Balance Health Family Health NP's, PLLC.

50 Auert Ave Suite 3, Utica , NY 13502

Phone #: 315-316-0931

Welcome to Balance Health,

Thank you for putting your trust in Balance Health for your healthcare needs. We would like to take this opportunity to welcome you to our practice and look forward to providing you with personalized, comprehensive health care.

Having the most current information is essential in meeting your healthcare needs. We would appreciate your assistance in updating your medical record by completing the forms listed below:

- **Patient Information Form** - provides your physician with thorough knowledge of your current health issues, an accurate medication list, and a family medical history. Also includes your current contact information (phone number, email, text) so we can reach you regarding your healthcare.
- **Responsibility for Payment and Receipt of HIPAA Notice** Form – allows us to bill your insurance company for services provided to you and acknowledges you have received the Notice of Privacy Practices.
- **Consent for Treatment Form** - gives our medical staff permission to provide basic evaluation and treatment of your medical conditions.
- **Designation of Personal Representative Form -** grants a family member or friend permission to discuss medical or billing information on your behalf. Written permission is needed for us to discuss any aspect of your care with anyone else.
- **Authorization for Release of Protected Health Information-**allows us to obtain your medical records from other healthcare providers.

An important part of each visit with your provider is reviewing all medications you are currently taking from ALL providers - both primary care and specialists. Please bring all medications with you to every visit.

All patients are required to have a "New Patient Exam". This appointment will last about an hour and will be billed to your insurance as a Physical / Health Maintenance Exam. We recommend that you contact your insurance to verify this service will be covered. ***Medicare does not cover this service.*** We do offer the Annual Wellness Exam as an option for Medicare patients as an alternative, which is a covered benefit. It is the patient's responsibility to know if they are eligible for this service.

You are financially responsible for anything insurance does not cover. All copays are due and payable at each visit. The amount your insurance will allow and pay for and your financial responsibility is determined by your insurance company and the policy you have chosen. Your claim will be

processed according to the benefits of your insurance plan. The deductible, co-insurance and co-pay are your financial responsibility. It is your responsibility to understand your insurance plan.

$50 No Show Fee for any Missed Appointment that was not cancelled or rescheduled 24 hours prior to the appointment. Please be considerate and call at least 24 hours before your appointment if you cannot come in.

$35 NSF charge for any returned check from the bank.

If you are a private patient without insurance, all charges are due at the time of the visit. We do not send a statement to private pay patients.

Balance Health is committed in providing the highest quality care for our patients. We provide proactive care to promote wellness and prevent illness and will be communicating with you by telephone, text message (with your permission) and our patient portal. Please be sure to provide current contact information on the Patient Information Form.

As a patient of Balance Health, we are committed to helping you be well and enjoy life to the fullest. Should you have any questions or comments, please do not hesitate to contact us at 315-316-0931

Sincerely,

Balance Health Family Health NP's