

Welcome to Rosenman & Leventhal, P.C.

Thank you for choosing our practice for all of your dermatological needs.

Please have ALL of the attached paperwork filled out completely before arriving to our office.

Please arrive 15 minutes before your scheduled appointment time. Present your insurance card/cards, credit card if you choose to take advantage of our Credit-Card-On-File program, along with your photo ID and finished paperwork to our front desk Greeters.

If your insurance requires a referral for a Specialist visit, be sure to call your Primary Care Physician at least 48 hours ahead of your appointment day. This will give them the time needed to process your referral. If a valid referral is not received prior to your visit, you will be asked to reschedule your appointment.

Any questions regarding our participation with your insurance, please call your insurance company prior to your appointment day.

We look forward to meeting you!

Rosenman & Leventhal, P.C.

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Email Address: _____

Social Security Number: _____ Gender _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Number: _____

Primary Care Physician Information

Did a physician recommend you come to our office? YES or NO

Primary Care Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Pharmacy

Pharmacy Name: _____ Phone Number: _____

Insurance Information

Primary Insurance Company: _____

ID #: _____ Group #: _____ Relationship to Patient: _____

Policy Holder's Name: _____ Date of birth: _____

Secondary Insurance Company: _____

ID #: _____ Group #: _____ Relationship to Patient: _____

Policy Holder's Name: _____ Date of birth: _____

Person/persons responsible for billing if different than the patient or policy holder:

Name: _____ Relationship to Patient: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth of responsible person: _____ Phone Number: _____

List all Medications you are currently taking:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

The reason for your visit today: _____

Are you allergic to any medication? If so, please list below

Have you ever had an allergic reaction to: (please circle)

Jewelry Skin Cream Antibiotic Cream Hair Products Cosmetics Adhesive Tape Latex

Do you smoke? NO YES How much? _____ Do you drink alcohol? NO YES How much? _____

Are you pregnant? NO YES Due date: _____

Health History

Please circle any of the following diseases or conditions you have had or have currently

Bronchitis	Diabetes	Sun Burns
Emphysema	Thyroid	Sensitive Skin
Asthma	Kidney or Bladder	Psoriasis
Pneumonia	Stomach or Ulcers	Eczema
Chronic Cough	Bowel	Unusual Moles
Tuberculosis	Hepatitis	Skin Cancer
High Blood Pressure	Gall Bladder	Melanoma
Chest Pain	Cancer	Blood Clots
Heart Attack	Seizures	Varicose Veins
Heart Murmur	Glaucoma	Bypass Surgery:
Irregular Heartbeat	AIDS	Cardiac/Gastric
Pacemaker	Arthritis	Lupus

Family History

	Alive	Above Conditions/Diseases	Deceased	Cause of death
Mother				
Father				
Brother				
Sister				

Consent for Treatment

I hereby consent to and authorize medical and/or surgical care, including diagnosis and treatment, by Physicians and staff of Rosenman & Leventhal, P.C. I understand I have the option to refuse any treatment.

Patient or Legal Guardian Signature: _____

Rosenman & Leventhal, P.C.

AUTHORIZATIONS

I authorize the release of information necessary to process this claim and also authorize payment of medical benefits directly to Rosenman & Leventhal, P.C. I certify that the information I furnish is true and correct. In order to establish optimal relations with our patient and avoid misunderstanding regarding our payment policies, our staff is trained to inform you of the financial payment policies of this office. Payment in full is required for anyone who does not have medical insurance, has an insurance in which Rosenman & Leventhal, P.C. does not participate with and for all cosmetic services at the time they are rendered. Insurance co-payments are due when services are rendered. It is the patient's responsibility to know if Rosenman & Leventhal, P.C. is participating with their insurance. It will be the patient's responsibility for all charges that occur during the visit if Rosenman & Leventhal, P.C. does not participate with the insurance. It is the patient's responsibility to obtain a valid referral from their primary care physician if the insurance requires one. If a valid referral was not obtained by the patient and was seen by a provider at Rosenman & Leventhal, P.C. the patient will be responsible for all charges that occur during the visit. In the event that a medical service was provided by Rosenman & Leventhal, P.C. and is deemed non-covered, or the full contracted payment is not received or deductible has not been satisfied, full payment is expected within 30 days of notification to you. If unforeseen financial problems interfere with payment of your medical care, please speak with our billing representative to arrange suitable payment arrangements. All accounts and balances older than 90 days may be transferred over to a collection agency and will be reported to the National Credit Bureau. Any personal checks that are returned to Rosenman & Leventhal, P.C. will be charged a surcharge. We accept payment in the form of cash, check, Visa, MasterCard, Discover and American Express. Your signature below communicates your understanding and willingness to comply to the above policies.

Patient or Legal Guardian Signature: _____ Date: _____

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent Rosenman & Leventhal, P.C. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Rosenman & Leventhal, P.C. Notice of Privacy Practices for a more complete description of such uses and disclosures. I have received and reviewed the Notice of Privacy Practices prior to signing this consent. Rosenman & Leventhal, P.C. reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Rosenman & Leventhal, P.C. Privacy Officer at 385 Oxford Valley Road, Suite 312, Yardley, PA 19067. With my consent Rosenman & Leventhal, P.C. may call my home or other designated location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO such as appointment reminders, insurance items, and any call pertaining to my clinical care including laboratory results among others. With my consent Rosenman & Leventhal, P.C. can mail my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminders and patient statements as long as they are marked Personal. I have the right to request that Rosenman & Leventhal, P.C. restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form I am consenting to Rosenman & Leventhal, P.C. use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent Rosenman & Leventhal, P.C. may decline to provide treatment to me.

I give permission to give Protected Health Information to: _____
(Name and Relationship to patient)

Patient or Legal Guardian Signature: _____ Date: _____

MEDICARE HEALTH INSURANCE FORM

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Rosenman & Leventhal, P.C. for any services furnished to me by Rosenman & Leventhal, P.C. I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related service.

Patient or Legal Guardian Name: _____ Patient DOB: _____

Rosenman & Leventhal, P.C.

Credit-Card-on-File-Policy

We have implemented a credit-card-on-file policy. Although it is optional, this policy was designed to benefit you, the patient, and us, the healthcare provider, to help keep the costs and fees of healthcare down in an environment where they continue to rise. The advantage and savings to you is that you no longer will be using a check, an envelope and a stamp. The advantage and savings to our practice is that we will no longer use additional paper to print statements, use envelopes or use additional postage.

The process is simple and secure. You will be asked for your credit card information at the time you check in. This information is then entered into our banks secure site. Once entered the only numbers that are visible are the last 2 digits of your card along with the expiration date and name. Once your insurance processes your claim they will send you an Explanation of Benefits before they send payment to us. Once we receive the payment we will post any payments and apply any applicable co-insurance or deductible. At that time any remaining balance due as the patient's responsibility will be charged to your credit card. A paid receipt will be mailed to you.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

The credit card can only be kept on file if the designated card member signs this waiver. This authorization will remain in effect until rescinded by the cardholder.

By signing this waiver, I authorize Rosenman & Leventhal, P.C. to charge any outstanding balances on my account and the accounts of any family members listed below to my credit card.

X _____ Date: _____
Card member's signature

Name of Patient: _____ Medical Acct. #: _____

Please list the names of any family members to be included.

_____ Medical Acct. # _____

_____ Medical Acct. # _____

_____ Medical Acct. # _____

_____ Medical Acct. # _____

Office Use ONLY

Visa

MasterCard

Discover

American Express

Expiration Date: _____ Last 2 Digits of card: _____

Rosenman & Leventhal, P.C.
Makefield Executive Quarters
385 Oxford Valley Road, Suite 312
Yardley, Pennsylvania 19067
Ph: (215) 321-3500
Fax: (215) 321-7172

Directions to Our Office

(If you are using a GPS use Morrisville instead of Yardley)

From 95 North or 95 South

1. Take Exit 46A onto Route 1 North
2. Proceed North on Route 1 to the Oxford Valley Exit
3. At the traffic light off of the ramp turn LEFT onto Oxford Valley Road
4. Proceed 1.1 miles on Oxford Valley Road
 - a. Ahead Kohl's will be on your right, CVS on your left (that intersection is Big Oak Road & Oxford Valley Road)
5. After you cross that intersection (Big Oak Road & Oxford Valley Road) – Go to the second traffic light and make a LEFT into 385 Makefield Executive Quarters
 - a. Christine's Restaurant is located in our complex
6. Make the first right turn and proceed to STOP sign then make Left into the parking lot
7. Go into the big, main front, center doors
 - a. Our Suite is 312 on the right

From Route 1 South

1. Take the Oxford Valley Exit (Sesame Place)
2. At the traffic light off of the ramp turn RIGHT onto Oxford Valley Road
3. Proceed 1.1 miles on Oxford Valley Road
 - a. Ahead Kohl's will be on your right, CVS on your left (that intersection is Big Oak Road & Oxford Valley Road)
4. After you cross that intersection (Big Oak Road & Oxford Valley Road) – Go to the second traffic light and make a LEFT into 385 Makefield Executive Quarters
 - a. Christine's Restaurant is located in our complex
5. Make the first right turn and proceed to STOP sign then make Left into the parking lot
6. Go into the big, main front, center doors
 - a. Our Suite is 312 on the right

From Route 1 North

1. Take the Oxford Valley Exit (Sesame Place)
2. At the traffic light off of the ramp turn LEFT onto Oxford Valley Road
3. Proceed 1.1 miles on Oxford Valley Road
 - a. Ahead Kohl's will be on your right, CVS on your left (that intersection is Big Oak Road & Oxford Valley Road)
4. After you cross that intersection (Big Oak Road & Oxford Valley Road) – Go to the second traffic light and make a LEFT into 385 Makefield Executive Quarters
 - a. Christine's Restaurant is located in our complex
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