

**Allen Kamrava, M.D. M.B.A., Inc.**  
**REGISTRATION FORM**

(Please Print)

Primary Care Physician:				Today's date:					
<b>PATIENT INFORMATION</b>									
Last name:		First Name:		Middle:		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr. <input type="checkbox"/> Ms.	Marital status (circle one) Single / Partner / Div( Sep) / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name?		Preferred Name (Nick Name):		Birth date: / /		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Social Security no.:		Occupation:			
P.O. box:		City:		State:		ZIP Code:			
Mobile Phone No:		Home Phone No:		Work phone no.:					
Chose clinic because/Referred to clinic by (please check one box):				<input type="checkbox"/> Dr.		<input type="checkbox"/> Insurance Plan		<input type="checkbox"/> Hospital	
<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Yelp	<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Google		<input type="checkbox"/> Other			
Email Address:									
<b>IN CASE OF EMERGENCY</b>									
Name of local friend or relative (not living at same address):				Relationship to patient:		Home phone no.: (    )		Work phone no.: (    )	
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.									
_____ <i>Patient/Guardian signature</i>						_____ <i>Date</i>			

**DISCLOSURES/AGREEMENTS**

**I. HIPAA:** In compliance with new Federal and State law regulations, this is to confirm that I have reviewed and been offered a copy of the notice of privacy policies (HIPAA forms)

**SIGNED:**

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**II. La Peer Surgical Center:** We wish to inform you that Allen Kamrava, M.D. has an ownership interest in the La Peer Surgery Center health care facility. We feel these facilities are highly qualified and competent for the treatment of medical services and procedures. We feel that this center represents the quality of care you should expect to receive from Dr. Kamrava and his practice. However, you have the absolute right to use any alternative facility of your choice. You are not obligated to use any facility recommended by Dr. Kamrava. He will be happy to recommend and discuss other facilities that provide similar services or procedures

If you have any questions in regards to this information, please do not hesitate to ask Dr. Kamrava directly.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT.

**SIGNED:**

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**III. Advanced Notice of Non-Participating/Non-Preferred/Out-of-Network Facility**

La Peer Surgery Center, LLC (AKA "La Peer") is contracted with Medicare and Cigna and is an out-of-network provider with most major PPO plans. If it is decided that you are a surgical candidate, you have a choice of obtaining your surgery at La Peer, Cedars-Sinai, or another local hospital or facility of which Dr. Kamrava or another qualified surgeon may have privileges to perform surgery. Dr. Kamrava's office, as a matter of policy, always checks to see what your benefits provide and will discuss these benefits and estimated costs before any definitive decision is made for surgery.

By signing below, you are attesting that you have read and understand your specific insurance company's memorandum (see reverse) regarding the use of Non-participating/Non-Preferred/Out-of-Network Facilities. If you have any questions in regards to this information, please do not hesitate to ask Dr. Kamrava directly. I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT.

**SIGNED:**

\_\_\_\_\_  
**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

### **HIPAA Information and Consent Form**

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. Additional information is available from the U.S. Department of Health and Human Services. [www.hhs.gov](http://www.hhs.gov). We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient's condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. However, we are not obligated to alter internal policies to conform to your request.

### **ADVANCED NOTICE STATEMENT OF UNDERSTANDING**

#### **Aetna Memo for Patients with Out-of-Network Benefits**

1. Referral to La Peer Surgery Center is a non-participating Aetna Facility; 2. The Member's Aetna Benefit plan may therefore provide reduced, or no benefits; 3. La Peer Surgery Center may bill the Member for amounts other than deductibles, co-payments, coinsurance, and Medical Services not covered under the Member's benefits plan; 4. La Peer may not be restricted to seeking payment only from Aetna; 5. Potential sources of information concerning alternative referrals include Aetna's DocFind resource at [www.aetna.com](http://www.aetna.com), the Aetna phone number located on the Aetna Member's ID card, or the county medical association; 6. The Member is free to choose any organization or provider for obtaining services that Dr. Kamrava orders or prescribes. 7. I understand that if I become a surgical candidate, La Peer is a non-participating facility and as a result my Aetna benefit plan may be provide reduced, or no benefits. 8. I understand I may be financially liable for out of pocket costs incurred in addition to deductibles, co-payments, and coinsurance and for medical services not covered under my Aetna benefit plan. 9. I have the right to discuss at any time available alternatives with Dr. Kamrava. 10. After receipt of the information stated above, if my surgery or procedure is undertaken at La Peer, it is because I have consented to that referral and discussed it with the Dr. Kamrava.

#### **Anthem Advanced Patient Notice:**

1. La Peer does not participate with Anthem Blue Cross.
2. I may be responsible for extra costs if I get services at La Peer.

3. I can call Anthem Blue Cross before getting services to confirm my benefits. I can call Anthem Blue Cross to get names of participating facilities that can provide recommended services.

4. La Peer will collect co-payments, deductibles, coinsurances or other amounts I am required to pay under my benefit plan.

5. If a procedure is needed and it is performed at La Peer, I will have voluntarily chosen on behalf of myself or the patient named above to have services rendered at La Peer.

#### **Blue Shield of California Advanced Notice:**

Dr. Kamrava may refer you to a non-preferred/non-participating provider for service. If you Blue Shield plan offers benefits or services rendered by non-preferred/non-participating providers, you may receive services from non-preferred/non-participating providers, but you may have higher out-of-pockets costs when accessing non-preferred/non-participating providers.

You do have the option of receiving services from a Blue Shield preferred provider in order to obtain the maximum benefits available under your health plan. If you would like to use a preferred provider, please ask Dr. Kamrava to arrange for the services to be provided by a preferred provider. If you have questions or wish to locate a preferred provider, contact Blue Shield Customer Service at the telephone number located on the back of your identification card or log onto [blueshieldca.com](http://blueshieldca.com) to search the online Preferred Provider Directory.

By signing, I acknowledge that I understand that La Peer is not a preferred provider with Blue Shield of CA. I am also aware that I may be responsible for high copayments & costs in excess of Blue Shield's allowable amounts, up to the facility's total billed charges, if I receive services from this non-preferred/non-participating provider. Dr. Kamrava offers to perform services at several locations and if I proceed with surgery at La Peer, it is because I declined the opportunity to select a Blue Shield preferred provider to provide those services and am voluntarily choosing to obtain services from this non-preferred/non-participating provider and accept financial responsibility for any additional cost for the service.

#### **United Healthcare Member Advanced Notice:**

Dr. Kamrava may decide to involve a non-participating facility, La Peer, in your care. In order to assist you in making informed decisions regarding your health care, we ask that you sign this form to indicate you understand that Dr. Kamrava does not obligate patients to go to a certain center, and that you may discuss freely at any time with Dr. Kamrava about the option to utilize a participating provider. If ultimately I agree to have services performed at La Peer, it will be because I chose to have services from a non-participating provider despite the potential increased out-of-pocket costs associated with that decision. Please note that if you have out-of-network benefits under the terms of your benefits plan, you may utilize those benefits to receive services from a non-participating provider. However, UnitedHealthcare believes it is important you understand that you may have higher out-of-pocket costs when using a non-participating provider based on your benefit plan. Please also note that if you do not have out-of-network benefits under the terms of your benefit plan and you receive services from a non-participating provider, you may be responsible for the entire cost of the services.

If you have questions or would like to find a participating provider that can perform the series you require, please ask Dr. Kamrava to arrange for the use of a participating provider. You can confirm the participation status of providers by contacting UnitedHealth Customer Care at the telephone number on the back of your health plan ID card. You may also log onto [myuhc.com](http://myuhc.com) to search for the online provider directory for a participating provider in your area.

By signing, I am stating that if we proceed with surgery, and ultimately we agree for it to be performed at La Peer, that I understand that La Peer is not a participating provider in UnitedHealthcare's network. Dr. Kamrava operates at several centers some of which are participating providers and if I have surgery at La Peer, I am aware it is because I have declined the opportunity to select a participating provider to provide the health care services recommended by Dr. Kamrava and am voluntarily choosing to obtain services from a non-participating provider. I am aware that I may be responsible for additional costs resulting from my use of a non-participating provider, if provided in my benefit plan. I understand that non-participating providers are generally prohibited from waiving cost share amounts such as co-payments, deductibles and coinsurance.