Larry J. Lo M.D., Inc.
Obstetrics & Gynecology
632 W. 11th Street Suite 219 Tracy, CA 95376
Main: (209)229-3700 Fax:(209)229-3755

New Patient Packet Instructions

Please read and follow these instructions to ensure proper completion of our new patient forms.

1. Download and review the *HIPPA Notice of Privacy Practices* document from our website. This is the document referred to on the *Receipt of HIPPA Privacy Practices Notification* form. A copy can be provided to you at our office as well.

2. Download and complete the *Health History Questionnaire*.

3. Print and sign all forms contained in this .pdf document. Including:
    a. *Assignment of Medical / Surgical Benefits*
    b. *Limits of Individual Health Care Plans*
    c. *Office Policies*
    d. *Receipt of HIPAA Privacy Practices Notification*
    e. *Patient Demographics*

4. Retain copies of all signed forms for your personal records.

Please be sure to bring the signed forms and your completed *Health History Questionnaire* with you to your first appointment to expedite the check-in process. All forms should be signed in blue or black ink. No digital signatures will be accepted.

Other items you should bring with you:

- Insurance Card
- Valid Identification
- Any co-pay you may have

Thank you for choosing Dr. Larry Lo. We look forward to assisting you in your women's healthcare needs!

Larry J. Lo M.D., Inc.
Obstetrics & Gynecology
632 W. 11th Street Suite 219 Tracy, CA 95376
Main: (209)229-3700 Fax:(209)229-3755

Assignment of Medical / Surgical Benefits

Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. It is your responsibility to pay any deductible amount, co-insurance, copays, or any other balance not paid for by your insurance. **In order to control the cost of billings, we request that our charges be paid at the check-in of each visit. Laboratory charges are separate from office charges. Surgeries are to be paid prior to surgery date or have set up a payment plan to be completed by the post-op visit. Obstetric care can be paid on a payment plan before delivery.** To the extent necessary to determine liability for payment and obtain reimbursement, I authorize disclosure of any records pertaining to condition and treatment.

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance and other health plans to: Larry J. Lo, M.D., INC. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize said assigned to release all information necessary to secure the payment.

Date:_____ Signature:_____

Limits of Individual Health Care Plans

ATTENTION: As of January 1st, 2014

It is our office policy that:
It is each patient's responsibility to know the limits of their health care policy. It is the patient's responsibility to know what is covered under their individual health care plan. It is also the patient's responsibility to verify if Dr. Lo is a member and preferred provider with their insurance. The physician will not be held responsible for billing of outside facilities for services rendered (including laboratory work, radiology, annual screenings, and doctor's network). Please contact your insurance provider for limits of your health care plan. Please be aware that prior to surgery and OB care there may be money owed prior to service. With OB care you may set up a payment plan. These are for your share of the cost with Dr. Lo **ONLY and do not cover hospital or any other outside agency.**

Please be aware that if our contracted facilities are out of network for your individual plan you may wish to contact your insurance company to verify what facility will be covered by your insurance plan.

By signing below I acknowledge and accept this policy.
Signature:_____
Date:_____

Larry J. Lo M.D., Inc.
Obstetrics & Gynecology
632 W. 11th Street Suite 219 Tracy, CA 95376
Main: (209)229-3700 Fax:(209)229-3755

OFFICE POLICIES

Prescriptions

1. Prescription requests will be processed within 48-72 hours from the day they are received in the office.

Records

2. Record copying is $35.00 for the first 50 pages. Each additional 50 pages will cost $20.00. Anything over 100 pages is $0.40 per page. Payable in **CASH** at time of drop-off. Please allow 5-7 business days.

Medical Forms

3. Medical Forms please allow 5-7 business days for any medical forms to be completed (e.g. Disability or Insurance forms) with $20.00 **CASH** due at the time of drop-off. Each additional form is $10.00 **CASH**.

Cancelled/Missed Appointments

4. If you cannot make your appointment, please cancel 24 hours in advance. Our policy is a $25.00 fee to be paid in **CASH** per missed appointment.

Co-Payment Policy

All co-payments are due at the time of service. If you are unable to pay your co-payment, your appointment will be rescheduled. Payment can be made with CASH, check, credit card (Visa, Mastercard, Discover), or debit. You will be billed for any amount that your insurance company does not cover. Please make any payments owed in a timely manner to avoid any service fees.

Thank you for helping us run smoothly and better serve you!

By signing below I acknowledge and accept these policies.

Patient Signature:_____ Date:_____

Larry J. Lo M.D., Inc.
Obstetrics & Gynecology
632 W. 11th Street Suite 219 Tracy, CA 95376
Main: (209)229-3700 Fax:(209)229-3755

Receipt of HIPAA Privacy Practices Notification

We are required by law to maintain the privacy of, and provide individuals with, this notice of our legal duties and privacy practices with the respect to protected health information. If you have any objections to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at (209)229-3700.

Signature below is only acknowledgement that you have received this Notice of our Privacy Practices:

Print Name:_____

Signature:_____

Date:_____

Witness: _____

Larry J. Lo M.D., Inc.
Obstetrics & Gynecology
632 W. 11th Street Suite 219 Tracy, CA 95376
Main: (209)229-3700 Fax:(209)229-3755

Patient Demographics

Patient Name:_____

DOB: _____ **SSN:** _____

Address: _____

City: _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Emergency Contact: _____

Home Phone: _____ **Cell Phone:** _____

Primary Insurance: _____ **ID#**: _____

Subscriber Name: _____ **DOB:** _____

Secondary Insurance: _____ **ID#:** _____

Subscriber Name: _____ **DOB:** _____

Primary Care Physician: _____