



CNY Obstetrics & Gynecology

New Patient Information

Patient Demographics:

Last name _____ First name _____ Middle Initial _____
Social Security _____ Date of Birth _____
Primary Phone _____ Alt Phone# _____
Street Address _____
City _____ State _____ Zip _____
Email Address _____
Primary Care Physician _____ Phone # _____
Pharmacy _____ Phone # _____
Employer _____

Release of information to Relative/ Friend

The following named person(s) may have access to all information including medical, billing, appointment information, and emergency basis from CNY Obstetrics and Gynecology regarding my care unless otherwise indicated below.

Name _____ Relationship _____
DOB _____ Phone # _____

Name _____ Relationship _____
DOB _____ Phone # _____

Name _____ Relationship _____
DOB _____ Phone # _____

Emergency Contact: _____ Relationship to patient _____
Phone: Cell _____ Home _____ Work _____

* I give CNY Obstetrics and Gynecology permission to send appointment information to my email above as well as text reminders to cell number provided

Patient name (**Printed**)

Date

Patient Signature

Office staff witness



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Blood Transfusion

A blood transfusion is when your doctor gives you blood through an IV line. A blood transfusion is used to replace red blood cells. Red blood cells are the cells in your body that carry oxygen to your organs. The blood transfusion can be given through an IV line in your arm, leg, or in your neck. There are many reasons to give a blood transfusion such as if you have had surgery and you have lost blood during the surgery, if your red blood cells are being destroyed by your body, if your red blood cells are not being properly produced by your body or if you have certain medical diseases such as sickle cell disease or any chronic disease that may make it difficult for your body to make red blood cells.

Preparation: Your doctor may draw blood from you to determine what type of blood you should receive. Also, your doctor may need to know how much blood to give you. Once the specific type of blood for you is identified and the amount needed, the area where they will give you the transfusion is washed with antiseptic to kill any germs. You will most likely be in a bed or a chair while you receive the transfusion.

Procedure: Once the IV is started, the blood will be given slowly. The whole procedure will take about four hours for each pint of blood transfused. Under certain situations, your doctor may need to give the transfusion more quickly. There may be a little burning sensation in the IV as you receive the transfusion.

Post Procedure: After the completion of the transfusion, the IV will be removed, if necessary. You will be watched closely to make sure that you tolerated it well. You will be monitored closely to see if you develop any reaction to the transfused blood. After your doctor is sure that you tolerated it well, you may be allowed to resume your normal activity. Your doctor may need to draw blood a couple hours after the procedure to see if you may need more blood.

Possible complications of Procedure: All procedures, regardless of complexity or time, can be associated with unforeseen problems. They will be immediate or delayed in presentation. We would like to have a list so that you may ask questions if you are still concerned. These complications include but are not limited to:

- **Hepatitis B and C transmission:** Hepatitis B and C are viral illnesses that affect your liver. These conditions can lead to permanent liver failure and death. The risk of getting hepatitis B with one unit of blood transfused is one in 60,000, while the risk of getting hepatitis C with one unit of blood transfused is one in 100,000.
- **HIV transmission:** HIV is a disease that attacks your immune system. Currently, HIV is treatable with medications, but it is not curable and it is fatal. The risk of getting HIV with one unit of blood transfused is one in 720,000.
- **Bacterial contamination:** The risk of the blood being contaminated with bacteria is approximately one in 500,000.
- **Fatal hemolytic transfusion reaction and fatal acute lung injury:** A fatal hemolytic reaction is like an allergic reaction to blood that is transfused and leads to death. The risk of this



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- happening is one in 500,000. A fatal lung injury is like an allergic reaction in your lungs from being transfused that leads to death. The risk of this occurring is approximately one in 3,000,000.

Expectations of Outcome: With a blood transfusion, you should expect for your red blood counts to increase because of the transfused red blood cells given in the transfusion. This may improve some symptoms of your low red blood cells such as dizziness and lightheadedness. Although this effect may be long lasting, if you have a medical condition where you are not producing red blood cells or your body is destroying them, the effect may last for only a short while.

In order to best treat you in a life threatening emergency where blood and blood products would/ could save your life we ask you to consent to receiving such in an emergency before we can engage with you in the care process.

Patient: _____

Patient Signature: _____

Date: _____

Witness: _____



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Financial Policy

Patient Name

Date of Birth

The providers at CNY Obstetrics and Gynecology are here to serve your healthcare needs and are dedicated to providing you the best care possible. The intent of this policy is to clarify the role of the patient and the provider regarding billing issues. We ask that you carefully read and initial after reading each policy regardless if applicable.

Our relationship is with you, the patient, not your insurance company. Care will be administered to you based on medical necessity, not according to what is covered under your health insurance policy. Due to there being numerous insurance companies and many product lines, it is the patient's responsibility to know the benefits/ coverage and requirements of their health insurance plan. Any questions regarding coverage and/or payments of claims should be addressed directly with your insurance company. This can be an overwhelming process so at any time, you need help, we would be glad to assist you, but ultimately it is your responsibility.

Initial _____

*It is your responsibility to inform staff of all insurance changes. You will be expected to present your current insurance information at **each** visit. If you have changed insurances, you must provide a copy of your new card. **If you have lost coverage, you will need to notify staff immediately.***

Initial _____

In the event you lose your insurance, you must notify the office immediately. Our office does NOT participate with Medicaid. In the event you lose your insurance you will be responsible to pay out of pocket at time of visit for a services rendered the day of your appointment. Our Obstetrical patients will pay for delivery fee's ahead of time. You will need to seek a Medicaid product the office participates with within 30 days of losing coverage or you will be asked to transfer you care to a different practice.



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Although we do not participate with Medicaid we do participate with the following Medicaid Managed Care Plans.

***Fidelis
Total Care
United Healthcare Community Plan***

If you have Medicaid as a secondary insurance, you will be responsible for any balance not covered by your primary insurance company.

Initial _____

The practice accepts Cash, or Credit as forms of payment.

Initial _____

According to your insurance plan, you are responsible for ANY and ALL copayments, coinsurances, and deductibles. All current and prior patient balances including coinsurance and deductibles are due at time of service. Service will not be performed unless payment is received. ***Copays are due at time of service. You may be asked to reschedule your appointment if this is not paid at check in.***

Initial _____

We understand that circumstances arise and an appointment may need to be cancelled or rescheduled, however a **\$25.00** fee will be applied to your account in the event of a No Showed appointment. A 48-hour notice is required for any Surgery/ Procedure cancellation. A **\$100.00** fee will be applied to your account in the event of a No Show for a Surgery/ Procedure.

Initial _____



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If your visit includes lab tests, anesthesia, biopsies, pap smears or cultures you may receive a separate bill from the company performing these services. If you receive medical care during a hospital inpatient or outpatient encounter, you may receive separate bills from the hospital, the anesthesia department and other healthcare providers involved in your care. ***If you need to have your labs sent to a specific laboratory, please notify our office before any testing is performed.***

Initial _____

A well women exam occurs annually and screens for various illnesses and diseases. This is considered preventative medicine. A problem visit is one where the patient has a specific concern, symptom, or complaint. We will submit claims based on the services rendered. Depending on your insurance coverage, some or all of the cost may be billed to the patient if both a Well Women's exam and a problem visit are completed at the same appointment. We recommend you contact your insurance prior to each visit and inquire about the type of benefits you have. Once we have submitted a claim to your insurance, the office will not change the coding in order to circumvent an insurance denial as this may be considered insurance fraud.

As a courtesy to our patient's we check surgical benefits prior to services being rendered. Again this is a courtesy and we advise you to check your insurance coverage/benefits as well.

Initial _____

Accounts that are delinquent for more than 90 days without a payment agreement in place may accrue interest charges and face being sent to a collection agency.

Any balance over 120 days with no agreement in place will be sent to a collection agency and you will face discharge from the practice.

Initial _____

I, _____, have read and understand this document and understand my financial obligations to CNY Obstetrics and Gynecology. I agree to all terms and conditions.

Patient name _____

Patient Signature _____

Date _____