McMahan-Clemis Institute of Otolaryngology, SC

Dr. John T. McMahan

Patient Registration

PATIENT NAME		DATE OF BIRTH
ADDRESS		CITY, STATE, ZIP
HOME PHONE	WORK PHONE	CELL PHONE
SOCIAL SECURITY NUMBER	MARITAL STATUS	RACE/ETHNICITY
EMERGENCY CONTACT		EMERGENCY CONTACT PHONE
PRIMARY INSURANCE		INSURANCE ADDRESS
ID NUMBER		GROUP #
POLICY HOLDERS NAME		POLICY HOLDER DATE OF BIRTH
SECONDARY INSURANCE		ADDRESS
ID NUMBER		GROUP #
PRIMARY CARE PHYSICIAN		
PRIMARY CARE PHYSICIAN ADDRESS		PRIMARY CARE PHYSICIAN PHONE
PHARMACY NAME & PHONE		
HOWWEREYOU REFERRED TO OUR PRACTICE?		

I hereby consent to examination and treatment as rendered appropriate by the physician. I hereby authorize the release of information and the records of any treatments or examinations rendered, to other physicians who may be involved in my care, to my insurance company or companies to facilitate billing and directing reimbursement to the physician those insurance benefits to which I am entitled under the terms of my policy, and for quality assurance assessments and physician's certification. I consent to have my medication history accessed. This information is protected under the federal HIPAA regulations and its release is subject to my approval. I understand that this organization may change its Notice of Privacy Practices at any time and that I may request a copy of this policy.

I authorize benefits to be paid directly to the Physician and I understand that I am responsible for any unpaid balance under the terms of my insurance policy.

_____

Patient/Guardian Signature Date

151 N. Michigan Ave; Ste 913; Chicago, IL 60601Tel: 312-266-6673 Fax 312-266-3680

McMahan-Clemis Institute of Otolaryngology, SC

Dr. John T. McMahan

Patient Name (Last, First) **Date of Birth** **MR# (office use)**

Why are you seeing the doctor today? _____

Would you describe symptoms as Mild, Moderate, or Severe? _____

When did the symptoms start? _____

Review of Symptoms:

- ❑ Frequent cold/infections
- ❑ Nasal congestion
- ❑ Sneezing
- ❑ Nasal drainage
- ❑ Loss of smell
- ❑ Loss of taste
- ❑ Sinus pain
- ❑ Sinus infection
- ❑ Nosebleed
- ❑ Hives
- ❑ Rashes
- ❑ Environmental allergies
- ❑ Immune system problems
- ❑ Hay fever
- ❑ Food allergies
- ❑ Fatigue
- ❑ Shortness of breath
- ❑ Wheezing
- ❑ Mouth breathing
- ❑ Fever
- ❑ Throat pain
- ❑ Tonsillitis
- ❑ Hoarseness
- ❑ Decreased hearing
- ❑ Hearing aid
- ❑ Otalgia
- ❑ Ear blockage
- ❑ Ear pain
- ❑ Pressure in ears
- ❑ Ringing in ears
- ❑ Ear infection
- ❑ Itching in ears
- ❑ Dizziness
- ❑ Vertigo
- ❑ Bad breath
- ❑ Lip or mouth sores
- ❑ Neck swelling
- ❑ Stomach ulcer
- ❑ Difficulty swallowing
- ❑ Diarrhea
- ❑ Heartburn
- ❑ Acid reflux
- ❑ Bronchitis
- ❑ COPD
- ❑ Cough
- ❑ Pneumonia
- ❑ Weight loss
- ❑ Night sweats
- ❑ Hypersomnia
- ❑ Snoring
- ❑ Driving fatigue
- ❑ Excessive daytime sleepiness
- ❑ Obstructive apnea
- ❑ Sleep bothersome to partner
- ❑ Insomnia
- ❑ Use/tried CPAP
- ❑ Wear/tried Dental Appliance

Previous nasal surgery: □ Yes □ No
Previous Oral Surgery: □ Yes □ No
I work in a dusty environment: □ Yes □ No
I work in a noisy environment: □ Yes □ No
Have you had any previous testing/imaging/labs for these symptoms? □ Yes □ No If yes, where? _____
Have you taken any antibiotics for this condition? □ Yes □ No If yes, names? _____
Have you previously taken any antihistamines? □ Yes □ No If yes, list? _____
Have you taken any nasal sprays? □ Yes □ No If yes, list? _____
Have you take any antacids/reflux medication? □ Yes □ No If yes, list? _____

Patient/Guardian Signature Date

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Patient Name (Last, First) **Date of Birth** **MR# (office use)**

Allergies to any medications? Yes No; if yes:_____ **Allergies to Latex?** Yes No

Weight:_____ **Height:** _____

High blood pressure:	□ Yes □ No	**Alcohol:**	□ Yes □ No
Diabetes:	□ Yes □ No	**I smoke/chew tobacco:**	□ Yes □ No
Increase in weight:	□ Yes □ No	**Former Smoker**:	□ Yes □ No
Decrease in weight:	□ Yes □ No	**Caffeine:**	□ Yes □ No
Anxiety:	□ Yes □ No	**Exercise:**	□ Yes □ No
Depression:	□ Yes □ No	**Pets:**	□ Yes □ No

Cardiovascular Issues:	□ Yes □ No	**Musculoskeletal Issues?**	□ Yes □ No
Endocrine Issues:	□ Yes □ No	**Neurological Issues?**	□ Yes □ No
Eye Issues:	□ Yes □ No	**Psychiatric Issues?**	□ Yes □ No
Gastrointestinal Issues:	□ Yes □ No	**Respiratory Issues?**	□ Yes □ No
Hematologic Issues:	□ Yes □ No	**Skin Issues?**	□ Yes □ No
Immunologic Issues:	□ Yes □ No		

Please list any medical conditions that we need to be aware of: _____

Please list any medication's you are currently taking: _____

Serious hospitalizations, unrelated to surgery: _____

Please list any surgeries: _____

Family History check all that apply:

Mother: □Diabetes	□Hypertension	□Heart Disease	□Stroke	□Mental Illness	□Cancer	□Unknown
Father: □Diabetes	□Hypertension	□Heart Disease	□Stroke	□Mental Illness	□Cancer	□Unknown
Siblings: □Diabetes	□Hypertension	□Heart Disease	□Stroke	□Mental Illness	□Cancer	□Unknown

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Medication History

Antihistamines	***Currently taking***	***Previously Tried***	**Acid Reducers**	***Currently taking***	***Previously Tried***
-Allegra/Fexofenadine			-Aciphex		
-Allegra-D			-Axid		
Allerx			-Nexium		
-Benedryl			-Pepcid		
-Claritin			-Prevacid		
-Clarinex			-Prilosec		
-Clarinex-D			-Tagamet		
-Xyzal			-Zantac		
-Zyrtec			-Zegerid		
Zyrtec-D					
			Antibiotics:		
Nasal Spray			Augmentin		
-Astelin			Amoxicillin		
-Atrovent			Avelox		
-Flonase			Biaxin		
-Nasacort AQ			Cefdinir		
-Nasonex			Cipro		
-Rhinocort Aqua			Doxycycline		
-Veramyst			Levaquin		
			Z-Pak		
Inhaler/ leukotriene blocker			Other:		
Advair					
-Asmanex					
-Azmacort					
-Combivent					
-Flovent					
-Proventil					
Pulmicort					
-Serevent					
-Singlulair					
-Symbicort					
Name:_____					
Date: _____					

McMahan-Clemis Institute of Otolaryngology, SC

NOTICE OF PRIVACY PRACTICES

(MEDICAL)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment, and health care operations.

- **Treatment** means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include physical examination.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
- **Health care operations** include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of disclosure of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of your legal duties and privacy practices with respect to protected health information.

This notice is effective as of **April 14, 2003** and we are required to abide by the terms of this Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Northwestern Nasal + Sinus Associates, S.C.
676 N. St Clair, Suite 1575
Chicago, IL 60611
(312)266-6673

For more information about HIPAA or to file a complaint:

The U.S Department of Health & Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257 Toll Free: (877) 696-6775

MCMAHAN-CLEMIS INSTITUTE OF OTOLARYNGOLOGY, SC

John T. McMahan, M.D., FACS

HIPAA Consent

I understand that I have certain rights to privacy regarding my protected health information. These rights are given to me under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that by signing this consent I authorize you to use and disclose my protected health information to carry out:

- Treatment (including direct or indirect treatment by other healthcare providers involved in my treatment);
- Obtaining payment from third party payers (e.g. my insurance company);
- The day-to-day healthcare operations of your practice.

I have also been informed of and given the right to review and secure a copy of your Notice of Privacy Practices, which contains a more complete description of the uses and disclosures of my protected health information and my rights under HIPAA. I understand that you reserve the right to change the terms of this notice from time to time and that I may contact you at any time to obtain the most current copy of this notice.

Consent to Share My Health Information with McMahan-Clemis Institute of Otolaryngology

The McMahan-Clemis Institute of Otolaryngology is pleased to announce the launch of Eclinical electronic Health Exchange, this is an exciting program designed to improve your health care and make office visits easier and more convenient. Your authorization will allow all of your participating doctors in Eclinical to enroll to disclose your demographic, insurance, and medical information (collectively, your "health information") with other providers of health care, including doctors, nurses, health professionals, hospitals and other health care facilities. Only health care providers and authorized personnel that participate with Eclinical, and other whose job it is to maintain, secure, monitor, and evaluate the operation will be able to access your health information. The Eclinical eHX will allow your providers to access your health information more quickly and accurately than with paper charts.

Electronic Prescription Consent

Our electronic medical record program accesses your prescription/medication history in order for us to safely prescribe your medication. I understand that prescription history from multiple other unaffiliated medical providers, insurance companies, and pharmacy benefit managers may be viewable by my providers and staff here, and it may include prescriptions back in time for several years. By signing this, you authorize us to do so.

Patient Portal

McMahan-Clem is Institute of Otolaryngology offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and physicians. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

MY SIGNATURE CERTIFIES THAT I READ AND UNDERSTOOD THE SCOPE OF MY CONSENT AND THAT I AUTHORIZE THE ACCESS.

Patient/Guardian Signature Date

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MCMAHAN-CLEMIS INSTITUTE OF OTOLARYNGOLOGY, SC

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Office Billing Policy

Thank you for choosing McMahan-Clemis Institute of Otolaryngology! We are committed to the success of your treatment and care, and that often requires testing or procedures that are not offered by primary care physicians. These additional measures, in conjunction with Dr. McMahan & Dr. Clemis' training and experience, allow us to identify and treat your problems.

Self-Pay
Patients without medical insurance are required to pay at the time of service. A 15% discount will be honored for all services that are paid in full at the time of service.

Managed Care/Traditional Insurance
McMahan-Clemis Institute of Otolaryngology will submit insurance claims for all services provided to patients with insurance coverage in a managed care plan (PPO, HMO, and POS) as well as traditional/indemnity plans. A copy of your insurance card must be presented to our office. Patients without an insurance card must pay at the time of service. If you participate in an HMO or POS plan that requires authorization from your primary care physician, we require a referral or authorization number at the time of service in order to submit your insurance claim for payment. Without a referral or authorization from your primary care physician, your benefits may be reduced or denied entirely. HMO patients without referrals will be required to pay at the time of service

Co-Pay & Deductible Statement
All charges for services rendered will be sent to your insurance company for reimbursement to our office, but you may have an out-of-pocket expense if your deductible is not met or if a co-insurance payment is required by your policy. **Please note we do collect co-pays and deductibles that have not been met at the time of service, if you are unable to pay the full amount the day of service our staff will help you to set-up payment arrangements.** You will receive a statement if a balance remains due after your insurance company has correctly processed your claim(s).

CT Imaging
A CT scan may be obtained to assess the success of various treatments, to determine the extent of sinus disease or nasal obstruction, to map the sinuses in preparation for surgery or to assess nasal and facial fractures. We bill insurance $1039 for this procedure.

Nasal Endoscopy
To see deep inside the nose and to examine the structures of the nasal passages, a small rigid telescope is used. This helps identify abnormalities of the nasal septum, locate polyps, and determine whether infection is present. Insurance categorizes this procedure as surgical procedure, due to entering the orifices of the nasal passages, the insurance is billed $443 for this procedure.

Cerumen Removal
Impacted cerumen removal is the extraction of hardened or accumulated cerumen (ear wax) from the external auditory canal by mechanical means, such as irrigation or debridement. We bill insurance 175.00 for CPT code 69210.

The Center for Medicaid and Medicare Services (CMMS) and the insurance companies have developed standardized procedure (CPT) codes for these services. Insurance companies do not differentiate between these services when they are provided in the office and when they are provided in the hospital or operating room, so surgery or procedure codes may appear on your insurance billing statement for the services listed above.

I have read and fully understand the statements above and my questions have been adequately addressed.

_____

SIGNATURE OF PATIENT OR LEGAL GUARDIAN DATE

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Patient Information Authorization

I,_____authorize the methods of communication of my protected health information as indicated below. I understand that under the HIPAA guidelines my patient information is kept confidential unless I provide written authorization.

The following person(s) can inquire regarding a medical service or billing statement, pick-up records, prescriptions and take messages pertaining to my health information:

1._____ Relationship_____

2._____ Relationship_____

3._____ Relationship_____

4._____ Relationship_____

I authorize Northwestern Nasal + Sinus Associates to leave a message or send information regarding my PHI such as lab results, physician messages, insurance/billing information or appointment information. **Please initial each line that you authorize.**

_____Telephone answering machine

_____With a person listed above

_____Mail to [ ] Home [ ] Office

_____Fax to [ ] Home [ ] Office Fax No: ( )_____-_____

_____ _____
Signature of Patient or Legal Guardian **Date**

_____ _____
Patient's Name **Print Name of Patient of Legal Guardian**

MCMAHAN-CLEMIS INSTITUTE OF OTOLARYNGOLOGY, SC
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Important Reminder

Dear Patient,

If you had previous medical care provided for your nasal, sinus, allergy or snoring condition in the past 5 years, please obtain medical record copies from the physician's office and/or facility where the service was provided including: sinus x-ray reports such as CT Scans and MRIs, allergy tests, sleep studies and operative reports.

You can either bring copies of the records with you to your appointment at our office or you can have the records faxed to our office at: 312.266.3680. For your convenience, attached is a Records Release form that you can complete and provide to the physician's office or facility where your service was provided so your records can be sent to our office.

Having this pertinent medical information available at the time of your appointment will assist the physician with your evaluation and allow us to better serve you. If you are unable to obtain this information prior to your appointment, our staff will obtain the necessary information when you arrive at our office.

Thank you.

McMahan-Clemis Institute of Otolaryngology

MCMAHAN-CLEMIS INSTITUTE OF OTOLARYNGOLOGY, SC
John T. McMahan, M.D., FACS

Dear Patient,

We would be happy to send your referring and/or primary care physician a progress report outlining your medical care at our facility.

Please provide us with the names, addresses and phone numbers of your referring and/or primary care physician.

Patient Name

☐ I was referred to your practice for a consultation by the physician listed below.

Referring Physician

Address

City State Zip

Telephone

☐ I would like a report sent to my primary care physician listed below

Primary Care Physician

Address

City State Zip

Telephone

Sincerely,

John T. McMahan, M.D.