

Patient Information:

Name: _____ Today's Date: _____
First Middle Last
Mailing Address: _____ City/St/Zip: _____
Home Phone: _____ Work: _____ Cell: _____
Email: _____ Marital Status: _____

Patient:
Social Security:
Date Of Birth:
Age:
Occupation:
Employer:
Address:
Phone No.:
How long?

Family Doctor: _____

Emergency Contacts:

Name: _____
Relationship: _____ Phone no.: _____

Nearest relative not living with you:
Name: _____ Phone No.: _____
Is this work related? _____

Pharmacy: _____
Location: _____
Allergies: _____ Reaction: _____

How did you hear about us? (Please check all that apply.)

- Doctor Referral: _____
- Current patient or friend: _____
- Website
- Newspaper
- Radio
- Other: _____

If your insurance requires referral from primary care physician please make sure that you notify the physician so that the referral can be faxed to our office prior to visit.

NEW PATIENT QUESTIONNAIRE

Name: _____ Date: _____
DOB: _____

What is the reason for your visit today? _____

What do you think this complaint is due to? _____

Duration: _____

MEDICATION ALLERGY: _____

REACTION: _____

SOCIAL HISTORY

Do you:

Smoke? Y/N How much? _____ Quit Date: _____

Drink Alcohol? Y/N How Much? _____

Drink Tea? Y/N How much? _____

Drink Coffee? Y/N How Much? _____

Comments: _____

List Surgeries with Dates:

Date: _____

Date: _____

Date: _____

Date: _____

Other Medical Conditions:

Health Status or cause of death/ Father/Age _____

Health Status or cause of death/ Mother/Age _____

Any diseases/bleeding disorders in your family _____

Has any family member had complications from anesthesia? _____

GERD / Heartburn Questionnaire

If you have heartburn or GERD or take medications for those conditions, please complete this 10 question GERD / Heartburn questionnaire:

- Scale:** No Symptom = 0
 Symptoms noticeable, but not bothersome = 1
 Symptoms noticeable and bothersome, but not everyday = 2
 Symptoms bothersome everyday = 3
 Symptoms affect daily activities = 4
 Symptoms are incapacitating, unable to do daily activities = 5

Questions (Please Scale):

1. How bad is your heartburn? _____
2. Heartburn when lying down? _____
3. Heartburn when standing up? _____
4. Heartburn after meals? _____
5. Does heartburn change your diet? _____
6. Does heartburn wake you from sleep? _____
7. Do you have difficulty swallowing? _____
8. Do you have pain with swallowing? _____
9. Do you have bloating or gassy feelings? _____
10. If you take medications, does this affect your daily living? _____

How satisfied are you with your present condition?

Satisfied Neutral Dissatisfied

Are you currently taking any medications for heartburn or GERD? Y / N

Please Circle any of the medications you have taken in the past or are currently taking:

Nexium Prilosec Prevacid Aciphex Protonix Zegerid
 Kapidex Dexilant Vimovo

Approximate start date and end date for each medication?

Have you had any prior work up done for GERD (Laryngoscopy, Endoscopy, Esophageal Manometry)? If so when and where?

New Braunfels Surgical Associates

652 N. Houston Ste 3
(830) 625-6258 Office
(830) 629-6258 Fax #

New Braunfels, TX 78130

Home Medication List:

Prescriptions or Over the counter medications

Name: _____ Date: _____

Medication	Dose	How often?	By mouth or injection?	Comments:

ALLERGIES: _____

Patient Signature: _____

Mark F. Kneuper
New Braunfels Surgical Associates
652 N. Houston Ste 3
New Braunfels, TX 78130

The Following questions will assist us in complying with new federal guidelines:

Race: American Indian/ Alaskan Native Asian Black/ African-American Native
Hawaiian/ Other Pacific Islander White (includes Hispanic/ Latino) Other
Decline

Ethnicity: Hispanic/ Latino(specify, if desired _____) Non-Hispanic/Non-
Latino
 Decline

Preferred Language: English Spanish Other _____

Sign _____ *Date* _____

New Braunfels Surgical Associates, P.A.
General Surgery

(830)625-6258

Mark F. Kneuper, M.D., F.A.C.S.
652 N. Houston Ave. Suite 3
New Braunfels, TX 78130
Facsimile: (830)629-6258
Hours: M-Thurs 8:30 am - 5:00 pm
Friday 8:30 am - 4:00 pm

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

Date: _____

I, _____ have been informed of

NEW BRAUNFELS SURGICAL ASSOCIATES Notice of Privacy Practices.
(Name of Practice)

(Signature of Patient/ Parent/ Guardian)

Staff Will Fill Out This Section If Patient's Signature Not Obtained

Our office made a good faith effort to obtain Acknowledgement of Receipt of our Notice of Privacy Practices, but it could not be obtained for the following reasons:

_____ Patient refused to sign.

_____ Emergency situation kept us from obtaining the patient's signature.

_____ Language barriers kept us from obtaining the patient's signature.

_____ Other _____

New Braunfels Surgical Associates
Mark F.Kneuper, M.D.
General Surgeon
652 N Houston St Suite 3
New Braunfels, TX 78130

Billing and Financial Policies

Payment for services rendered is payable at the time of services. Your insurance company may notify you if a change is applied to your deductible or denied for some reason. It is your responsibility to notify us when you receive this kind of information and to make an arrangement to pay your financial obligation. We strongly recommended that you contact your insurance company(ies) if you have a problem with a payment or denial for services provided to you.

Co-pays are due before you see the doctor. If you do not have your co-pay for your visit we will re-schedule you. Please note that not all services provided in the office are covered under your co-pay. Services such as office surgeries, injections are usually subject to your deductible and co-insurance. All co-pays, and deductible amounts deemed your responsibility are due at the time of service.

A quotation of benefits is not a guarantee of payment by your insurance company. Any amounts not paid by your insurance company, regardless of what benefits were quoted, will be due from you. If you have any questions regarding our billing or your charges, please do not hesitate to ask us about them.

Your account is considered past due, 30 days following billing unless other arrangements have been made. Patients with an outstanding balance over 60 days will be charged simple interest of 5%. Should you have financial problems that result in delaying payment of your bill, please contact us so that we can set up a payment arrangement. There is a \$50 insufficient funds fee for all returned checks and if this does occur, all financial arrangements made will be null and void and the entire balance of the account will be due immediately. If your account is placed with a collection agency there may be a fee of \$35.00 charge to your account and you will be responsible for any additional collection fees assessed by the collection agency.

Surgeries

Surgeries (including office surgeries) are usually subject to deductible and co-insurance. Please contact the billing office so that an estimate of patient responsibility can be prepared. This estimate is based on the benefit levels and coverage of your insurance plan. Payment of your estimated responsibility is due prior to your scheduled surgery.

Payment Plans

For your convenience we accept cash, checks, Master card, Visa, American Express, and Discover card. In specific circumstances a payment plan can be arranged in event that you are not able to pay your financial responsibility in full at the time of service. For a payment plan to be approved you must sign up for the automated "Patient Payment Plan (PPP)". PPP is an automated system in which your payment is automatically drafted from your checking account on a pre-arranged date with a \$5 set up fee. The terms for payment plans are listed below.

Balance Due:

\$150 or less
\$151-\$500
\$501-\$1000
\$1001-\$3000
\$3001 and up

Terms:

Payment in full within 30 days
3 months
6 months
12 months
24 months

List of administrative fees/charges

No Show	\$35
PPP set up fee	\$5
Insufficient Funds	\$50
Delinquent Account (over 60 days)	5% Simple Interest (accrued monthly)
Collection Account	\$35 initial fee plus any other fees assessed By collection agency.

We hope this information is helpful. It is our goal to provide you with the highest standards of medical care and we look forward to a long and satisfying relationship with you.

Thank you from all of us with
New Braunfels Surgical Associates
Mark F. Kneuper, M.D.
General Surgeon

Signature _____