

Patient Name: _____

Appointment Date/Time: _____

Location: _____

Physician name: _____

Thank you for choosing UBMD Neurology for your neurologic care. Please arrive 15 minutes early to complete any additional new patient paperwork.

A fee of \$25.00 will be charged. More than one appointment missed in a row with no notifications, we will not be able to reschedule you with the practice.

The Conventus medical office building is located at the corner of Main and High Street, in the Buffalo Medical Campus. There is underground parking available for patients; the entrance to this parking lot is off Main Street. Valet parking is also available at the main entrance of Conventus. Our Williamsville office has its own parking lot.

If your insurance company requires an insurance referral, please contact your primary care physician and request that this be done. **This is your responsibility. We will not be able to see you without a valid referral in place.**

Any insurance co-pay must be paid at the time of service with no expectations. Please bring your copay and your insurance card(s) with you to your visit. If you have a high deductible insurance plan, your copay as a new patient is \$200; the copay for a follow up visit is \$100.

To allow us to provide the best care and evaluation for you, it is important that you make arrangements to have your medical records (progress notes, MRI reports and CDs, labs, diagnostic test results) sent to our office. Please have them mailed or faxed to us prior to your appointment. Bring you MRI films or CD with you. **Failure to have your records sent can result in your appointment being cancelled.**

Please fill out all pages and include your name and date of birth on every sheet.

Due to recent changes by the State of New York for the administration of prescriptions for pain medication, we will no longer be able to fill pain medication prescriptions. You will have to see a pain management specialist or consider discussing this with your primary care physician.

Thank you again for choosing UBMD Neurology. We look forward to participating in your care.

Sincerely,

The Faculty and Support Staff of UBMD Neurology

For more:
ubmd.com

A MEMBER OF



WELCOME TO UBMD NEUROLOGY

We Strive to give our patients the medical care and services possible. In doing so, we would like to provide you with our office policies and information that you may find helpful.

PATIENT APPOINTMENTS

We book appointments according to the provider and time. We will make every effort to see you according to your scheduled appointment time, as we realize that your time is important as well. There is a \$25.00 fee for missed appointments without calling to cancel ahead of time. TWO missed appointments without prior notification will be reason for dismissal from out practice.

REFERRALS

If your insurance company requires a referral, you are responsible for securing referrals from your primary physician prior to making an appointment. Please have the referral number and expiration date available when you call. If you arrive for an appointment with no referral, you may be asked to reschedule your appointment.

IN CASE OF ANY MEDICAL CONCERNS AFTER REGULAR BUSINESS HOURS

If you need to reach the physician on call after hours, please call our answering service at 716.712.01380. You should call 911 or go directly to the emergency room if you are experiencing a medical emergency and cannot wait for a return call.

PRESCRIPTION REFILLS

You may call your pharmacy and have them fax a refill request to 716.859.3719. Please allow at least 72 hours for your prescription refills to be processed. Quite often will take longer to process if the medication requires a prior authorization from your insurance company. Physicians on call at night **WILL NOT** take prescription refill calls. These calls/messages are only handled during regular business hours.

LAB WORK AND HOSPITAL PROCEDURES

Please be advised that some insurance companies require you to go to a certain laboratory. Please check with your insurance carrier to see where you should go for these services. When possible, we prefer that you use either Kaleida or Quest laboratories.

A MEMBER OF



UB|MD

PHYSICIANS' GROUP

PAYMENT

Co-pays are due at the time of service – no exceptions. We reserve the right to cancel your appointment if you do not have your co-pay available, unless you have set up other arrangements with our business office. We accept cash, check, credit, or debit. For those patients without insurance, payment must be made at the time of services unless an acceptable payment plan has been established with our business office prior to your appointment (\$300 for new patients, and \$150 for follow-up appointments). If your account is greater than 120 days overdue it may be cause for immediate dismissal from the practice. You will be responsible for the balance owing on your account plus an additional 28% collection charge. Additionally, if you have a high deductible insurance plan, you are subject to a \$ 200 co-pay for a new patient visit, or \$100 co-pay for a follow-up visit, which is due at the time of service.

OFFICE FEES

Our office will charge a fee of \$15.00 for any form that needs to be completed by this office. We will require payment prior to a form being mailed or faxed out. We will do our best to have your forms completed and signed by the provider within 14 business days.

If you would like a copy of your entire chart, you will be subject to a \$0.75 per page for photocopying. Some of your records are available to you at no charge when you access your chart on our patient portal system. We encourage all our patients to use the patient portal. It's a valuable tool that allows you access to most of your records, as well as access to key personnel for scheduling or if you are having a problem. Please contact Bobbie at 716.932.6080 ext. 105 if you would like more information about joining our portal system. If you have signed up for the patient portal, but are having difficulty, please contact the portal helpline 888.670.9775, 8:00 AM to 8:00 PM EST, Monday thru Friday.

If you have any questions or concerns, or would like additional information about our practice, please contact our administrative assistant, Nikolina, directly at 716.829.5048.

PATIENT PORTAL

If you are experiencing any issues with our patient portal, please contact the patient portal hotline at 1-888-670-9775. Hours of operation are 8 am – 4 pm Monday through Friday.

**THANK YOU SO MUCH FOR CHOOSING UBMD NEUROLOGY.
WE LOOK FORWARD TO PARTICIPATING IN YOUR CARE**

A MEMBER OF



UB|MD

PHYSICIANS' GROUP

Notice of Privacy Practices
Patient Acknowledgement

Patient Name: _____

Date of Birth: _____

I have received (please see wall posting) and understand this practice's Notice of Privacy Practices written in plain language. The notice provides in detail uses and disclosures of my protected health information that may be made by this practice, my individual rights, how I may exercise these rights, and the practice's legal duties with respect to my information.

I understand that this practice reserves the right to change the terms of its Notice of Privacy Practices, and to make changes regarding all protected health information resident at, or controlled by, this practice.

Signature: _____

Date: _____

Relationship to patient (if signed by personal representative of patient):

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgment could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgment
- Other (Please Specify):

A MEMBER OF



UB|MD

PHYSICIANS' GROUP

UBMD Neurology
HIPAA Form

This authorization for use or disclosure of my health information
is required by state or federal law

Patient Name: _____

Date of Birth: _____

Name of person/ organization releasing information:

UBMD Neurology at 1001 Main Street, 4th Floor, Buffalo, NY 14203
Phone: 716.829.5050 | Fax: 716.829.5051

UBMD Neurology at 5851 Main Street, Williamsville, NY 14221
Phone: 716.932.6080 | Fax: 716 332.4245

To release my health information to:

Example: Family Member, Primary Doctor, Specialist Doctor

For more:
ubmd.com

A MEMBER OF



UBMD Neurology
Record Release Form

This Authorization for use or disclosure of my health information
is required by state or federal law

Patient Name: _____

Date of Birth: _____

Name of person/ organization releasing information:

UBMD Neurology at 1001 Main Street, 4th Floor, Buffalo, NY 14203
Phone: 716.829.5050 | Fax: 716.829.5051

UBMD Neurology at 5851 Main Street, Williamsville, NY 14221
Phone: 716.932.6080 | Fax: 716 332.4245

To release my health information to:

Patient Signature: _____

Date: _____

Patient Representative: _____

Relationship to Patient: _____

For more:
ubmd.com

A MEMBER OF



UBMD Neurology Record Request Form

This Authorization for use or disclosure of my health information
is required by state or federal law

Patient Name: _____

Date of Birth: _____

Name of person/ organization releasing information:

To release my health information to:

UBMD Neurology at 1001 Main Street, 4th Floor, Buffalo, NY 14203
Phone: 716.829.5050 | Fax: 716.829.5051

UBMD Neurology at 5851 Main Street, Williamsville, NY 14221
Phone: 716.932.6080 | Fax: 716.332.4245

Patient Signature: _____

Date: _____

Patient Representative: _____

Relationship to Patient: _____

For more:
ubmd.com

A MEMBER OF

