



CATHY J. BERRY, M.D.
& ASSOCIATES | *Joining Hands in Women's Wellness*

Nurturing Your Body, Mind & Spirit

We, the staff at Cathy J. Berry & Associates, want to support our patients in all areas of health and wellness. While upholding traditional women's OB/GYN health care, we advocate an integrative Health Model, one that fosters wellness for the body, the mind, and the spirit. To help you and your wellness we are pleased to announce the expansion of on-site wellness services including Reiki, Massage Therapy, Acupuncture, and Light Therapy for ALL our patients. If you would like to learn more please contact the following practitioners for a private consult.

Lynne Hamm, LMT

Terry Bruneau, Reiki / Polarity Therapy

Nathan Hamm, DC, FNP-C

Welcome!

We would like to take this opportunity to welcome you to Cathy J. Berry, MD and Associates. Our staff is anxious to discuss your health care concerns and develop with you the best plan of care for you. We will be committed to your well-being and satisfaction. Our offices include on-site sonography, laboratory services and acupuncture for your convenience.

Nurses are available Monday through Friday from 8:30-4:30 to speak with you and answer your questions. Our secretaries will relay your message or concern to them, and your call will be returned in the order in which it was received. In some cases, calls are returned in the order of medical importance. Please understand that our phones tend to be very busy in the mornings with patients who wish to be seen that same day. We make every attempt to return your call in a timely manner.

All our providers have varying hours and do have office hours while they are on call. They may not see patients everyday in the office. We have one Nurse Practitioner, two Midwives, a Physician Assistant as well as three Physicians who are available to meet your healthcare problems if necessary.

Should you require a hospitalization, we only admit to Crouse Hospital.

A copy of our financial policy is enclosed. Please familiarize yourself with these policies. Bring a copy of your insurance cards and any applicable co-pays to your appointment with you. Since we want your account to remain in good standing with us, it is not our policy to bill you for copays. Copays are expected at the time of service. If you are not able to pay your copay at the time of your appointment, your need for this appointment will be reviewed by your provider. If your appointment is not medically urgent, you may be asked to reschedule your appointment. If your appointment is deemed medically urgent, you may be asked to speak with the billing supervisor to discuss payment arrangements and a \$10.00 surcharge will be added if we must bill you.

There may be cases when lab tests, diagnostic tests or preventive examinations are not covered by your insurance. We must, and will, represent our services exactly as they are rendered to you. If we provide a service that is not a covered benefit by your insurance company, it will be your responsibility. Most insurance companies do not charge a copay for well woman preventive services, however if you present with health concerns and fall outside of the realm of "normal routine care" your account may incur a copayment. It is important for you to remember that your insurance coverage is outlined in the contract between you and them.

Since we have many patients with a variety of medical needs, our ability to accommodate everyone in a timely manner depends on your ability to keep your appointments. If you are not able to keep your appointment, 24-hour notice is required. Individuals who do not call to cancel or reschedule their appointments and who do not come in, may be required to sign a "No Show Contract". Individuals with a chronic history of cancels and / or reschedule may be denied further services at Cathy J. Berry, MD and Associates. Also, please arrive 15 minutes early for your appointment to fill out any necessary paperwork. Patients receiving a sonogram will be charged a fee of \$50 for late arrival of 15 minutes or more and may be asked to reschedule.

We would also like to remind you that routine GYN examinations require that you refrain from sex and place nothing in the vagina for 48 hours prior to your appointment. Certain objects (such as tampons) or creams (medications, hormones or sperm) may result in inaccurate or false positive test results. If you have a period on the day of your exam, you should reschedule your appointment.

Our on-site Sonographers are both ARDMS registered. While in our care, it is important for you to understand that you Sonogram is an essential diagnostic medical exam and very important for you and your baby's well-being. The sonogram schedule runs on-time, so we encourage you to arrive on time, prepared for your exam. We invite 2 guests, 16 and over, in the sonography room during Obstetrical exams and 1 guest during Pelvic exams. No small children are allowed in the exam room, please plan ahead.

Open communication is the key to any good relationship, and we look forward sharing this time with you. We welcome your thoughts, suggestions or concerns at any time.

Our staff will always make every effort to be respectful of your needs and personal space. We expect that everyone, including other people may invite to accompany you to your appointments do the same. Foul language, rude or disruptive behavior will not be tolerated under any circumstances. Recording devices, audio or visual, are strictly prohibited on the premises. It is the policy of this practice to enforce these rules strictly and may result in your discharge from care.

We have a working partnership with many traditional and non-traditional health care providers in the community. It is the goal of our physicians and staff to meet your changing healthcare needs in the best way for you.

Thank you for choosing us as your healthcare provider, and again, Welcome!

Cathy J. Berry, MD

FINANCIAL POLICIES AND PROCEDURES FOR CATHY J. BERRY MD, AND ASSOCIATES

We at Cathy J. Berry and Associates want to ensure you receive the best quality of healthcare. Your understanding of our financial policies is essential for good customer relations.

The following is a list of insurance companies we participate with. It is your responsibility to know what covered service under your individual policy is and what your financial responsibility will be. It is also the patient's responsibility to know what restrictions apply to their own individual insurance policy relating to laboratories and hospital facilities.

| | |
|-------------------------------------|--------------------|
| Aetna | Medicare |
| Blue Cross / Blue Shield of CNY | MVP Healthcare |
| Blue Cross / Blue Shield PPO | POMCO |
| CDPHP - verify coverage in our area | PHCS |
| Cigna | SEIBA |
| Empire | Total Care/ Molina |
| Fidelis | UMR |
| GHI - Upstate NY plans only | United Health Care |
| Healthnow | Well Care |
| Lifetime Benefit Solutions | |

Payment for any co-pays, co-insurance, or non-covered services is to be made at time of service. Per New York States law, co-pays and co - insurance charges cannot be waived. Co- payments will be collected at the time of check-in. If you are not prepared to pay for your copayment at that time, you may be asked to reschedule your appointment.

If we do not participate with your insurance, you will be expected to pay for you services in full at the time the services are rendered. As a courtesy, we will then bill your insurance company and any reimbursement will be made directly to you.

In the case of financial hardship, payment arrangements will be made but only if agreed upon before services are rendered.

If you have an insurance company that requires a referral from your primary care physician, it is the patient's responsibility to obtain this and keep track of the expiration date/ we will be unable to see you for your scheduled appointment if we do not have the referral on or before your appointment date.

We accept cash, checks, Visa, Mastercard, Discover and American Express. There will be a \$25 charge for returned checks.

If you have any questions or concerns regarding these policies, please feel free to contact our billing department.

Cathy J Berry, MD and Associates

101 Pine Street Syracuse, NY 13210 Phone (315) 422-8105 Fax (315) 251-1388
8280 Willett Pkwy Ste 201 Baldwinsville, NY 13027 Phone (315)638-0263 Fax (315) 635-9004

Date: _____ Preferred Name: _____
LegalName: _____ DOB: _____ Age: _____
Gender Identity/ Pronoun: _____ Allergies and reaction: _____
Current medications/Vitamins/Supplements (with dose): _____

First day of Last Period: _____ Do you perform Self Breast Exams? Yes, No, Sometimes
Current Method of Birth Control: _____
Previous Method of Birth Control: _____

Age at first Menses: _____ Days between Menses: _____ Regular?: Yes or No
Duration of Menses: _____ Problems with Menses? _____
Year or age at Menopause: _____ History of HRT? _____

Date of Last pap: _____ Location: _____
Date of Last mammo: _____ Location: _____
Date of Last Bone Density: _____ Location: _____

Age at First Intercourse: _____ # Partners in a Lifetime: _____ Preference?: Men, Women, Both
History of Sexually Transmitted Diseases: _____

Pregnancies: Total: _____ Vaginal: _____ C-Section: _____ Abortion: _____
Miscarriage: _____ Ectopic: _____ Premature: _____ VBAC: _____ Living: _____
Pregnancy Complications: _____
List pregnancies in order of occurrence with outcome: (Please Complete only if Under Age 50)

History of Childhood Illness (i.e. Chickenpox, mumps, measles, asthma, etc): _____
History of Serious Accidents or Injury: _____
Do you have a history of Abnormal Paps?: _____
History of Gynecological Procedures (Colposcopy, LEEP, conization, etc): _____

Past Medical Diagnosis' (i.e. Cancer, heart issue, diabetes, thyroid disorder, bleeding disorder, etc): _____

Surgical History (including wisdom teeth and tonsillectomy): _____

Any Anesthesia Complication: _____

Family Medical History (i.e. cancer, heart issues, diabetes, thyroid disease, kidney disease, GI disorder, bleeding disorder)

Mother: Living: Y or N _____
Father: Living: Y or N _____
Pat. G.mother Living: Y or N _____
Pat. G.father Living: Y or N _____
Mat. G.mother Living: Y or N _____
Mat. G.father Living: Y or N _____

Siblings: _____

Marital Status: _____ Highest Level of Education: _____

Live with?: _____ Current Employment: _____

Diet (circle one) Excellent, Good, Fair, Poor Pets?: _____ History of Drug Use: _____

Caffeine #/Day: Soda: _____ Coffee: _____ Tea: _____ Energy Drinks: _____

Are you/Have you ever been a smoker/Vape? _____ Packs/Day _____ Years smoked/Vaped _____

Alcohol? Never Daily Weekly Rarely

Name: _____

Chart# _____

In the last 12 months have you:

Been in jail?

Yes

No

had sex in exchange for money, food or shelter

Yes

No

Is your housing permanent?

Yes

No

Do you need help finding a place to stay?

Yes

No

Are you currently or have ever experienced physical, emotional or sexual abuse?

Yes

No

Are you receiving any form of counseling?

Yes

No

Is there anything you would like us to know about you?

Cathy J. Berry, MD and Associates

8136 Oswego Road
Liverpool, New York 13090
Phone (315) 638-0263 Fax (315) 635-9004

101 Pine Street
Syracuse, New York 13210
Phone (315) 422-8105 Fax (315) 251-1388

PATIENT REGISTRATION FORM
(PLEASE PRINT)

Name: _____ Sex: F M SS#: _____ Date: _____
Preferred Name: _____
please note that all correspondence from our office will come addressed in your Legal Name
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Age: _____ DOB: _____
Marital Status: Single _____ Married _____ Divorced/Separated _____ Widow/Widower _____
Patients Employer: _____ Occupation: _____
Employers Address: _____ Work #: _____
Emergency Contact: _____ Phone: _____
Spouse / Significant Others Name: _____
Spouse / Significant Others DOB: _____ SS#: _____
Spouse / Significant Others Employer: _____ Occupation: _____
Employers Address: _____ Work #: _____

Primary Care Physician: _____
PCP Address / Phone #: _____
Pharmacy: _____

INSURANCE INFORMATION

Primary Insurance Company: _____
Subscriber Name: _____ ID#: _____
SS#: _____ DOB: _____
Secondary Insurance Company: _____
Subscriber Name: _____ ID#: _____

Name: _____

Chart # _____

How Do YOU Identify Yourself?

| Ethnicity | Language | Race | Sex Assigned at Birth | Gender | Sexual Orientation |
|---------------------|---------------------|------------------------|-----------------------|------------------------|-----------------------|
| Non-Hispanic | English | African/American/Black | Male | Woman/Girl | Straight/heterosexual |
| Hispanic/Latino | Spanish | Asian | Female | Transgender woman/girl | Lesbian |
| Declined to specify | Declined to specify | Native American | Intersex | Transgender man/boy | Gay |
| Other | Other | Native Hawaiian | | Non-Binary | Bisexual |
| _____ | _____ | Pacific Islander | | Gender Non-Conforming | Pansexual |
| | | White | | Not sure/Questioning | Asexual |
| | | Other | | | Queer |
| | | Declined to specify | | | Not Sure/Questioning |

(Please Circle all that apply; at least one (1) from each column please)

HIPAA

It is important to Cathy J. Berry and Associates to protect the privacy and confidentiality of health information as well as the safety and health of our patients. In order for us to protect your information the best we can, we ask you to please fill out the information below.

Appointment Information

Please check off all that apply to you:

Home Phone:

Work Phone:

Cell Phone:

Text Message:

Confirm appointment with another person: If so, please list name(s) below:

Medical Information

Please check off all that apply to you:

Home phone:

Work Phone:

Cell Phone:

Patient Portal:

Discuss medical information with another person: If so, please list name(s) below:

We encourage everyone to use our patient portal. The link is located at the bottom of our website. Please ask a secretary for your personal access code if you haven't already received one.

Signature: _____

Date: _____

NYS Public Health Law requires that an offer HIV related testing be made to all persons between the ages of 13 and 64 receiving hospital, primary care, obstetric or gynecologic care services, except under specific circumstances. This includes inpatients, persons seeking services in emergency departments, those receiving care on an outpatient basis at a clinic or from a physician, physician assistant, nurse practitioner or midwife.

HIV is the virus that causes AIDS and is passed from one person to another during unprotected sex with someone who has HIV. HIV is also passed through contact with blood as in sharing needles (piercing, tattooing, or injecting drugs of any kind) or sharing "works" with a person who has HIV.

If your test results are negative, you can learn how to protect yourself from being infected in the future. If you are positive, you can take steps to prevent passing the virus to others, and you can receive treatment for HIV and learn about other ways to stay healthy.

Yes, I would like to speak with someone about HIV testing

No, I do not wish to have an HIV test today.

The CDC recommends that an offer for Hepatitis C related testing be made to all persons born between 1946 and 1964 receiving hospital, primary care, obstetric or gynecologic care services. The new recommendations strengthen existing guidelines.

Hepatitis C exposure can come from sources such as blood transfusions or other blood products, or organ transplant before widespread adoption of screening measures, long-term dialysis treatment, infection with HIV, the AIDS virus, tattooing or piercing with non-sterile instruments, or injection drug use.

Yes, I would like to speak with someone about Hep C testing

No, I do not wish to have a Hep C test today

Patient Name: _____ Date: _____

Signature: _____

Medical Record #: _____



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NO SHOW FEE AND LATE CANCELLATION FEE POLICY

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. We reserve the right to charge for these occurrences.

Due to high patient demand and limited availability of appointments, we have instituted a \$100.00 fee for a no show, and a \$50.00 late cancellation fee. As of July 27th, 2015, you must give 24-hour notice to cancel/reschedule appointments. Failure to do so will result in the above fees.

By signing below, I acknowledge that I have read and understand this policy.

Patient Name (printed): _____

Patient signature: _____ Date: _____

I have received a copy of the Patient Guidelines, the Financial Policy and the Privacy Policy. I have been given the opportunity to ask questions regarding any of these documents.

Patient Name (printed): _____

Patient signature: _____ Date: _____