East Bay Neurology
Center for Headache & Neurologic Care

675 Ygnacio Valley Rd, A102
Walnut Creek, CA 94596

111 Deerwood Rd, Suite 305
San Ramon, CA 94583

925-938-5252 (phone)
925-938-1343 (fax)
www.eastbayneurology.com

Walnut Creek Office:

Chirag Patel, MD
Jason Massa, DO
Maridez Jenkins, NP
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San Ramon Office:

Timothy Wei, MD
Tanya Gupta, MD
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Nisha Parmar, PA
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Erin Green-Krogmann, PhD
Hongmei Gao-LAc
Thuy Nguyen, NP

WELCOME TO OUR PRACTICE

Dear Patient,

Thank you for coming to us for your neurologic evaluation and care. For your convenience, we are enclosing forms to be filled out, along with directions to both of our offices.

In order for our doctors to make an appropriate assessment, our office should have medical records pertinent to your visit. Please make sure that your referring physician or your primary care physician sends us a copy of your most recent consultation, clinical notes, labs and/or MRI/CT imaging studies. You may bring any relevant records that you have as well.

To help us stay committed to serving our patients with respect, courtesy and responsiveness, please arrive on time for your appointment. As a new patient, please arrive 10 minutes early to allow time for initial appointment processing. If you have not completed the initial paperwork, please arrive 15 minutes early. Please provide at least 24 hours' notice if you need to cancel or reschedule your appointment. This allows us to offer the available time to another patient who may need more urgent care. Missed appointments or cancellations under 24 hours' notice are subject to a reappointment fee of $100.

Please make sure to fill out the enclosed information and bring it with you on the day of your scheduled appointment. This will help physicians to facilitate your care.

Your appointment is on:

_____	_____	_____
DAY	DATE	TIME

If you have any questions, please call our office at (925) 938-5252. Thank you for this courtesy. We look forward to meeting you.

Sincerely,

East Bay Neurology Physicians and Staff

DIRECTIONS TO:

WALNUT CREEK OFFICE (675 Ygnacio Valley Road, Suite A102, Walnut Creek, CA 94596)

From the North (Benicia, Vallejo, Martinez, Concord):
Take Highway 680 south to Walnut Creek. Take Exit 47 for N Main St toward Walnut Creek. Keep right at the fork, follow the sign for North Main St. Turn right at N. Main St. Keep on driving till hitting Ygnacio Valley Road. Turn left at Ygnacio Valley Road and stay in the right-hand lane. You will pass N. Broadway. As soon as you pass the N. Broadway, we are on the first right turn (Walnut Creek Financial Plaza, immediately after the And Oil gas station).

From the South (Danville, Pleasanton, San Jose, Fremont):
Take Highway 680 North to Walnut Creek. Exit at Ygnacio Valley Road. Make right onto Ygnacio Valley Road and stay in the right-hand lane. You will pass N. California Blvd, then N. Main St, then N. Broadway. As soon as you pass N. Broadway, we are the first right turn (Walnut Creek Financial Plaza, immediately after the And Oil gas station).

From the West (Lafayette, Orinda, Berkeley, San Francisco):
Take Highway 24 East to Walnut Creek. Exit at Ygnacio Valley Road. Make right onto Ygnacio Valley Road and stay in the right-hand lane. You will pass N. California Blvd, then N. Main St, then N. Broadway. As soon as you pass the N. Broadway, we are on the first right turn (Walnut Creek Financial Plaza, immediately after the And Oil gas station).

DIRECTIONS TO:

SAN RAMON OFFICE (111 Deerwood Road, Suite 305, San Ramon, CA 94583)

From the North (Walnut Creek, Danville, Benicia, Vallejo, Martinez, Concord):
Take Highway 680 south to exit Crow Canyon Road and take a right. Continue down, passing Home Depot and Staples on the right. Take a right onto Deerwood Road and then take the first left into the 111 Deerwood building complex and park anywhere. Take the elevators up to Suite 305.

From the South (Dublin, Pleasanton, San Jose, Fremont):
Take Highway 680 North to exit Crow Canyon Road and take a left. Continue down, passing Home Depot and Staples on the right. Take a right onto Deerwood Road and then take the first left into the 111 Deerwood building complex and park anywhere. Take the elevators up to Suite 305.

From the Southwest (Hayward, Castro Valley, San Lorenzo):
Take Highway 580 East to Dublin, then change onto 680 North. Exit Crow Canyon Road and take a left. Continue down, passing Home Depot and Staples on the right. Take a right onto Deerwood Road and then take the first left into the 111 Deerwood building complex and park anywhere. Take the elevators up to Suite 305.

PLEASE CHECK WHICH OFFICE YOUR APPOINTMENT IS SCHEDULED AT BEFORE ARRIVING

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES.

675 Ygnacio Valley Rd, A102
Walnut Creek, CA 94596
925-938-5252

111 Deerwood Rd, Suite 305
San Ramon, CA 94583
925-938-5252

We respect your right to privacy and understand that your medical information is personal to you. Your personal health information is confidential, and this notice is intended in summary to help you understand how our practice uses and discloses your personal health information and what rights you have with respect to your medical information.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

Medical Treatment:

We may need to share information relating to your medical care, records, and treatment with other physicians, nurses, health care professionals and East Bay Neurology providers

Payment:

We may need to disclose personal health information about you with your health plan and/or referring physician in order to obtain prior authorization for treatment, or to determine whether payment for the treatment is covered by your plan or to facilitate payment of a referring physician.

Healthcare Operations:

We may use and disclose your personal health information to business associates who need to provide a service for our medical practice; examples are our transcriptionist and medical biller.

Appointment Reminders:

Our practice may use and disclose medical information about you to provide you with reminders that you have an upcoming appointment. If you have any special requests about these reminders, please notify us.

PROTECTED HEALTH INFORMATION

Laboratory, x-ray or imaging scan results, medical records, medications, billing matters and/or any correspondence pertaining to:

Protected Health Information (**Please select all that apply, sign and date below)**

I hereby authorize **East Bay neurology, including providers and staff,** to leave messages at the following:

□ DO NOT LEAVE A MESSAGE OTHER THAN TO RETURN THE CALL
□ YES □ NO-Home phone_____
□ YES □ NO-Cell phone _____

If you would like your Protected Health Information disclosed to other family members or friends, please indicate their name and relationship. Only the names listed will be given information.

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

I hereby acknowledge that I have read this Notice of Privacy Practices. I further acknowledge that the entire Notice of Privacy Practices is in the waiting room for review, and you will be offered a **complete** copy of the Privacy Practices upon request.

Signed: _____ Date:_____

Print Name: _____

NOTICE OF FINANCIAL POLICIES FOR OUR VALUED PATIENTS

CASH PAY PATIENTS
Patients are financially responsible for services provided and are expected to pay at the time of service. Please inquire about our fee schedule prior to your visit to determine your cost. If you would like to bill your health plan that is out of network, we can provide you with a charge summary for you to submit to your insurance on request.

INSURANCE HMO / PPO PATIENTS
Please refer to our website www.eastbayneurology.com for health plans we accept. Of note, our health plans can sometimes change without notice depending on health plan policy changes. Although we do our best to notify you of this beforehand, it is ultimately your responsibility to know whether we are considered "in-network" for your specific health plan at the time of any visit. It is also your responsibility to know exactly what procedures, visits, drugs and labs your plan covers. For some procedures, such as Botox injections for migraines, we obtain pre-authorization prior to the visit to ensure insurance coverage, but your specific individualized cost will be unknown to us until we do the procedure, and the medical visit is processed by the health plan. You, however, can call your health plan beforehand to verify what your cost will be, and we encourage you to do so. Please be aware, however, that any deductible, co-payment, or co-insurance charges you incur from these services, or any charges denied by your health plan, are ultimately your responsibility. As the costs of certain health services have increased, East Bay Neurology reserves the right to collect pre-payment if needed if there are anticipating large co-deductible/co-insurance payments. Additionally, most HMO/PPO health plans may have co-payment at the time of your visit. We cannot waive the co-payment amount as a contracted provider. Co-payments will be collected at the time of service. Non-covered services must be paid at the time of service.

Any time you receive a new insurance card, please notify us immediately to update your insurance information, especially if you are on medications or treatments that require pre-authorization as we will likely need to re-process these under your new insurance. If we must rebill because of incorrect insurance information, there will be a $50.00 service charge. If the rebill is beyond the timely billing window set by your new insurance, and the payment is denied by your new insurance, the entire cost will become your full responsibility. A $35.00 charge will be applied for all returned checks.

We accept you as a patient with the understanding you know your coverage and benefits. Again, any ultimate balance remaining (from co-payments, co-insurance, deductibles, or denied claims) after your claim has been processed from your health plan are ultimately your responsibility and due immediately upon receipt of statement. Failure to make timely payments on any outstanding balances may result in dismissal from the practice.

MEDICARE
We are participating providers in Medicare, which means that we accept Medicare assignment as payment in full, once your deductible and co-payments have been made. We will bill Medicare for you, as well as your supplemental insurance. You must provide us with valid cards from Medicare and other insurance. Without these documents we cannot bill your insurance and payment will be expected from you at the time of your visit. The patient is only responsible for the deductible, co-insurance and non-covered services. Co-insurance and the deductible are based upon the charge determination of the Medicare carrier. The same financial responsibilities as described above apply. **Our practice is not contracted with Medi-Cal. Patients with Medi-Cal coverage are responsible for payment of services.**

CANCELLATIONS / NO SHOWS
If you are scheduled to see the physician and are unable to keep your appointment, please contact our office as soon as possible so we can schedule your time for another patient. Missed appointments disrupt clinic schedules and reduce access to timely medical care for everyone. **"No-shows" and/or cancellations made with less than 24 hours' notice may result in a fee of $100.00 for new patient appointments or appointments scheduled for a procedure, and $75.00 for follow-up appointments. This charge is NOT covered by your insurance company and will be collected before you make your future appointment with us.** Repeated "No Shows" or cancelled appointments, without at least 24 hours' notice, may result in dismissal from our practice.

COMPLETION OF FORMS / PHOTOCOPYING OF MEDICAL RECORDS
Completion of various forms and/or letters will be charged a flat fee of $40.00. Some forms may require additional charges depending on complexity. Requests for copies of your personal medical records will be subject to a $30.00 fee or more, depending on the size of your medical file.

I hereby acknowledge that I have read and consent to this Notice of Financial Policies

Signed: _____ Date: _____

Name(print):_____

Photocopies of these documents shall be considered as valid and legally equivalent to the original

NEW PATIENT INFORMATION RECORD

PATIENT INFORMATION

PATIENT'S NAME		DATE OF BIRTH	GENDER ☐MALE ☐ FEMALE ☐ OTHER	SOCIAL SECURITY NO.
MARRITAL STATUS ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED		STREET ADDRESS		PREFERRED LANGUANGE
HOME PHONE NO.	CELL PHONE NO.	E-MAIL ADDRESS		DRIVER'S LIC NO.
SIGNIFICANT OTHER'S NAME		HOME/CELL PHONE NO.		
EMERGENCY CONTACT'S NAME (IF DIFFERENT FROM ABOVE)		HOME/CELL PHONE NO.		

With the patient's permission, please provide contact information for a family member, caregiver, or close friend who can share additional details about the patient's memory and medical history.

REFERRING INFORMATION

NAME OF REFERRING PHYSICIAN	CITY AND STATE	PHONE NO.
PRIMARY CARE PHYSICIAN	CITY AND STATE	PHONE NO.

BILLING INFORMATION

PERSON RESPONSIBLE FOR PAYMENT, (IF NOT ABOVE)	STREET ADDRESS, CITY, STATE, AND ZIP CODE		PHONE NO.
NAME OF INSURANCE COMPANY	MEMBER ID#	GROUP NUMBER	
NAME OF SUBCRIBER	RELATIONSHIP TO PATIENT	D.O.B. OF SUBSCRIBER & SOCIAL SECURITY	
NAME OF SECONDARY OR OTHER INSURANCE COMPANY, ADDRESS			

Is this related to Workers Comp? ☐ Yes ☐ No
Is this related to a personal injury? ☐ Yes ☐ No

If you answered "Yes," please note that these visits are not billed to insurance. However, we offer a discounted self-pay rate.

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Please answer the following questions to help with your office visit:

GENERAL INFORMATION

Name: _____Age:_____Date:_____

Handedness:_____Right handed _____Left handed _____Ambidextrous
Sex:_____Male _____Female _____Other
Vital:_____Height _____Weight

How did you hear about us? _____

INFORMATION RELATED TO YOUR CURRENT PROBLEM OR CONDITION

For what problem/condition are you seeing the doctor? (please explain in your own words)

_____
_____
_____
_____
_____

Approximately how long has this been present: _____

Has your problem or condition been:

Getting worse? _____
Staying about the same? _____
Getting better? _____

Please list any things that make your problem or condition better:

_____

Please list any things that make your problem or condition worse:

_____

Please list any other doctors you have seen about this problem:

_____

Please list any tests you have done for this problem (and results, if known):

_____

Please list all medications that you are **currently taking** (including non-prescription medications):

	Name	Dose	How often do you take it?
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please list any medication to which you are **allergic** or have had an adverse reaction:

_____

Which pharmacy are you using? Local: _____

Mail order: _____

PAST MEDICAL HISTORY

Do you have (or have you had) any of the following medical conditions? (please circle all that apply)

Asthma/emphysema	Arthritis	Anxiety
Anemia	Bipolar disorder	Brain aneurysm
Cancer (type)	Depression	Dementia
Diabetes	Epilepsy/seizures	GERD/Acid reflux
Heart disease/heart attack	Irregular heart beat	Kidney stones/disease
Migraine	Multiple sclerosis	Neuropathy
Parkinson's disease	Schizophrenia	Stroke/TIA

Others _____

Have you had any of the following surgeries?

Appendectomy	Cataracts	Gallbladder
Heart bypass	Heart pacemaker	Hernia surgery
Hysterectomy	Sinus surgery	Valve replacement

Other surgeries _____

FAMILY HISTORY (please check any diseases that occur or have occurred in your blood relatives)

Diabetes	Multiple sclerosis	Parkinson's disease
Heart disease	Brain tumor	Headaches
Stroke	Brain aneurysm	Tremors
High blood pressure	Depression/other mental illness	Cancers
Epilepsy/seizure	Dementia	Others (please list)

SOCIAL HISTORY

Do you smoke cigarettes? _____Yes ___No _____Quit How much_____

Do you drink alcoholic beverages? _____Yes ___No _____Quit What type? (beer, wine, liquor)
How much_____ How often_____

Do you drink or eat caffeine-containing food or beverages _____Yes _____No
How much_____ How often_____

DO YOU HAVE FOLLOWING SYMPTOMS? PLEASE CIRCLE SYMPTOMS THAT APPLY TO YOU

General	fever, chills, weight loss, weight gain, fatigue
Sleep	insomnia, trouble falling asleep, trouble staying asleep, early morning awakening, involuntary leg movement while asleep, loud snoring, stopping breathing while asleep
Eyes	blurred vision, loss of vision, double vision, eye pain or redness, drooping eyelid
Ears	hearing loss, ringing in the ears, spinning sensation or lightheaded
Nose/sinuses	frequent runny nose, frequent sinus trouble, nosebleeds
Mouth/throat	hoarseness, difficulty swallowing, choking sore throat, bleeding gums, dry mouth, drooling
Heart	chest pain, palpitation
Lungs	cough, frequent productive cough, coughing up blood wheezing
Gastrointestinal	nausea, vomiting, diarrhea, constipation, stomachache/abdominal pain, blood in the stools
Genitourinary	difficulty urinating, frequent urination, burning on urination, loss of urine control
Muscles/bones	joint pain or swelling, neck stiffness or pain, back stiffness or pain, muscle aches/cramping
Vascular	poor circulation, leg swelling, varicose veins
Endocrine	heat or cold intolerance, excessive sweating, thirst, hunger or frequent urination
Blood	easy bleeding or bruising
Neurological	headaches, fainting or passing out spells, seizures, lightheadedness, vertigo, localized weakness or numbness, poor balance, difficulty walking, falling, tremors, difficulty speaking, slurring speech, poor coordination, trouble controlling arms or legs, memory loss
Psychiatric	moodiness, excessive worrying or anxiety, excessive crying, tension, depression