New Patient Information Form

What is the reason for your visit today?

Today's Date

Patient Information
Name (Last, First, MI)

Address | City | State | ZIP Code

Telephone xxx-xxx-xxxx | Ok to Leave Message? ☐Yes ☐No | Marital Status | Birthdate xx/xx/xxxx

Email | Social Security # | Birth Gender ☐M ☐F | Age

Employer (or parent/guardian employer if patient is a minor | Work Phone xxx-xxx-xxxx | Preferred Language

Primary Care Provider (where you go for routine medical care) | Referring Physician

Emergency Contact Name | Emergency Contact Phone # | Relationship to Patient

Medical Insurance (please present your ID and insurance card to the receptionist

PRIMARY Insurance Company Name | Policy Number/Member ID | Group Number

Insured Name | Insured Birthdate xx/xx/xxxx | Patient relationship ☐Self ☐ Spouse ☐Dependent

Insurance Company Address (usually on back of insurance card) | Phone xxx-xxx-xxxx

SECONDARY Insurance Company Name | Policy Number/Member ID | Group Number

Insured Name | Insured Birthdate xx/xx/xxxx | Patient relationship ☐Self ☐ Spouse ☐Dependent

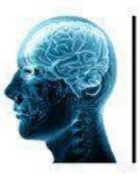
Insurance Company Address (usually on back of insurance card) | Phone xxx-xxx-xxxx

Guarantor/Responsible Party (person responsible for payment

Legal Name of Responsible Party (First Middle Last) | Social Security # | Birthdate xx/xx/xxxx

Preferred Pharmacy Name | Pharmacy Location | Pharmacy Phone

Authorization to Pay Benefits to Provider



Midwest Neurology Associates, P.C.

1100 Joliet St, # 201 Dyer, Indiana 46311
219-836-2096 mwneuro.com

Consent for Purposes of Treatment, Payment and Healthcare Operations

PATIENT CONSENT FOR TREATMENT

1. I voluntarily consent to any and all health care treatment and diagnostic procedures provided by Midwest Neurology Associates, PC and its associated physicians, clinicians and other personnel. I am aware that the practice of medicine and other health care professions is not an exact science and I further state that I understand that no guarantee has been or can be made as to the results of the treatments or examinations at Midwest Neurology Associates, P.C.

2. I agree to be contacted via email or SMS with information related to my visit, like: a patient portal invitation, post-visit satisfaction survey, appointment or checkup reminders, health tips, or new services that relate to me or my family.

3. I consent to the use and disclosure of my/the patient's protected health information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with the Midwest Neurology Associates, P.C. Notice of Privacy Practices.

4. I authorize payment of medical benefits to Midwest Neurology Associates, P.C. physicians or their designee for services rendered.

5. I give permission to obtain all my medication/prescription history when using an electronic system to process prescriptions for my medical treatment.

I have received a copy of the Notice of Privacy Practice and Financial Policy Notice ☐ Yes ☐ No Initial ☐

Midwest Neurology Associates, P.C.

1100 Joliet St, # 201 Dyer, Indiana 46311
219-836-2096 mwneuro.com

Notice of Privacy Practices

This notice describes how medical information about you may be used, disclosed, and how you can get access to this information. Please review this document carefully.

Patient Health Information (PHI)
Under federal law, your patient health information (PHI) is protected and confidential. Patient health information (PHI) includes information about your symptoms, test results, diagnosis, treatment, and related medical information. Your patient health information (PHI) also includes payment, billing and insurance information. We are committed to protect the privacy of your PHI. How we use your patient health information (PHI)

This Notice of Privacy Practices (Notice) describes how we may use within our practice or network and disclose (share outside of our practice or network) your PHI to carry out treatment, payment or health care operations, for administrative purposes, for evaluation of the quality of care, and so forth. We may also share your PHI for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. Under some circumstances we may be required to use or disclose your PHI without your consent.

Treatment: We will use and disclose your PHI to provide you with medical treatment or services. We may also disclose your PHI to other health care providers who are participating in your treatment, to pharmacists who are filling your prescriptions, to laboratories performing tests, and to family members who are helping with your care, and so forth.

Payment: We will use and disclose your PHI for payment purposes. For example, we may need to obtain authorization from your insurance company before providing certain types of treatment. We will submit bills and maintain records of payments from your health plan. PHI may be shared with the following: billing companies, insurance companies (health plans), government agencies in order to assist with qualifications of benefits, or collection agencies.

Operation: We may ask you to complete a sign-in sheet or staff members may ask you the reason for your visit so we can better care for you. Despite safeguards, it is always possible in a doctor's office that you may learn information regarding other patients or they may inadvertently learn something about you. In all cases, we expect and request that our patients maintain strict confidentiality of PHI.

We may use and disclose your PHI to perform various routine functions (e.g. quality evaluations or records analysis, training students, other health care providers or ancillary staff such as billing personnel, to assist in resolving problems or complaints within the practice). We may use your PHI to contact you to provide information about referrals, for follow-up with lab results, to inquire about your health or for other reasons. We may share your PHI with Business Associates who assist us in performing routine operational functions, but we will always obtain assurances from them to protect your PHI the same as we do.

Special Situations that DO NOT require your permission: We may be required by law to report gunshot wounds, suspected abuse or neglect, and so on; we may be required to disclose vital statistics, diseases, and similar information to public health authorities; we may be required to disclose information for audits and similar activities, in response to a subpoena or court order, or as required by law enforcement officials. We may release information about you for worker's compensation or similar programs to protect your health or the health of others or for legitimate government needs, for approved medical research, or to certain entities in the case of death. Your PHI may also be shared if you are an inmate or under custody of the law which is necessary for your health or the health and safety of other individuals.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or to foreign military authority if you are a member of that foreign military services.

In some situations, we may ask for your written authorization before using or disclosing any identifiable health information about you. If you sign an authorization, you can later revoke the authorization.

Individual Rights
You have certain rights with regard to your PHI, for example:
Unless you object, we may share your PHI with friends or family members, or other persons directly identified by you at the level they are involved in your care or payment of services. If you are not present or able to agree/object, the healthcare provider using professional judgment will determine if it is in your best interest to share the information. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. We may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts.

You may request restrictions on certain uses and disclosures of your PHI. We are not required to accept all restrictions. If you pay in full for a treatment or service immediately, you can request that we not share this information with your medical insurance provider or our Business Associates. We will make every attempt to accommodate this request and, if we cannot, we will tell you prior to the treatment.

You may ask us to communicate with you confidentially by, for example, sending notices to a special address.

In most cases, you have the right to get a copy of your PHI. There will be a charge for the copies.

If you believe information in your record is incorrect, or if important information is missing, you have the right to request that we amend the existing information by submitting a written request. You may request a list of instances where we have disclosed PHI about you for reasons other than treatment, payment, or operations. The first request in a 12 month period is free. There will be charges for additional reports.

You have the right to obtain a paper copy of this Notice from us, upon request. We will provide you a copy of this Notice on the first day we treat you at our facility. In an emergency situation we will give you this Notice as soon as possible. You have the right to receive notification of any breach of your protected health information.

Health Information Exchange / CommonWell
Health Information Exchange (HIE) / CommonWell is the electronic sharing of health information between participating providers in a way that ensures the secure exchange of health information to provide care to patients. You have a right to opt-out of HIE / CommonWell participation. If you choose to opt-out, providers will not be able to search for your most recent health information when determining treatment. Opting out will not affect your ability to access medical care. If you do not wish to participate in the HIE / CommonWell, you may request a copy of our HIE / CommonWell Patient Opt-Out form by emailing: info@mwneuro.com.

Our Legal Duty
We are required by law to protect and maintain the privacy of your PHI, to provide this Notice about our legal duties and privacy practices regarding PHI, and to abide by the terms of the Notice currently in effect. We may update or change our privacy practices and policies at any time. Before we make a significant change in our policies, we will change our Notice and post the new Notice in the admissions area and on our website at www.mwneuro.com. You can also request a copy of our Notice at any time.

If you are concerned about your privacy rights, or if you disagree with a decision we made about your records, you may contact the Privacy Officer listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. You will not be penalized in any way for filing a complaint.

Contact Person
If you have any questions, requests, or complaints, please contact us at:
(219) 836-2096.

Midwest Neurology Associates, P.C.

1100 Joliet St, # 201 Dyer, Indiana 46311
219-836-2096 mwneuro.com

Cancellation/No Show Policy for Appointments & Procedures

Cancellation/No Show Policy for Provider Appoints (MD, PA, NP)
We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise when another patient fails to cancel and we are unable to schedule you for a visit.

If an appointment is not **canceled** 24 hours in advance, you will be charged a $25 fee. This fee will NOT be covered by your insurance or co-payment.

Scheduled Appointments
We understand that delays can happen, however, we must try to keep other patients and providers on time. If a patient is fifteen (15) minutes past their scheduled time, we will have to re-schedule the appointment.

Cancellation/No Show Policy for Procedures
Procedures require a large block of time, including EMG/EEG/Botox/Pain Injections. Last minute cancellations incur large expenses for the office.

Procedure cancellations or re-scheduling require a 48 hour advance notice. If this policy is not observed, you will be charged a fifty dollar ($50) fee. The charge will NOT be covered by insurance or co-payment.

Account Balances
We will require that patients with self-pay balances pay the balance to zero prior to receiving further services at Midwest Neurology Associates, P.C.

Patients who have questions about their bills or who would like to discuss a payment plan option may call our billing office with whom they can review their account and concerns.

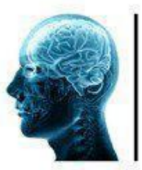
Patients with balances over one hundred dollars ($100) must make payment arrangements prior to future appointments.

_____

Please Print Name

_____ _____

Patient or Guardian Signature **Date**



Midwest Neurology Associates, P.C.

1100 Joliet St, # 201 Dyer, Indiana 46311
219-836-2096 mwneuro.com

New Patient History Form

Patient Name _____ Date of Birth xx/xx/xxxx _____

Over the last 2 weeks, how often have you been bothered by the following symptoms?
0 = Not at all 1 = Some Days 2 = More than half of the days 3 = Nearly everyday

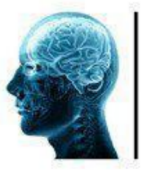
1.	Little interest or pleasure in doing things.	☐ 0	☐ 1	☐ 2	☐ 3
2.	Feeling down, depressed, or hopeless.	☐ 0	☐ 1	☐ 2	☐ 3
3.	Trouble falling or staying asleep, or sleeping too much.	☐ 0	☐ 1	☐ 2	☐ 3
4.	Feeling tired or having little energy.	☐ 0	☐ 1	☐ 2	☐ 3
5.	Poor appetite or overeating.	☐ 0	☐ 1	☐ 2	☐ 3
6.	Feeling bad about yourself or that you are a failure or have let your family down.	☐ 0	☐ 1	☐ 2	☐ 3
7.	Trouble concentrating on things such as reading or watching television.	☐ 0	☐ 1	☐ 2	☐ 3
8.	Moving or speaking so slowly that other people could have noticed, or the opposite- being fidgety or restless that you are moving around more.	☐ 0	☐ 1	☐ 2	☐ 3
9.	Thoughts that you would be better off dead or hurting yourself in some way.	☐ 0	☐ 1	☐ 2	☐ 3
10.	Feeling nervous, anxious or on edge.	☐ 0	☐ 1	☐ 2	☐ 3
11.	Not being able to control or stop worrying.	☐ 0	☐ 1	☐ 2	☐ 3
12.	Worrying too much about different things.	☐ 0	☐ 1	☐ 2	☐ 3
13.	Trouble relaxing.	☐ 0	☐ 1	☐ 2	☐ 3
14.	Being so restless that it is hard to sit still.	☐ 0	☐ 1	☐ 2	☐ 3
15.	Becoming easily annoyed or irritable.	☐ 0	☐ 1	☐ 2	☐ 3
16.	Feeling afraid as if something awful might happen.	☐ 0	☐ 1	☐ 2	☐ 3

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

☐ Not at all ☐ Somewhat Difficult ☐ Very Difficult ☐ Extremely Difficult

_____ _____

Total Score Date



Midwest Neurology Associates, P.C.

1100 Joliet St, # 201 Dyer, Indiana 46311
219-836-2096 mwneuro.com

Patient Information Authorization

Patient Name	Date of Birth xx/xx/xxxx	Today's Date

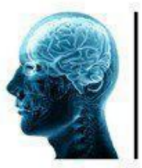
It is the policy of Midwest Neurology Associates, P.C. that all personnel preserves the integrity and the confidentiality of medical and financial information pertaining to the patients. The purpose of this policy is to ensure that Midwest Neurology Associates, PC and its officers, employees, and agents have the necessary medical and financial information to provide the highest quality of service while protecting the confidentiality of that information. To that end, we ask that the patient complete the following information.

Information regarding the status of my medical condition may be given to:

Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship
Name	Phone xxx-xxx-xxxx	Relationship

I was offered a copy of the Notice of Privacy Practices

Signature of Patient or Parent/Guardian	Date



Midwest Neurology
Associates, P.C.

1100 Joliet St, # 201 Dyer, Indiana 46311
219-836-2096 mwneuro.com