

ALLERGY & ASTHMA CENTER OF MASSACHUSETTS

25 Boylston Street - Suite 215
Chestnut Hill, Massachusetts 02467

Tel 617-232-1690
Fax 617-739-7082

Patient Registration

(Please Print)

Last name			First name		MI	Account #	
Street address						Date of Birth	
City			State	Zip	<u>Male / Female</u> Circle		<u>Single / Married</u> Circle

Patient Contact Information

Primary Care Physician

Home Phone () _____

PCP _____

Work Phone () _____

Address _____

Cellular / Pager () _____

Email _____

Employer _____

PCP () _____
Phone

Insurance Information

Subscriber Name _____

Subscriber Date of Birth _____

Relationship to Patient _____

(Spouse, parent, other)

Subscriber Social Sec # _____

Co-payment for visits _____

Annual Deductible (if any) _____

Deductible Paid YTD _____

Referral Required Yes No

Have you obtained a referral authorization from your PCP? Yes No

If no, please read and sign referral policy on back

Subscriber Address _____

City State Zip

Primary insurance

Secondary insurance (if any)

Send Claims to _____

Certificate # _____

Group # _____

Directions –

From Boston

Follow Route 9 West until reaching the Chestnut Hill Shopping Center at the intersection of Route 9 and Hammond Street. Look for CVS Pharmacy which is located on the right corner of Route 9 at the intersection of Hammond Street. After CVS Pharmacy enter the parking lot at Star Market and continue approximately 200 yards to the Chestnut Hill Medical Center (25 Boylston Street), a red brick building on your right adjacent to the General Cinema. Free parking is located behind the Chestnut Hill Medical Center adjacent to Star Market and General Cinema.

From the intersection of Route 9 and Route 128

Follow Route 9 East towards Boston and Chestnut Hill. Continue past the Atrium Mall on your right and the Chestnut Hill Mall on your left. Cross over Hammond Pond Parkway and pass Bloomingdale's and General Cinema on your left. At the first traffic light after General Cinema, turn left onto Hammond Street at CVS Pharmacy. Proceed 50 yards to the entrance of the Chestnut Hill Shopping Center. Turn left into the Chestnut Hill Shopping Center and continue approximately 300 yards behind Star Market to the Chestnut Hill Medical Center (25 Boylston Street), a red brick building on your left adjacent to the General Cinema. Free parking is located behind the Chestnut Hill Medical Center, Star Market and General Cinema.

Billing Policy -

In order that we may spend more time assisting you with your medical issues and to better serve you, we ask for your assistance to help simplify several issues with regard to your insurance claims.

Your responsibilities under your insurance plan -

To maximize your coverage, we suggest contacting your insurance company before your visit to review your insurer's referral requirements, co-payments and deductibles, as you will be responsible for these payments at the time of service. Our experience has been that reviewing these issues with your insurer in advance helps minimize any unpleasant surprises with regard to your benefits after your visit.

Referrals for specialty care - HMO and PPO members -

If your the HMO/PPO insurance carrier requires that you obtain a referral from your primary care physician for specialty services, your referral must be received in our office 48 hours prior to your appointment.

If your referral status is in order prior to your visit, as a service to you we will directly submit insurance claims to most major insurance carriers. Please note the date of your referral, its expiration date and the number of visits authorized for your records.

If your referral status is not in order prior to your visit, your insurer will not cover services rendered and you will be responsible for all charges at the time of service. Should your insurance or referral information be incomplete at the time of your visit, we will provide you with an itemized statement which you may submit directly to your insurance carrier for reimbursement. After your insurance carrier has established coverage for your medical care, we will be pleased to invoice your carrier directly for subsequent medical services.

By adhering his policy we will be able to dedicate more time and energy to addressing your health care needs. Please contact our office staff at 617-232-1690 to have any questions with regards to medical insurance claims.

Medical information and payment authorization

- I am aware of the policies outlined above and understand that I am responsible for all charges incurred in my medical treatment administered by the Allergy & Asthma Center of Massachusetts PC including but not limited to all deductibles, co-insurance and any other charges not paid by my insurance carrier under the provisions of my insurance plan.
- I authorize that payment for medical services be made by my insurance carrier on my behalf to the Allergy & Asthma Center of Massachusetts, PC for services rendered.
- I authorize Allergy and Asthma Center of Massachusetts PC to release information to my insurance carrier related to services provided by Allergy & Asthma Center of Massachusetts PC as necessary to determine insurance benefits for services rendered related to my medical care.

Date

Signature of Patient (or Guardian)

Patient Name (print)