Infectious Disease Consultants, PA

James S. Ley, MD ● Wesley W. Emmons, III, MD ● Maya Gupta, MD
Chad Duffalo, MD, MPH ● Byungwoo Choi, MD ● T. Reena Mascarenhas. MD
Elizabeth Browne Conway, PA-C

PATIENT INFORMATION:

Date of Visit: ____________________________ Soc. Sec #: ________________________________

Patient's Name: ____

Address: ____

City/State: ____ Zip Code: ________________________

Age: _________ Birthdate: _______________________ Sex: M / F (Please circle) __Transgender

Marital Status: S / M / W/ Partner/ Legally Separated (please circle)

Home Phone: __________________________ Cell Phone: _________________________________

Employer: _____________________________ Work Phone: _______________________________

Best way to contact you: Home ______ Cell ________ Work_______ (Please check one)

May we leave message at: Home ___________ Cell ________ Work ______ (Please check one)

Email Address ____ (Optional – to join Patient Portal)

INSURANCE INFORMATION:

Primary Insurance Carrier Name: ____

Subscriber:Self / Spouse / Parent Subscriber Name: ______________________________
Subscriber DOB: ______________________________

Secondary Insurance Carrier Name: ____

Subscriber:Self / Spouse / Parent Subscriber Name: ______________________________
Subscriber DOB: ______________________________

Emergency Contact / Personal Represenative (person(s) with authority to receive information about your health status and billing):

_____________________________________Relationship:_____________Phone: __________________

_____________________________________Relationship:_____________Phone: __________________

Referring Physician:__________________________________Phone # ____________________________

Primary Care Physician:______________________________Phone #_____________________________

Pharmacy:_________________________________Pharmacy Phone#____________________________

Infectious Disease Consultants, PA

James S. Ley, MD ● Wesley W. Emmons, III, MD ● Maya Gupta, MD
Chad Duffalo, MD, MPH ● Byungwoo Choi, MD ● T. Reena Mascarenhas. MD
Elizabeth Browne Conway, PA-C

Authorization to release Medical Information:
I hereby authorize Infectious Disease Consultants, PA to provide Medical Care, and release any information acquired in the course of my examination or treatment for the purposes of billing my insurance. I hereby authorize payment directly to Infectious Disease Consultants, PA of surgical and/or medical benefits. I also will be responsible for any deductibles, co-insurances or copayments that my insurance does not cover. **If 24 hours advanced notice of cancellation of any scheduled appointment is not given to Infectious Disease Consultants, PA, I agree to payment in full for the service scheduled.**

Referral Policy:
I understand that it is my responsibility as the patient to know if my insurance requires a referral or authorization(s). I understand that if I do not have the necessary insurance referral(s) at the time of my appointment(s), I will be personally responsible for the charge of the visit.

Collection Policy:
Past due accounts will be placed with a collection agency. You will be responsible for all costs of collection which may include collection fees, attorney fees, and any other fees charged by the collection agency including but not limited to a fee for a partial payment made on the past due account.

By signing and dating I am agreeing to all of the above policies.

Printed Name of Patient:

____

Signature of Patient:

____Date:______________________________

TO DECREASE BILLING COSTS, WE ASK THAT YOU PLEASE PAY AT THE TIME OF YOUR VISIT. THANK YOU.

Please provide the information requested in the fields below regarding diversity. This information is collected in conjunction with government and record-keeping requirements. It is completely optional for you to submit and will be used only for Equal Employment Opportunity reporting requirements.

Race: __ White __Other Race __Other Pacific Islander __Asian __ American Indian or Alaska Native

__ Native Hawaiian Other Pacific Islander __ Black or African American __ Hispanic __Decline to Report

Ethnicity: __ Hispanic or Latino __ Not Hispanic or Latino __ Decline to Report

Infectious Disease Consultants, PA

James S. Ley, MD ● Wesley W. Emmons, III, MD ● Maya Gupta, MD
Chad Duffalo, MD, MPH ● Byungwoo Choi, MD ● T. Reena Mascarenhas. MD
Elizabeth Browne Conway, PA-C