

MARK F. HAMBLY, M.D.
D. MICHAEL HEMBD, M.D.
CHRISTOPHER O. NEUBUERGER, M.D.
PRUDENCIO S. BALAGTAS, D.O.
CONOR W. O'NEILL, M.D.
SARAH L. ZICHELLA, P.A.-C.
THOMAS J. BRUDZ, P.A.-C.
JEANNEE WAINSCOTT, P.A.-C.
DANA STIEGLITZ, N.P.
JUSTINE TORMEY, N.P.



NCSR^A 2801 K Street, Suite 410
Sacram
NCSRA Medical Corporation
2801 K Street, Suite 410
Sacramento, CA 95816
(916) 389-7100
(916) 389-7140
Phone: (916) 389-7100
Fax: (916) 389-7140

Dear Patient,

You have been referred to NCSRA Medical Corporation for an evaluation. We would like to take this time to welcome you to our practice and look forward to assisting you in your health care needs.

CHECK-IN TIME: 30 min. prior to your appointment time

Before your appointment:

1. Complete the patient history form online through your portal account and....
2. Print, complete and hand carry this paperwork with you to your appointment.

You will need to bring:

1. Current insurance card or complete worker's compensation information.
2. Hand carry any diagnostic studies such as MRI, CT, Bone Scan, and EMG/NCV studies.

About our office

NCSRA is HIPAA compliant. You may review a copy of the Privacy Policy to read upon check in, if you choose a copy will be provided to you. If you have any questions we would be happy to answer them when you arrive.

Patient Portal: To sign up for access to the online Patient Portal please contact our office.

Directions: For directions please call 916-389-7100 ext. 6.

Parking (cash only): Our building contains a parking garage, the entrance is on K street. The cost is \$1.00 for 20 minutes.

Appointment cancellation policy: Please allow 24 hours notice for appointment changes, failure to do so will result in the following fee which is due prior to rescheduling.

Fee: Follow up: \$25.00 Consultation/Evaluation: \$50.00 EMG/injection procedures: \$50.00

Prescription refill policy: Medication refills must be done at the time of your scheduled visit. We do not refill on Fridays, weekends, or by telephone.

Disability/Insurance Forms: There is a pre-paid fee due for most forms. Please contact the office before mailing or bringing your form into the office.

Payment for services rendered: It is your responsibility to know your benefits prior to your appointment. Co-pays, PPO deductibles and HSA deductibles are due at the time of service. We accept cash, checks, Visa or MasterCard and will bill your insurance plan whenever possible, however, please remember that the primary responsibility for payment is yours, not your insurance companies. Not all physicians at NCSRA Medical Corporation are on all plans or the same plans. Please check with your carrier to see if our physician is a member of your insurance plan, if not you may be required to pay in full for services.

Credit Card Fee: There is a 3.5% service fee when payment is made using a credit card.

Returned check: A \$35.00 fee is due and payable by cash, money order or credit card and must be paid before the next visit.

PATIENT NAME/DOB: ADDRESS:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner		
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, please list:		
Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone:		Okay to leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Correct
Cell Phone:			<input type="checkbox"/> Correct
Email Address:			<input type="checkbox"/> Correct
Appointment Reminder:	<input type="checkbox"/> Phone call <input type="checkbox"/> Text message <input type="checkbox"/> Email message		
Emergency Contact:		Phone #:	
Primary Care MD:			
Referring MD:			

HIPAA: Health Insurance Portability and Accountability Act	
List any person by name whom may act on your behalf to discuss and/or request medical information, you may also choose "none".	
**Full name only:	<input type="checkbox"/> None

INSURANCE COVERAGE			
You must present your insurance card at the time of service			
	COMPANY	ID#	SUBSCRIBER/DOB & RELATIONSHIP
Primary:			<input type="checkbox"/> Self <input type="checkbox"/> Spouse:
Secondary:			<input type="checkbox"/> Self <input type="checkbox"/> Spouse:
Other:			<input type="checkbox"/> Self <input type="checkbox"/> Spouse:

WORKER'S COMPENSATION COVERAGE	
Insurance Carrier:	
Adjuster:	Claim Number:
Employer:	Date of Injury:
Body Part(s):	
Social Security Number:	

<p>Noticy of Privacy Practices: I hereby acknowledge that I received a copy or have access to a copy of the medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice is posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment. Dyann Wolfe, Administrator (916) 389-7100- Privacy Officer</p> <p>Assignment of Benefits, Release of information: I hereby assign all necessary medical and/or surgical benefits to which I am entitled, including private insurance and any other plan to NCSRA Medical Corporation for all services rendered by its medical providers and representatives. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges not paid for by said insurance according to contract or regulations. I hereby authorize NCSRA or its representatives to release or obtain necessary medical records for treatment purposes and/or to secure payment.</p>	
Patient or Parent/Guardian Signature: _____ Printed Name: _____	DATE: _____