Silicon Valley Sports Medicine
221 E Hacienda Ave, Ste. B
Campbell, CA 95008
P: 408-376-3350 | F: 408-374-3350
svsportsmed.com

NEW PATIENT REGISTRATION

PATIENT INFORMATION

Today's Date:	How did you hear about us | Referred by?		
Patient's Last Name:	First:	Middle:	
Nickname:	Date of Birth:	Gender:	
Street Address:	City:	State:	Zip:
Social Security #:	Marital Status:		
Medication Allergies:			
Cell Phone:	Home Phone:	Email:	
Can we leave a detailed message on phone voicemail?	☐ Yes, Phone:	☐ No	
Spouse | Sig other:	Soc Security #:	Date of Birth:	
If patient is a minor, Guardian:	DOB:	Cell phone:	
Emergency Contact:	Relationship:	Cell phone:	

INSURANCE INFORMATION

Please include a copy of both sides of your insurance card with this registration.

Primary Insurance:	Policy Holder:	Policy Holder DOB:
Secondary Insurance:	Policy Holder:	Policy Holder DOB:

PHARMACY INFORMATION

Preferred Pharmacy:	Phone:
Address | Location #:	

OFFICE POLICIES

Contracted insurance companies: We will be happy to courtesy bill them on your behalf one time, *provided that you have submitted complete and current insurance information to us*. Resubmission of claims will incur a $10 handling charge and we will only rebill on your behalf if the visit is paid for in full up front. If your insurance pays, we will refund the difference, minus the $10 handling fee. Be aware that insurance companies now mandate a 60-day billing period; therefore, if you have not provided correct insurance within 60 days, in all likelihood your insurance will not pay for your visit and you will be liable for the entire amount of the visit. All balances on your account will be due and payable immediately by you. If for any reason your insurance company does not pay for your visit, it is your responsibility to pay for the office visit.

Copayments are due at the time of visit! Your insurance contract states explicitly that a co-pay is due at the time of services rendered *and that we are required to collect*. Your appointment (for non-emergencies) may be rescheduled if you do not bring your co-pay with you to your appointment.

Patient balances: All patient balances are due and payable at the time of your office visit. If you do not pay your balance in a timely manner, then you will be subjected to finance charges of minimum $50 and sent to a collection agency. If you are sent to a collection agency, you will be discharged from our practice. As a reminder, all bounced checks will be charged a minimum $25 fee, plus you may also be liable for damages equal to three times the amount of the check.

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Workers' compensation: We do not accept workers' compensation insurance and this visit is not for an injury that would be covered by worker's compensation insurance

Cancellation policy: We have a 24-hour cancellation policy. If you give less than 24 hours' notice or do not show for your scheduled appointment, you will be assessed a $40 fee for the first time and $80 for any subsequent missed appointments with no notice. Missed physicals will be assessed $80 fee.

Prescriptions: We do not prescribe medications over the telephone or in response to emails or request via the patient portal. It is in your best interest to be examined to assure that the proper medications (if necessary) are administered. If your prescription needs to be refilled, please make the request directly to your pharmacy. They will contact us, and this will ensure that all pertinent information is included. Please allow a minimum of 48 hours for prescription refills. Our office is closed on weekends and most holidays; the on-call physicians will NOT do medication refills.

Physical Exams: Physicals are considered routine maintenance and *may or may not be* a covered benefit by your insurance company. It is always a good idea to know in advance what benefits your insurance provides. This exam is for healthy individuals who need age specific screening performed, i.e. routine blood work, pap smears, breast exams, prostate exams, etc. Since these visits require a longer visit, we are only able to accommodate several a day and can often have a several month waiting period - Please consider scheduling in advance. It is important to know if your insurance will cover a physical exam or not as you will be financially responsible.

Lab work, pap smears and biopsies: These services will be billed directly to you by the lab. There is a separate fee from the pathologist for reading and interpreting your results. Please submit current and complete insurance information to ensure proper billing. Test results are available online by accessing our patient portal "MyChart". It is imperative you know what your results are. Please contact the office if you are unable to login to the patient portal successfully.

Patient Portal: Online access to our practice is available through our Patient Portal, MyChart by El Camino Health. You can communicate with our practice easily, safely, and securely over the Internet. In addition to messaging the office, you can request and keep track of appointments, request and view lab results, view your personal health record, and view and request referrals. Emails will come from the address *donotreply@elcaminohealth.org* and it is your responsibility to keep us up to date with any email changes as well as to set up your system/spam filters to accept emails from our Patient Portal.

Medical records: Should you need to transfer your medical records you will be charged a $30 fee. Since we use electronic medical records this information will be supplied to you or the requesting physician on a disc.

Medical Information Release: I authorize the release of my medical information including, but not limited to, diagnoses, records, claims information, and examinations rendered to me. This does not include my mental health, genetic, or HIV/AIDS status information.
These records may be released to:

☐ Spouse: ☐ Parent: ☐ Child: ☐ Other:

☐ I authorize release of my mental health information
☐ I authorize the release of my HIV/AIDS status
☐ I authorize the release of my genetic information
☐ My medical record is not to be released to anyone other than me.

My signature below indicates that I have read and understand the policies of this office and agree to comply with them.

I authorize Silicon Valley Sports Medicine to release to my insurance carrier and their agents any information needed to determine the benefits payable under their coverage. I further authorize my insurance company to disclose to the doctors any information requested regarding claims for medical benefits. I further authorize Silicon Valley Sports Medicine to view prescription history from external sources. A copy of this authorization may be used in place of the original. I request that payment of authorized medical benefits be made on my behalf to Silicon Valley Sports Medicine for services rendered.

I hereby acknowledge that I received or reviewed a copy of this medical practice "Notice of Privacy Practices." I further acknowledge that a copy of the current notice will be available in the reception area and that I will be offered a copy of any amended "Notice of Privacy Practices" if there are any changes.

Name:	Signature:	Date: