

2821 N. Ballas Rd., Suite 110 St. Louis, MO 63131

Phone: Fax: 314-628-9000 314-994-1997

Date of Visit: **Patient Information** □ Dr. □ Mr. □ Mrs. □ Ms. □ Jr. □ Sr. Patient Name: Last: \_\_\_\_\_ First: \_\_\_\_ Middle Initial: \_\_\_\_ Preferred Name: \_\_\_\_\_ Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Other Date of Birth: \_\_\_\_/ \_\_\_\_ Sex: 
Male 
Female Social Security Number: \_\_\_\_\_\_ Race: American Indian/Alaska Native Asian Dative Hawaiian or other Pacific Island Dafrican American Caucasian Ethnicity Hispanic or Latino Not Hispanic or Latino Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Address: Street: City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email: Emergency Contact: Contact Number: \_\_\_\_\_ Status:  $\square$  Employed  $\square$  Unemployed  $\square$  Retired  $\square$  Student Highest Level of Education: \_\_\_\_\_\_\_ Employer: Occupation: \_\_\_\_\_ Insurance and Responsibility Party Information Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_ ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ ID Number: Group Number: **HIPAA Communication Preference** In order for our office to better communicate with you, please indicate your preference below: What is your primary phone contact?  $\square$  Cell  $\square$  Home  $\square$  Work May we send you text messages?  $\square$  Yes  $\square$  No May we leave you a voice mail?  $\square$  Yes  $\square$  No May we communicate with you by email?  $\square$  Yes  $\square$  No May we communicate with anyone on your behalf? ☐ Yes ☐ No Contact Name: Phone # I agree that the information supplied on this form is accurate to the best of my knowledge. Signature: \_\_\_\_\_ Date: \_\_\_\_



Patient signature \_\_\_

## IMPORTANT INFORMATION ABOUT YOUR PHYSICIAN'S CHARGES

Physician charges are for services rendered by the physician for medical care. Prompt payment of these charges is appreciated and helps us to provide medical care for all of our patients at a reasonable cost.

Please remember that insurance is a contract between you and Medicare or your Insurance Company. You are responsible for obtaining referrals when necessary and knowing what hospitals and providers are in your "network". Ultimately it is your responsibility to see that your bill for care rendered by the providers is paid.

All charges noted on your bill from our office reflect fees charged by the physician for services rendered in the office, hospital or surgery center. When you are seen in either the hospital or the surgery center, you may receive additional bills from the hospital or surgery center, which are separate from our statement.

## **Cancellation Policy**

The physicians and staff of Midwest Therapeutic Endoscopy Consultants, LLC appreciate each patient. Our staff works diligently to ensure each patient appointment request is satisfied at a time and location most convenient to the patient. When a patient does not show for their appointment, they not only waste the physicians' time, but also deprive other patients of timely care. With this in mind we have found it necessary to institute a no-show policy. Effective 6/1/08 Midwest Therapeutic Endoscopy Consultants, LLC (MTEC) reserves the right to **charge a \$75 fee** to any patient who fails to provide a twenty-four (24) hour notice of an inability to attend an appointment.

## **Payment Policy**

You are responsible for paying any charges not covered by your insurance provider including, but not limited to; charges for co-payments, annual deductibles, non-covered services and services rendered without a required referral from your primary care doctor as well as any collection fees incurred. You should also consult with your insurance provider to confirm the charges for which you are responsible. Charges not covered by your insurance must be paid during the office visit unless other arrangements have been made in advance. All charges are due and payable within fifteen (15) days of the first billing statement.

For your convenience we accept cash, checks, MasterCard, Visa and Discover. A \$20 fee plus an amount equal to the actual charge will be added to your account for a dishonored check.

## **Insurance Information**

<u>MEDICARE:</u> Our practice accepts Medicare assignment. We will file Medicare claims and Medicare will pay us directly. If applicable you are responsible for the twenty percent (20%) co-insurance, annual deductible, and any non-covered charges. Please note that some hospitals and surgery centers are NOT accepting some of the Medicare Advantage (PFFS) plans.

<u>COMMERCIAL INSURANCE:</u> We will file claims for your convenience. You are responsible for any co-payments, annual deductible amounts and charges for non-covered services. Co-payments must be made at the time of your visit. If a referral from your primary care doctor is required, you are responsible for obtaining and providing it to us at or before the time of your visit. If you fail to obtain a referral, you will be responsible for all charges. Most insurance Companies will send payment directly to us. In the event our payment is mailed to you, you are responsible for forwarding the payment to us along with any balance due on your account.

<b>MEDICAID:</b> Your Medicaid card must be presented at the time of service. Your are responsible for paying any Medicaid
co-pays or spend down amounts. If you have a Medicaid HMO product our office is NOT in network and will require a
pre-approval from the HMO as well as a referral from your primary care physician before your appointment or payment in fu will be required at the time of your office visit.
will be required at the time of your office visit

lf you have any questions regarding your bill, please ask to speak with our Billing Department. We will work with you on a
payment schedule if necessary on any outstanding charges. Thank you for your cooperation.



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Date of Visit			t History	rdx. 314-334-1	557	
		_==		DOB		
· ·						
Primary Care Phys	Name		Address	City/Zip		
Referring Physicia	n					
3 ,	Name		Address	City/Zip		
Other Physician_	Name		Address	City/Zip		
Passan for Visit			, , , , , , , , , , , , , , , , , , , ,			
Reason for Visit						
Pharmacy	Name		Address	City State/Zip		
Pharmacy Phone	#					
Name Name	Dose Dose	Frequency	Name	erbal medication:  Dose	Frequ	ency
Name	Dose	Frequency	Name	Dose	Frequ	ency
Name	Dose	Frequency	Name	Dose	Frequ	ency
Name	Dose	Frequency	Name	Dose	Frequ	ency
Name	Dose	Frequency	Name	Dose	Frequ	ency
Drug Allergies		Reaction		Are you Claustrophobic?	☐ Yes	□ No
_					☐ Yes	☐ No
_		Reaction		Allergy to Latex?	☐ Yes	☐ No
_		Reaction			☐ Yes	☐ No
-		Reaction		Seafood Allergy/intolerance?	☐ Yes	☐ No
Previous Surgeri	<b>es</b> (or procedures)					
		Surgery	Year	Surgery		Year
Surgery	Year	Surgery	Year	Surgery		Year
Surgery	Year	Surgery	Year	Surgery		Year
Habits						
Tobacco Use:	☐ Never ☐ Cu	rrently How mar	ny packs per day	? How long?		
				quit What Kind? _		
	How many avera	age packs per day?				
Alcohol Use:	☐ Yes ☐ Rare ☐ Occasional ☐ Frequent What kind of alcohol? Past Use					
Caffeine Use:	☐ Yes ☐ No	What kind?		How much/day?		
Illicit Drug Use:	□ Ves □ No	Type/kind?				
micit Drug Ose:	☐ 162 ☐ 140	rype/killu:				

Blood Transfusion When	Name		Date of Visit
Blood Transfusion When	Your Medical History		These Apply to Me Now
Gancer Type	☐ Anemia ☐ Now ☐ Past	☐ Anemia	
Cancer Type	☐ Blood Transfusion When	Relation	
Relation			Time period
Treatment   Thyroid   Thyroid   Thyroid   Thing period   Time period   Thyroid   Thyroid   Pality   Thyroid   Thyroid   Pality   Thyroid   Thy			
Thyroid   Diabetes   Type 1   Diabetes   Type 2   Age at Diagnosis   Diabetes Type   Relation   High Blood Pressure   Relation   High Blood Pressure   Relation   High Blood Pressure   Relation   High Blood Pressure   Every Pression   High Blood Pressure   Every Pression   High Blood Pressure   Every Pression   Heart Attack   Cough Slim Meezing   Hoarseness   Asthmal Pression   Heart Attack   Relation   Cough Slim Meezing   Hoarseness   William Stock Fl/A   Relation   Cough Slim Meezing   Hoarseness   Markety   Stroke   Every Pression   Heart Attack   Cough Slim Meezing   Hoarseness   Markety   Vellow eyes   Every Pression   Heart Attack   Cough Slim Meezing   Hoarseness   Markety   Vellow Skin   Meezing   Hoarseness   Markety   Vellow Skin   Meezing   Hoarseness   Stock Fl/A   Relation   Cough Slim Meezing   Hoarseness   Stock Fl/A   Meezing   Hoarseness	3		Time period
Diabetes   Type 1     Diabetes Type     Fatigue   Anxiety   Stress   Depression   High Blood Pressure   Relation   Beat First   Anxiety   Stress   Depression   High Blood Pressure   Relation   Beat First   Anxiety   Stress   Depression   High Blood Pressure   Relation   Beat First   Anxiety   Stroke   Tyel Where   Galibladder Disease   Relation   Heart Attack   Relation   Heart Attack   Relation   Heart Attack   Heart Attack   Relation   Heart Attack   Heart Attack   Relation   Heart Attack   H			☐ Fainting Episodes
Type 2   Aga at Diagnosis   High Blood Pressure   Relation   Beyond Pressure   High Blood Pressure   Relation   Beyond Pressure   Beyond		☐ Diabetes Type	☐ Fatigue
Age at Diagnosis     High Blood Pressure   Relation		Relation	☐ Anxiety ☐ Stress ☐ Depression
Arthritis   Seizures		☐ High Blood Pressure	☐ Itching
Setzurs   Stress   Anxiety   Depression   Stroke   Relation   Yellow eyes   Relation   Yellow Skin   Cough   Whezing   Hoarseness   Relation   Heart Attack   Relation   Heart Attack   Relation   Heart Attack   Relation   Heart Attack   Stroke/TIA   Blood Pressure   Heart Attack   Relation   Heart Attack   Heart Willow Skin   Heart Attack   Stroke/TIA   Blood Clots   Heart Attack   Heart Willow Skin			☐ Eye redness/irritation
Stress   Anxiety   Depression   Heart Attack   Cough   Wheezing   Hoarseness   Anxiety   Depression   Heart Attack   Cough   Wheezing   Hoarseness   Relation   Cough   Wheezing   Hoarseness   Relation   Cough   Wheezing   Palpitation   Heart Attack   Cough   Wheezing   Palpitation   Heart Marker   Cough   Palpitation   Heart Marker   Cough   Wheezing   Palpitation   Heart Marker   Cough   Wheezing   Palpitation   Heart Marker   Cough   Cough   Palpitation   Heart Marker			☐ Yellow eyes
Asthma		Relation	☐ Yellow Skin
Emphysema/COPD   Gallbladder Disease   Relation   Gallbladder Disease   Relation   Stock/TIA   Ghost Pairs   Palpitation   Heartburn   Nausea   Vomiting   Chest Pair   Palpitation   Heartburn   Nausea   Vomiting   Difficulty Swallowing   Food Intolerance   Excessive Boating   Excessive gas		☐ Heart Attack	☐ Cough ☐ Wheezing ☐ Hoarseness
□ Elevated cholesterol □   Gallbladder Disease Relation □   Heartburn □   Heartburn □   Hearthurn □   Difficulty Swallowing □   Difficulty Swallowing □   Hearthurn □   H	_ /		☐ Shortness of Breath
High Blood Pressure   Stroke/TIA   Stomach Ulcers   Sto			☐ Chest Pain ☐ Palpitation
Stoke/TIA       Stomach Ulcers       Nause     Vomiting			
Blood Clots   Where   When     Irritable Bowel Syndrome   Relation     Food Intolerance   Excessive Bloating   Excessive gas   Excessive bloating   Excessive bloating   Excessive bloating   Excessive gas   Excessive bloating   Excessive gas   Excessive bloating   Excessiv	•		☐ Nausea ☐ Vomiting
Where Where Where Where Where Where When Seaton Street Hatack Stre		THE SHARM WE THINKNESS SECTION S.	
Heart Attack   Hear			
Heart Attack   Congestive Heart Failure   Relation   Abdominal pain   Where   Relation   Where   Regurgitation   Colitis   Colitis   Colitis   Colitis   Color Polyps   C			
Relation   Pancreatic Disease Type   Relation   Pancreatic Disease Pancreatic Disease Pancreatic Disease Pancreatic Disease   Pancreatic Disease Diseas		□ Liver Disease Type	
Congestive Heart Failure   Pancreatic Disease Type   Relation   Loss of Appetite   Mouth Sores   Mouth Sores   Relation   Loss of Appetite   Mouth Sores   Relation   Loss of Appetite   Mouth Sores   Mouth Sores   Relation   Loss of Appetite   Mouth Sores   Loss of Loss of Appetite   Mouth Sores   Relation   Loss of Appetite   Mouth Sores   Mother Sores   Loss of Loss of Path   Loss of Appetite   Mouth Sores   Loss of Deash   Loss of Appetite   Loss of Mouth Sores   Loss of Deash   Loss of Appetite   Loss of Mouth Sores   Loss of Botols per dex   Mouth Sores   Loss of Stools per dex   Loss of Deash   Loss o			
Abnormal Heart Rhythm	14 N N N N N N N N N N N N N N N N N N N		
Heart Valve Disorder			
Relation			
□ GERD/Reflux □ Ulcers/Peptic Ulcers □ Gallstones □ Gallstones □ Gallstones □ Gallbadder dysfunction □ Neuropathy/Restless Leg Syndrome □ Liver Disease □ Hepatitis Type □ Date of Diagnosis □ Immunized: □ Hep A Date □ Hep B Date □ Hep B Date □ Pancreatitis When □ Irritable Bowel Syndrome □ Irritable Bowel Syndrome □ Irritable Bowel Syndrome □ Ulcerative Collitis □ Cause of Death □ Sisters # Alive # Deceased □ Ulcerative Collitis □ Clier Sprue □ Diverticulosis □ Flare When □ Hemorrhoids □ Flare When □ Hemorrhoids □ Flare Stools per week □ Diverticulosis □ Diverticulosis □ Flare When □ Hemorrhoids □ Flare Stools per day □ Laxative use? □ Frequency □ Type □ Rectal Bleeding □ Swelling of hands and/or feet □ Excessive thirst □ Excessive thirst □ Steters # Alive □ Brothers # Alive □ Brothers # Alive □ Brothers # Alive □ Cause of Death □ Other symptoms (not discussed above) □ Where □ Hemorrhoids □ Flare When □ Hemorrhoids □ Flare Wh			
Gallbladder dysfunction		Colon Polyns	
Gallbladder dysfunction		Relation	
Gallbladder dysfunction   Neuropathy/Restless Leg Syndrome   Liver Disease   Cardiovascular Disease   Cardiovascular Disease   Hepatitis   Type   Date of Diagnosis   Cardiovascular Disease   Cardiovascular Disease   Cardiovascular Disease   Hof stools per day   Cardiovascular Disease   Cardiovascular Dis	And the second s	Colon Cancer	
Neuropathy/Restless Leg Syndrome			
□ Liver Disease □ Hepatitis Type Date of Diagnosis □ Cirrhosis □ Other   □ Immunized: □ Hep B Date □ Pancreatitis When □ Crohn's Disease □ Ulcerative Colitis □ Celiac Sprue □ Diverticulosis □ Pisare When □ Hemorrhoids □ Flare When □ Hemorrhoids □ Fisher When □ Hemorrhoids □ Flare When □ Hemorrhoids □ Flare When □ Hemorrhoids □ Flare When □ Last Colonoscopy Upper Endoscopy □ Unative Colitis □ Cardiovascular Disease □ Chelath □ Doint pain □ Joint swelling □ Swelling of hands and/or feet □ Laxative use? Frequency □ Laxative use? □ Laxative use? Frequency □ Laxative use? □			
Hepatitis   Type	. ,		
Type			
Date of Diagnosis    Cirrhosis	•	Other Illnesses (not specified above)	
Cirrhosis			Type
Other		Mother Age Alive?	
Immunized:   Hep A Date			
□ Hep A Date □ Brothers # Alive □ Excessive thirst   □ Pancreatitis # Deceased □ Change in color of urine   When □ Cause of Death □ Other symptoms (not discussed above   □ Irritable Bowel Syndrome □ Sisters # Alive □ Other symptoms (not discussed above   □ Ulcerative Colitis □ Deceased □ Other symptoms (not discussed above   □ Cause of Death □ Other symptoms (not discussed above   □ Cause of Death □ Other symptoms (not discussed above   □ Cause of Death □ Other symptoms (not discussed above      Ages   Other Medical Conditions Not Listed Above:		☐ Father Age Alive?	
□ Hep B Date □ Brothers # Alive □ Excessive urination   □ Pancreatitis # Deceased □ Change in color of urine   When □ Sisters # Alive □ Other symptoms (not discussed above   □ Crohn's Disease # Deceased □ Other symptoms (not discussed above   □ Ulcerative Colitis □ Brothers # Alive □ Other symptoms (not discussed above   □ Cause of Death □ Brothers # Alive □ Other symptoms (not discussed above   □ Cause of Death □ Other symptoms (not discussed above   □ Cause of Death □ Other Symptoms (not discussed above       Cause of Death   □ Worklick Brothers □ Ages      Cause of Death   □ Brothers # Alive □ Other symptoms (not discussed above   □ Cause of Death □ Other symptoms (not discussed above      Cause of Death   □ Worklick Brothers □ Other Symptoms (not discussed above   □ Ages      Other Medical Conditions Not Listed Above:    Cause of Death   □ Hemorrhoids □ Flare When   □ Flare When □ Other Medical Conditions Not Listed Above:    Cause of Death   □ Hemorrhoids □ Flare When   □ Flare When □ Other Medical Conditions Not Listed Above:    Cause of Death   □ Ulcerative Colitis □ Other Symptoms (not discussed above   □ Worklick Brothers □ Other Symptoms (not discussed above   □ Worklick Brothers □ Other Symptoms (not discussed above   □ Worklick Brothers □ Other Symptoms (not discussed above   □ Worklick Brothers □ Other Symp			
Pancreatitis   When		☐ Brothers # Alive	☐ Excessive urination
When   Cause of Death   Other symptoms (not discussed above   Crohn's Disease   Erritable Bowel Syndrome   Sisters # Alive   Erritable Bowel Syndrome   Erritable Bowel Syndrome   Sisters # Alive   Erritable Bowel Syndrome   Erritable Bowel Syndrome   Sisters # Alive   Erritable Bowel Syndrome   Erritable Bowel Syndr		# Deceased	☐ Change in color of urine
□ Irritable Bowel Syndrome □ Sisters # Alive   □ Crohn's Disease # Deceased   □ Ulcerative Colitis □ # of Children   □ Polyps Ages    Other Medical Conditions Not Listed Above:		Cause of Death	
□ Crohn's Disease # Deceased			* .
□ Ulcerative Colitis □ # of Children   □ Polyps Ages   Where Other Medical Conditions Not Listed Above:    Other Medical Conditions Not Listed Above:		# Deceased	
□ Celiac Sprue □ Polyps Where □ Diverticulosis □ Flare When □ Hemorrhoids □ Fibromyalgia □ Migraines Last Menstrual Period Last Colonoscopy Upper Endoscopy ERCP □ # of Children Ages     Ages     Other Medical Conditions Not Listed Above:   Ages   Other Medical Conditions Not Listed Above:   Ages   Other Medical Conditions Not Listed Above:   Other Medical Conditions Not Listed			
□ Polyps Where □ Diverticulosis □ Flare When □ Hemorrhoids □ Fibromyalgia □ Migraines Last Menstrual Period Last Colonoscopy Upper Endoscopy ERCP  □ Polyps Ages □ Other Medical Conditions Not Listed Above: □ Other Medical Conditions Not Listed A			
Where Other Medical Conditions Not Listed Above:    Flare When Hemorrhoids   Fibromyalgia	· · · · · · · · · · · · · · · · · · ·		
□ Diverticulosis □ Flare When □ Hemorrhoids □ Fibromyalgia □ Migraines Last Menstrual Period Last Colonoscopy Upper Endoscopy ERCP  Other Medical Conditions Not Listed Above: □ Medical Conditions Not Lis			
□ Flare When   Hemorrhoids   Fibromyalgia   Higher theorem   Hight theorem   Higher t	2 1 MANUAL A D	Other Medical Conditions Not Liste	ed Above:
□ Hemorrhoids □ Fibromyalgia □ Migraines Last Menstrual Period Last Colonoscopy Upper Endoscopy ERCP		Julie medical conditions not history	
☐ Fibromyalgia ☐ Migraines  Last Menstrual Period  Upper Endoscopy ERCP			
Last Menstrual Period			
Last Menstrual Period Last Colonoscopy Upper Endoscopy ERCP			
Last Colonoscopy Upper Endoscopy ERCP			
Upper EndoscopyERCP			
ERCP			
	FDCD		
	EUS		