name:**_____

Date of Birth:_____ **Social Security Number:**_____

Phone:_____ **Circle (Mobile / Home)**

Email:_____

Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Insurance Name:_____

Policy Number:_____

Group Number:_____

Secondary Insurance Information (If Applicable)

Insurance Name:_____

Policy Number:_____

Group Number:_____

Elmwood Family Physicians

777 Route 70 East, G-101
Marlton, NJ 08053
Tel: 856-983-9939 Fax: 856-983-9936
Board Certified in Family Medicine
Jay D. Patel, MD Parag S. Patel, MD Hetal S. Shah, MD
Stephanie Santino, PA-C Emily Cutshall, PA-C

EMERGENCY CONTACT INFORMATION

First Name:_____ **Last Name:**_____

Phone:_____ **Circle (Mobile / Home)**

Relationship to Patient:_____

CERTIFICATION OF INFORMATION

I,_____**, certify that all the information that I have provided is true and correct. I have answered all questions to the best of my knowledge and understand that if I am found to have falsified any information provided, that I may be subject to legal action.**

Signature of Patient/Guardian:_____

Printed Name:_____ **Date:**_____

Elmwood Family Physicians

777 Route 70 East, G-101
Marlton, NJ 08053
Tel: 856-983-9939 Fax: 856-983-9936
Board Certified in Family Medicine
Jay D. Patel, MD Parag S. Patel, MD Hetal S. Shah, MD
Stephanie Santino, PA-C Emily Cutshall, PA-C

ASSIGNMENT OF BENEFITS

I hereby authorize direct payment of medical benefits to Elmwood Family Physicians for services rendered. I understand that I am financially responsible for any charges not covered by my insurance carrier(s). This may include deductible(s), co-payment(s), co-insurance, and denied/non-covered services. It is the responsibility of the subscriber to contact the insurance company to inquire on all covered or non-covered benefits.

I certify that the information given by me in applying for payment is correct. I request that payment of authorized benefits be made on my behalf. In the event that my insurer makes payments to me, it is my responsibility to see the payment is forwarded to the provider rendering my services. A photocopy of these assignments shall be valid as original.

Signature/Responsible Party Signature:_____

Printed Name:_____**Date:**_____

RELEASE OF INFORMATION

I authorize Elmwood Family Physicians to release any necessary medical information to process my insurance claims.

Signature/Responsible Part Signature:_____

Printed Name:_____**Date:**_____

Elmwood Family Physicians

777 Route 70 East, G-101
Marlton, NJ 08053
Tel: 856-983-9939 Fax: 856-983-9936
Board Certified in Family Medicine
Jay D. Patel, MD Parag S. Patel, MD Hetal S. Shah, MD
Stephanie Santino, PA-C Emily Cutshall, PA-C

APPOINTMENT CANCELLATION/NO SHOW POLICY REMINDER

Thank you for trusting your medical care to Elmwood Family Physicians. When you schedule an appointment with Elmwood Family Physicians, we set aside enough time to provide you with the highest quality care. Should you need to cancel or reschedule an appointment, please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment.

Any patient who fails to show, cancel, or reschedule an appointment will be marked as a No Show and will be charged a $30 fee.

Any patient who fails to show, cancel, or reschedule their appointment more than 5 consecutive times in six months may be discharged from the practice.

Any patient who reschedules their appointments more than 5 consecutive times in six months may be discharged from the practice.

****The fee is charged to the patient, NOT the insurance company, and is due at the time of the patient's next office visit.**

I have read and understand the above policy.

Patient/Guardian Signature:_____**Date:**_____

Elmwood Family Physicians

777 Route 70 East, G-101
Marlton, NJ 08053
Tel: 856-983-9939 Fax: 856-983-9936
Board Certified in Family Medicine
Jay D. Patel, MD Parag S. Patel, MD Hetal S. Shah, MD
Stephanie Santino, PA-C Emily Cutshall, PA-C

HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Print Name of Patient:_____

Date of Birth:_____ **SSN:**_____

My Authorization

I authorize the following using or disclosing party:

_____

to use or disclose the following health information.

- ○ **All my health information**
- ○ **My health information relating to the following treatment or condition:**

_____

The purpose of this authorization is (check all that apply):

- ○ **At my request**
- ○ **Other:**_____

This authorization ends:

- ○ **On (date)**_____
- ○ **When the following event occurs:**_____

Patient/Guardian Signature:_____ **Date:**_____

Elmwood Family Physicians

777 Route 70 East, G-101
Marlton, NJ 08053
Tel: 856-983-9939 Fax: 856-983-9936
Board Certified in Family Medicine
Jay D. Patel, MD Parag S. Patel, MD Hetal S. Shah, MD
Stephanie Santino, PA-C Emily Cutshall, PA-C

MEDICAL RECORD REQUEST

Patients Name:_____ **Date of Birth:**_____

I hereby authorize you to release all medical records to:

Elmwood & Tabernacle Family Physicians
777 Route 70 East, Suite G101
Marlton, NJ 08053

From (Previous Doctor/Specialist)

Name of Doctor/Facility:_____

Address:_____

Telephone:_____

Fax:_____

Employee's Name Printed:_____

Employee's Signature:_____

Date:_____

Continuation of Care-Requesting all records