Office of Rebecca S. Yu, MD

Patient Registration Information

Please PRINT & Complete ALL Sections Below.

Full Name _____ Date of Birth: _____ Sex: Male / Female

Home Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____

Home Phone: ( ) _____ Day Time/Cell Phone ( ) _____

Driver's License # _____ SSN# _____

Email Address: _____

Employer's Name & Address: _____ Work phone ( ) _____

Marital Status: Single Married Divorced Widow/ Widower Domestic Partner

Race/Ethnicity _____ Preferred Language: _____

Emergency Contact _____ Relation _____ Phone ( ) _____

PATIENT'S INSURANCE INFORMATION. **Please present insurance cards to Receptionist**.

Subscriber Name _____ DOB _____

(If applicable) Name of parent or Legal guardian _____

Financial Policy

Your insurance coverage is a contract between you and your insurance company. We will inform you if we are a party to your insurance contract, and will handle your claims according to our agreement with the insurance company. **We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, etc.**

Verification of insurance coverage is your responsibility. If your insurance plan requires pre-authorization, it is the responsibility of you and your primary care provider to obtain pre-authorization for you to be seen by one of our providers. Otherwise, the charges incurred may become an out-of-pocket expense to you. When we are contracted with your insurance company we will bill them first as a courtesy to you. After explanation of benefit (EOB) and/or payment is received, the balance or remainder of balance is your responsibility. Final payment should be submitted in a timely manner (within 30 days from receipt of insurance payment/EOB or Date of Service). After 30 days, a late charge of 1.5% of the unpaid balance will incur each month until the balance is paid off.

Form & Cancellation and/or Missed Appointment Fees:

We require a 24 hour notice of appointment cancellations, otherwise a $ 50.00 late cancellation and / or missed appointment fee will be billed to you. Our fee schedule for ancillary & supplemental insurance forms is as follows: 1-2 pages $ 20.00; 3-5 pages $ 40.00; 6-10 pages $ 60.00; forms in excess of 10 pages $ 12.00 per additional page. California State Disability (EDD) forms $20.00; DMV Forms for disabled placard $ 20.00.

Splints, AquaCast Liner and/or Durable Medical Equipment

If we provide a splint, AquaCast liner or other item of Durable Medical Equipment; we will require payment for the item at the time of your visit. We will give you a receipt if requested so that you may request reimbursement from your insurance company. We will not bill your insurance for the item (very few insurances pay for Durable Medical Equipment).

Authorization to Release Benefits, Payments and/or Medical Records

I request that payment of allowed and/or authorized benefits be made on my behalf to Rebecca S. Yu, MD for any services furnished by her or Broheen Elias, PA-C. I also authorize Rebecca S. Yu, MD to release any information from my medical record to the insurance company for payment of claim submitted.

Having read and understood this Financial Policy, I submit the following signature.

Signature: _____ Date: _____

If signing on behalf of patient- state name & relation to patient: _____