



New Beginnings Perinatal Center

8405 Fort Hamilton Parkway

Brooklyn, New York 11209

718.745.6500 (O)

718.745.6862 (F)

NEW PATIENT PACKET

This packet was designed to provide information about the practice to assist in making your first visit a little more comfortable. The information will give you a brief overview of how we work, what you can expect and some forms you can complete in advance and bring with to your first visit to make your visit a little more efficient.

Welcome to the New Beginnings Perinatal Center!

We work in partnership with your primary Obstetrician in the diagnosis and management of high and low risk pregnancies which include (but not limited to) such conditions as premature labor, advanced maternal age, diabetes, fetal anomalies, pregnancy induced hypertension, thrombophilia and bleeding during pregnancy.

How we see our patients:

Patients are seen by referral only from your primary obstetrician/gynecologist. Your primary doctor will provide you with a slip (referral) which has a indication and diagnosis so we can schedule your visit appropriately. Your physician may also fax us the referral, but we must have the referral before you can be seen. If you are already a patient and need a follow-up appointment, you may call our main number 718-745-6500 and we will be happy to assist you. When calling please have the following information ready.

- Name of your obstetrician.
- Why you are being referred to us.
- Your last menstrual period or due date.
- Your address
- Your phone number
- Your insurance information

Office Hours:

Our office hours are Monday—Friday 9 a.m. to 6 p.m. and on Saturdays from 9 a.m. to 4 p.m. Patients are seen by appointment only.

Languages spoken in our office include Arabic, Chinese, English, French, Russian and Spanish.

We make every attempt to see our patients on time; however, medicine is not an exact science and as such unexpected problems do occur. We ask for your patience and ensure that you will receive the same attention to your care.

Insurances:

We participate with a lot of insurance companies. A list of the most common insurance companies we deal with are noted below. If you do not see your insurance companies name and want to know if we participate with them please call the office and we would be happy to let you know.

Aetna	Americhoice	Affinity	BCBS	Cigna	EmblemHealth
Great Health West	GHI	Health Plus	Health Net	HIP	
Local 1199	Medicaid	Oxford	PHCS		

We ask that you limit your guests to two people. Please remember that personal information may be discussed at your examination. Space is limited in the examination rooms and too many guests distracts from the exam. We would also like to remind you that these visits can be long and tedious to small children who may become bored and disruptive. It is imperative that if you bring a child, you bring an adult to care for him/her. It may be necessary to reschedule your appointment if you do not have appropriate supervision for small children.

Co-Payments:

Co-payments are a way of cost sharing to reduce health insurance premiums. Most insurance’s require a co-pay at each visit. If you have a co-pay requirement we ask that you pay the co-pay before being seen by the provider.

Deductibles: Deductibles are another form of cost sharing, but usually associated with higher fees. If we are able to determine what your deductible is (the amount you have not met at the time of your visit) we will ask you for payment at the time of service.

Financial Responsibility:

In today's healthcare environment dealing with insurance companies and understanding your healthcare benefits can be difficult at best. It is in your best interest to know your benefits and how to access them. We will make every attempt to work with your insurance company, but ultimate responsibility for account balances rest with the patient.

What Should I wear to my appointment?

Wear loose comfortable clothing that is easy to remove.

Do I have to drink a lot of water?

Great News! **“NO”!** We prefer you do not have a full bladder, and ask if you arrive for your appointment and need to go, please do so before the examination.

Can I take pictures of the baby?

No. Taking pictures distracts from the focus of the exam we are doing for you. Our sonographers have the ability to take pictures through the exam process and would be happy to provide you with pictures of your baby before you leave.

Please complete the forms below and bring them with you to your appointment. Also, if you have any other questions please feel to call the office, we will be happy to assist.

Directions to the NEW BEGINNINGS PERINATAL CENTER

From Queens: Take the BQE East to I-278 toward Staten Island. Exit at 86th Street and turn right. Turn right on Fort Hamilton Parkway. The office is located on the right between 85th and 84th streets.

From Staten Island: Take I-278 (cross Verrazano Bridge) and exit at 92nd Street. Turn left at light. At Fort Hamilton Parkway turn right.. Office is located on the right between 85th and 84th streets.

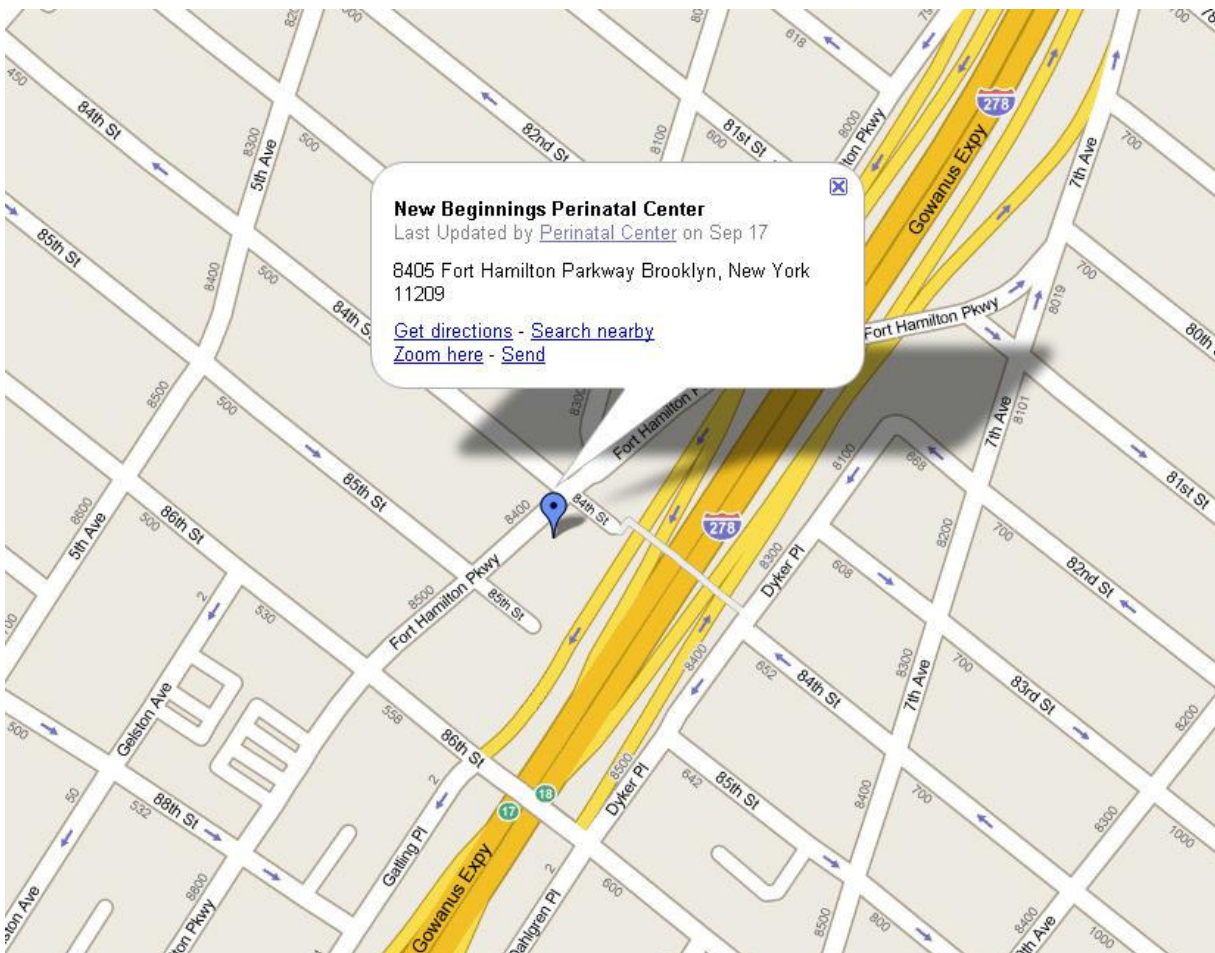
From Coney Island: Take the Belt Parkway west to Exit 2-Fort Hamilton Parkway. Take 4th Ave to 85th Street. Turn right on 85th to Fort Hamilton. At Fort Hamilton turn Left-Office is on the right before 84th street.

MTA Bus: B-16. Stop at Fort Hamilton Parkway and 6th Ave.

MTA Bus: B-70. Same as above.

Subway: R Train to 86th Street. Walk 2 blocks east to Fort Hamilton Parkway and turn left. Office on right between 85 and 84.

Subway : N Train to 59th. Transfer to the R train. Follow directions above.



Patient Registration

In order to help control our billing costs, we request co-pays for office visits be paid at the time of check-in.

PATIENT INFORMATION:	Referring Physician:		
Name:	SSN:		
Mailing Address:	City	State	Zip
Home Phone:	Cell Phone:	Marital Status:	S M DIV
Patients Employer:	Occupation:		
Employers Address:	Employers Phone:		

SPOUSE / LEGAL GUARDIAN INFORMATION:	
Spouse/Guardian Name	Date of Birth
Spouse/Guardian Employer	Occupation:

INSURANCE INFORMATION			
Primary Insurance Company			
Policy Holders Name	Date of Birth	Member #	Group #
Secondary Insurance Company			
Policy Holders Name	Date of Birth	Member #	Group #

ASSIGNMENT OF INSURANCE BENEFITS

I/We do hereby assign my insurance benefits of any services rendered by any physician/practioner at New Beginnings Perinatal Center (NBPC) to be paid directly to New Beginnings Perinatal Center. I also authorize NBPC to release any information to my insurance company, or doctor's office as it pertains to my medical care.

Date: _____ Patient
Signature: _____

FINANCIAL RESPONSIBILITY

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT COVERED BY MY INSURANCE.

I/We do hereby acknowledge it is my/our responsibility to pay the deductable, co-insurance and any other balance not paid by my/our insurance company.

Date: _____ Patient
Signature: _____

Patient History

Name: _____ DOB: _____ Today's date: _____

Last Menstrual Period: _____ EDC: _____

Singleton/Multiples: _____

Total # of pregnancies (including current) _____ # Living _____ # Abortions _____ # Miscarriages _____ # Ectopic _____ # Stillbirth _____ # of preterm birth _____

Any bleeding with current pregnancy? _____

Any cramping with current pregnancy? _____

Any chromosomal abnormal fetus or child? _____

Previous OB history:

Year	#weeks	Type of delivery	Complications	Weight

Medical History:

Heart disease	Depression/Mental Illnesses
Hypertension	Polycystic ovarian syndrome
Diabetes	Kidney disease
Anemia	Thrombophilia
Asthma	Hepatitis
Lupus	Fibroids
Thyroid	Incompetent cervix
Seizures	Other:

Blood Type: _____

Allergies: _____

Any Medications _____

Tobacco use: _____ Alcohol use: _____

Drug use: _____ Other: _____

Sign: _____ Date: _____

New Beginnings Perinatal Center

PRIVACY NOTICE EFFECTIVE DATE: APRIL 14, 2003

THIS NOTICE DESCRIBES HOW PERSONAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Your Private Information

When you come to New Beginnings Perinatal Center, a record is made. These records contain, "demographic information" (name, address, telephone number, social security number, birth date and health insurance information). They also contain other information including how you say you feel, what health problems you have, treatments you may have been given, observations by health care providers, diagnosis and plans of care. This information is used for a number of purposes, which are explained in more detail in this document.

New Beginnings Perinatal Center employees know how important it is to protect the privacy of our patients. We have always upheld strict privacy and confidentiality policies consistent with State law affecting licensed health professionals and the patient-provider privilege. On April 14, 2003, a new federal law went into effect – protecting patients from having their health information revealed or used without their permission. The law makes our efforts to protect your privacy more important than ever.

Health Information Use and Disclosure

Your health information is used and disclosed (given out) in a number of very common ways that benefit you. These common uses and disclosures are for treatment, payment and health care operations. Some examples of these are:

Treatment

Information is provided to doctors, nurses, physician's assistants, technicians and other health care workers who are involved in your care. For example, ultrasound technicians caring for you will have access to your health information to follow doctor's orders, coordinate care and document the ultrasound studies.

Payment

To help you receive the benefits under your health insurance plan, we give information about the care you received to your health insurer(s). For example, your health insurer may require details of a test you had before they pay us. Your health insurer may also require information about the care you need before approving the service.

HEALTH CARE OPERATIONS

Information about you may be used to maintain or improve our quality of care and services. For example, we may conduct a study of women who are being treated for a certain type of high risk pregnancy to determine if our existing service is meeting the needs of the community. You may also be contacted or sent a survey to get your comments on how well we served your needs.

OTHER USES AND DISCLOSURES

APPOINTMENT REMINDERS

We may send you a reminder or you may be called by an automated phone service to remind you about an appointment.

EDUCATION

Ultrasonographers, medical assistants, and nurses receive training at New Beginnings Perinatal Center. These students may review health information as part of their training in order to learn more about certain illnesses and treatments.

LEGAL REQUIREMENTS

At times we are required by law or other regulation to release patient information.

- Community health and public health activities that help control disease.
- Administrative oversight by regulatory agencies, which include making information available as required for such things as audits, investigations and licensing.

PRIVACY RIGHTS

Right to Request Restrictions

You may request limitations on the use of your health information. For example, you can request that your information not be shared with certain family members. We are not always able (nor are we required) to comply with these requests. If we are unable to or do not agree to your request, we will let you know. If we do agree to a restriction, and the restricted information is needed for your emergency care, we may still use or disclose the information as we think is legally appropriate. To request a restriction contact our administrator.

RIGHT TO REQUEST ALTERNATE METHODS OF COMMUNICATION

You may request an alternate method of receiving confidential mailings and other communications of your health information. You may also request that calls be made to a certain number. To request an alternate communication please contact our administrator.

RIGHT TO REVIEW AND COPY

You may request a copy of your health information. You may request to review your health information. If your request is accepted, we will arrange a mutually agreeable time for you to look at your health information.

If your request is denied, you may ask for a review of that denial. Our administrator will arrange for an independent review of the denial. This review will be done by a licensed healthcare professional and we will comply with the decision of the reviewer. Copies of healthcare information may be provided to patients for a reasonable fee. We will let you know what the fee will be before your health information is copied.

RIGHT TO REQUEST AN AMEMDMENT

You may request an amendment to your medical information if you think it is incorrect or incomplete. The request must be in writing and state the reasons for the amendment. We will notify you if we agree or disagree with your request. If we do not agree we will provide you with information on why we disagree. To request an amendment you may contact our administrator.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an accounting of the disclosures of your health information so you will be aware of who had access to your information. Your request may be for a period up to four years. We are not required to provide accounting for disclosures prior to April, 14, 2003. Not every disclosure made is included in the accounting.

Disclosures you authorized in writing, routine internal disclosures such as those made to internal personnel or your primary care physicians office in the course of providing you treatment, and/or disclosures made in connection with payment are all examples of things not included in accounting. If there is any fee for the accounting, we will let you know what it is before the accounting is done. To request an accounting contact our administrator.

RIGHT TO RECEIVE A COPY

Copies of this Privacy Notice will be available upon request at this office.

New Beginnings Perinatal Center

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I have received a copy of the New Beginnings Perinatal Center Notice of Privacy Practices. I understand this Notice provides me with information on my privacy rights and how my health information may be used and disclosed.

Signature of Patient or Representative

Date

Witness or Signature of New Beginnings Perinatal Center Employee

Date

**NEW BEGINNINGS PERINATAL CENTER
8405 FORT HAMILTON PARKWAY
BROOKLYN, NEW YORK, 11209
718-745-6500**

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient Name: _____ Date Of Birth: _____

I, _____, hereby authorize release of the above named patients health information as described below.

The following organization is authorized to release information from:

NEW BEGINNINGS PERINATAL CENTER

The information may be released to and used by the following individual or organization:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

INFORMATION TO BE RELEASED

The information to be released is required for the following purpose:

_____ Change to New Physician _____ Continued Medical Care _____ Insurance

_____ Other: (specify) _____

I understand that I sign this release voluntarily and that I may change my decision at anytime, although I understand that I cannot do anything about information previously authorized and released. I am aware that I must notify New Beginnings Perinatal Center in writing if I would like to revoke this release. A copy of this release form is as valid as the original.

Patient Signature

Date

Witness

Date