

Kevin Brown, M.D., PhD

Date of visit: ___ / ___ / ___

Patient's Name: _____

Date of Birth: ___ / ___ / ___ Age: _____ Weight: _____ Height: _____

Reason for the visit: _____

Occupation/Employer: _____

Marital Status: _____ Name of spouse/Significant other: _____

Children's Names & Birthdates (if applicable): _____

Please List all prior major illnesses/surgeries (with years):

Operations: 1. _____ 2. _____ 3. _____

Hospitalizations: 1. _____ 2. _____ 3. _____

Illnesses/Injuries: 1. _____ 2. _____ 3. _____

Family History (check)? Heart disease Diabetes Cancer Other _____

Which family member?: _____

Do you drink alcohol? No, never No, but I used to Yes How many drinks? ___ day/week

Do you smoke? No, never No, I quit in _____ Yes Packs per day? ___ x ___ years.

Do you use illicit drugs? No, never No, but I used to Yes Which drug? _____

Have you experienced any of the following? (Circle Y or N or N/A)

Constitutional

weight gain/loss (>15lbs) Y N

constant night sweats Y N

Eyes

double vision Y N

glaucoma Y N

Ear/Nose/throat

hearing loss Y N

ear pain Y N

ringing in ears Y N

balance problems Y N

hearing aid Y N

difficulty breathing Y N

nosebleeds Y N

nasal drainage Y N

sinus problems Y N

snoring Y N

voice changes Y N

Cardiovascular

heart attack Y N

↑ blood pressure Y N

heart murmur Y N

Gastrointestinal

chronic diarrhea Y N

heartburn Y N

Endocrine

diabetes Y N

thyroid disease Y N

autoimmune disease Y N

Neurologic

headaches Y N

seizures Y N

stroke Y N

Hematology

bruise easily Y N

anemia Y N

Genitourinary

frequent urination Y N

prostate problems n/a Y N

Skin

past skin cancer Y N

past radiation therapy Y N

Musculoskeletal

arthritis Y N

chronic back pain Y N

Respiratory

asthma/emphysema Y N

chronic cough Y N

tuberculosis Y N

Psychiatric

anxiety Y N

depression Y N

sleep apnea Y N

If you answered YES to any of the above, please explain: _____

Reviewed by: _____

Kevin Brown, M.D., PhD



Department of Otolaryngology-Head & Neck surgery

Referring Physician, Medication and Pharmacy Information Form

Patient's Name: _____ Date: _____

The name and address of your Internist or Referring doctor:

Physician's Name: _____

Address: _____

Telephone: _____

Fax: _____

Medications:

Do you have any allergies to Medications? No Yes (please list): _____

Please list all medications that you are taking (including over-the-counter medication such as eye drops, aspirin, Motrin, nasal sprays, vitamins, herbal remedies, birth control pills, etc):

Medication	Dosage(mg, teaspoons, etc)	Frequency

Vaccination History:

Date of most recent Flu shot (ages 6 months +) _____ Date of most recent Pneumonia shot (ages 65+) _____

Pharmacy Information:

In order to expedite prescription service if required we would like to have your pharmacy information on file:

Pharmacy Name: _____

Address: _____

Telephone: _____

Fax: _____

Patient's Signature: _____



Weill Cornell Medical College
Department of Otolaryngology –
Head and Neck Surgery

1305 York Avenue
5th floor
New York, NY 10021

428 East 72nd Street
1st floor, Suite 100
New York, NY 10021

2315 Broadway
3rd floor
New York, NY 10024

156 Williams Street
12th floor
New York, NY 10038

Financial Policy

Welcome to the Department of Otolaryngology-Head & Neck Surgery. The following is a statement of our financial policy. We hope this gives you a better understanding of how our billing works.

Financial Policy

Patients have many different types of insurance and payment options for services rendered. Also, not all the providers in the practice accept the same type of insurance. The three most common scenarios are outlined below. Please read the following and if you have any question or concerns please call the office of the provider you are seeing.

Participating Plans

In this scenario the provider you will see participates with your insurance plan. It is your responsibility to ensure your provider is in fact currently a provider in that plan.

At the time of service you will be responsible for all co-payments as outlined by your plan coverage. The co-payment is typically listed on your insurance card. The Medical College will then submit a claim to your insurance carrier who will pay the College directly and inform you if any deductible or percentage of payment is due from you. You will receive a statement of such decision and may ultimately be responsible for such payments as determined by your insurance company. If your plan requires a referral, Please present the referral at the time you check-in. If you do not have a referral you may have to reschedule your appointment.

Non-Participating Plans

In this scenario the providers you will see do not participate in you insurance plan. Payment of services is due at the time of the visit. We can submit the claim directly to your carrier.

Medicare

For any of our providers that participate with Medicare, we will bill Medicare directly for your service and Medicare will send payment directly to the providers. You will be responsible for any deductible or co-insurance. If your providers do not participate with Medicare you will be responsible for payment at the time of service, and your claim will then be forwarded to Medicare and they will reimburse you directly.

Usual and Customary Rates

Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Payment

Cash, Check, MasterCard, Visa, Discover and American Express card are recognized forms of payment.

We hope this information is helpful; Again, if you have any questions or concerns, please contact your provider's office.

X _____
Signature of the patient or responsible Party

Date



Weill Cornell Medical College

┌ New York-Presbyterian Hospital
└ Weill Cornell Medical Center

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Head and Neck Surgery

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March 2014

Dear Patient:

According to Federal guidelines, patients should have their blood pressure checked on a periodic basis by each of their providers.

While we need to comply with these guidelines, please realize that blood pressure management is not in the purview of our practice.

If you feel that your blood pressure today is not consistent with your usual blood pressure, please convey this to your general practitioner or cardiologist.

Sincerely,

The Department of Otolaryngology – Head and Neck Surgery