

Otolaryngology of Joplin DBA Joplin Ear Nose & Throat
Dr. Renee Walker & Dr. Suzanne Long
1920 E 32nd Street, Joplin Mo 64804
417-781-4613

Registration Information

Patient's legal name _____ Date of birth _____

Race _____ Ethnicity _____ Sex _____

Social security # _____ Marital status _____

Mailing address _____ City & State _____ Zip _____

Email address _____ Phone _____ Cell or home _____

Preferred method of contact: _____ Phone _____ Email _____ Letter _____

Can we leave a detailed message: _____ Yes _____ No _____

If patient under age 18:

Legal guardian name _____ Phone _____

Primary care physician name & phone# _____

Primary care physician address _____

Referring physician name and phone # _____

Referring physician address _____

How did you hear about our office? _____ Radio _____ Internet _____

Recommended by someone _____ Insurance _____ Other _____

Please list an emergency contact *other than guardian or spouse*

Name _____ Relationship _____

Address _____ Phone _____

Complete if someone other than the patient is financially responsible

Name _____ Date of birth _____

Address _____ City & State _____ Zip _____

Phone _____ Relationship to patient _____

Insurance Information

Patient's name	Date of birth
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Primary insurance - skip if an insurance card was given to the receptionist

Name of insurance	
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Policy or member ID number	Group number
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Insured's name	Date of birth
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Relationship to patient	SSN
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Secondary insurance - skip if an insurance card was given to the receptionist

Name of insurance	
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Policy or member ID number	Group number
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Insured's name	Date of birth
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Relationship to patient	SSN
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Our office will file all reimbursable services to the primary and secondary carriers.
Please remember that you are responsible for all deductibles, copays, and non-covered
service amounts, as indicated by the remit we receive from your insurance company.

I authorize the release of any medical information necessary to process my claim.

I authorize payment of medical and surgical benefits to Joplin Ear Nose and Throat.

By signing below, you acknowledge that you have read the above statements and agree to
all stated conditions.

Patient / Responsible party	Date
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**Notice of privacy practices acknowledgement
Authorization for release of information**

In the course of providing service to you or your dependent, we receive health information. We may use and disclose this health information to other medical professionals for use in the following: 1) to ensure proper treatment of the patient's symptoms and conditions; 2) submission to the insurance company for claims review, determination of benefits and to receive payment for our services rendered to the patient.

In signing this document, you agree that we may use and disclose the patient's health information as indicated above.

I have read this document and understand it. I consent to the use and disclosure of mine / my dependent's health information for the purpose of treatment, administrative functions and service reimbursement. I acknowledge that a copy of the 'Notice of privacy practices' from Joplin Ear Nose & Throat was made available to me for review.

Patient / legal guardian

Date

Printed name

Relationship

Patient / Guardian permission

Patient name

Date of birth

As guardian of the above named patient, I authorize the following people to bring him/her to their scheduled appointment:

1.

2.

3.

I authorize the following people to be able to receive medical information on the above named patient.

1.

2.

3.

Patient / Legal guardian

Date

Surgery Consent

Patient name

Date

If Dr. Walker recommends surgery for the above patient, the patient will be taken to the surgery coordinator for scheduling. Surgery specifics will be explained, paperwork reviewed and your questions answered.

Our office will contact the insurance company to obtain the patient's policy benefits, reimbursement to be expected, and to obtain pre-certification for the surgery (if required).

****Please be aware that the amount of money collected for pre-payment of the surgery is only an estimate, determined by benefits given by the insurance company and the current allowable rate for the procedure(s) to be performed. If the insurance reimburses a different amount than the estimate, you may receive a bill for the balance due or a refund if an overpayment was made.**

I agree that I have read and understand the surgery consent information noted above.

Patient / Legal guardian

Date

None
Age related macular degeneration
Alzheimer's disease
Anemia
Arthritis
Asthma
Autistic disorder
Barrett's oesophagus
Bipolar disorder
Blindness and/or vision impairment
Brnchiectasis
Cataract
Cerebral arterial aneurysm
Cerebral palsy
Chronic cluster headache
Chronic lymphoid leukemia disease
Chronic obstructive lung disease
Congestive heart failure
Cystic fibrosis
Delay in physiological development
Disorder of immune function
Disorder of thyroid gland
Glaucoma
Malignant melanoma
Atrial fibrillation
Depression
Diabetes mellitus
Hypertension
Leukemia
Pregnancy
Hemophilia
Headache disorder
Heart valve disorder
Cerebrovascular accident
Diabetes mellitus type 2
Diabetes mellitus type 1
Malignant basil cell neoplasm of skin
Malignant lymphoma
Squamous cell carcinoma of skin
HIV infection
Hypercoagulability state

Oesophageal reflux
Cardiovascular system disorder
Lung disorder
Lymphatic system disorder
Musculoskeletal system disorder
Nervous system disorder
Genitourinary system disorder
Mental disorder
Vascular disorder
Pituitary adenoma
Primary malignant esophageal neoplasm
Primary malignant neoplasm of lung
Psychotic disorder
Pulmonary embolism
Pulmonary emphysema
Retinal detachment
Rheumatoid arthritis
Sarcoma
Scizophrenia
Seizure disorder
Sjogren's syndrome
Suspected head and neck cancer
Systemic lupus erythematosus
Tension type headache
Thrombocytopenic disorder
Renal failure
Migraine
Neutropenia
List other below

None

Anesthesia complications

What reactions:

List other below

[illegible][illegible]

Current smoker
Former smoker
Never smoked

None

1-2 drinks per day

3 + drinks per day

Illicit drug use

Never used drugs

NO SHOW, LATE ARRIVAL AND SAME DAY CANCELLATION POLICY EFF 1/1/2022

“No show” means failure to arrive for a scheduled appointment or surgery without prior notification to our office.

“Same day cancellation” means cancellation of an appointment or surgery less than 24 hours before the scheduled appointment/surgery time.

“Late arrival” means any patient who arrives at the clinic 15 or more minutes after the scheduled appointment time.

POLICY

It is the goal of Joplin Ear, Nose & Throat to provide excellent care to each patient in a timely manner. We schedule appointments so that each patient will have the appropriate amount of time to be seen and treated by our physician and staff according to their individual symptoms and issues. That is why it is very important that each patient keep their scheduled appointment and arrive promptly at their scheduled time.

As a courtesy to our patients, our office will make a reminder call 2 business days prior to the scheduled appointment.

If you arrive 15 minutes or more after your scheduled appointment time, your appointment will be canceled and you will be responsible for rescheduling it.

If you are unable to keep your appointment or scheduled surgery, please contact our office with at least 24 hour notice so that we may reschedule your appointment/surgery, and accommodate those patients who are on our waiting list.

If you fail to show up for an appointment without notification, you will be charged a \$25 no show fee. This charge is not reimbursable by your insurance company and will be billed directly to you.

After three no shows for office appointments, the patient will be subject to dismissal as a patient of Joplin Ear, Nose & Throat.

If a patient fails to show up for a scheduled surgery, without notification to our office, the patient will be dismissed as a patient of Joplin Ear, Nose & Throat.

New patients: As a new patient, you will be required to complete some necessary paperwork, so that our office will have everything we need and make you aware of our office policies. You must arrive at least 15 minutes prior to your appointment time. New patient paperwork may be printed from our website – joplinent.com and completed to be brought to your appointment.

I understand the no show, late arrival and same day cancellation policy of Joplin Ear, Nose & Throat as written above, and agree to its provisions. I understand that failure to comply may result in my dismissal as a patient of Joplin Ear, Nose & Throat.

Patient name (print)

Date

Signature

Guarantor name (print)
If patient is under age 18