

Mukesh Prasad, M.D.

Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse/Significant Other: \_\_\_\_\_

Children's Names (Ages 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 or wk

Do you smoke? [ ] No, never [ ] No, but I used to (quit in yr:\_\_\_\_) [ ] Yes Packs per day? \_\_\_\_ x \_\_\_\_ years

Do you use illicit drugs? [ ] No, never [ ] No, but I used to [ ] Yes Which? \_\_\_\_\_

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 problems Y N

If Yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_

Mukesh Prasad, M.D.



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

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5<sup>th</sup> floor  
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1<sup>st</sup> floor, Suite 100  
New York, NY 10021

2315 Broadway  
3<sup>rd</sup> floor  
New York, NY 10024

156 Williams Street  
12<sup>th</sup> 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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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