Weill Cornell Medicine

Division of Gastroenterology & Hepatology

Welcome to Weill Cornell Medicine!

We are honored that you have chosen us as your health care provider. Our goal is to provide the highest quality care for all of our patients in a timely and respectful manner.

We have enclosed your new patient paperwork with this letter. Please complete the forms in their entirety and **return them at least 48 hours prior to your visit**. In order to make your visit most efficient we ask that you send all prior pertinent medical records and test results including laboratory blood testing, pathology, radiology results and procedure reports to help your physician prepare for your visit. These records, as well as your completed new patient paperwork, can be faxed to 646-962-0500 or uploaded onto our secure online patient portal, Weill Cornell Connect.

On the day of your appointment, please bring with you:

- Insurance cards, referrals and photo identification (preferably Drivers License/State ID)
- List of any medications you are taking, including herbal supplements and vitamins

We ask that you arrive 30 minutes early to your appointment to allow sufficient time to check in. We strongly encourage you add an additional 30-60 minutes of travel time to allow adequate time for parking and/or issues related to traffic or transportation. **You can expect to be at our office for up to 2 hours for your visit.** Please plan accordingly.

If you have not done so yet, we strongly encourage you to sign up for Weill Cornell Connect, our secure online health portal at https://mychart.weill.cornell.edu/mychart/. This website will allow you to view your medical chart and communicate directly with your provider for non-urgent matters. Please take a moment to familiarize yourself with our standards of practice and policies to help make your care here, as seamless as possible.

- When calling the office with non-urgent clinical matters and questions, we will respond to you within 2 business days. Please allow us time to get all of your concerns addressed.
- Medication turnaround time is 2-3 business days. Be sure to inform of us of needed refills prior to running out of your medication. We recommend that you have at least a week's worth of medication at all times.
- If you arrive at the practice more than 15 minutes late, you may be asked to reschedule your appointment.
- If you do need to cancel, we ask that you provide our office with at least 48 hours' notice so that the time may be made available for other patients.
- If you do not cancel at least 48 hours before your appointment, you will be charged a $75 no-show fee for office visits and a $150 no-show fee for procedures.

The physicians and staff of the Division of Gastroenterology and Hepatology look forward to assisting you with your healthcare needs. If you have any questions, please call us at **646-962-GIMD** (646-962-4463) and someone will be happy to assist you.

Sincerely,

Division of Gastroenterology & Hepatology

For a modern care experience, create a WCM Connect account & download the Weill Cornell Medicine App!

NewYork-Presbyterian

INTAKE FORM – PPST
Please print clearly

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Name:_____ DOB: MRN: _____

Preferred Phone: _____ Best time to call: _____May we leave a message? Yes ☐ No ☐

Preferred Language: _____ Emergency Name/Phone:_____

Height (feet and inches):_____Weight (in lbs.): _____Do you have sight and/or hearing impairment? ☐Neither ☐ Sight ☐Heaing ☐Both

Preferred Pharmacy/Phone: _____

Referring Provider _____ Referring Provider Phone _____

Please list all current medical conditions:

Please list all allergies (medication, food) and reaction:

Please list all medications you are currently taking (including herbal supplements) and dose:

Please list all prior surgeries and dates:

Please check the boxes below to indicate if you have experienced any of the following problems with prior surgery or anesthesia (you may select more than one):

☐ Severe nausea/vomiting ☐ Problems placing breathing tube ☐ Nerve injury ☐ Slow wake up after anesthesia

☐ Personal/Family history of Malignant Hyperthermia ☐ Other:_____

Do you…?	YES/NO and Detail	How many years?	If applicable, date quit?
Smoke cigarettes/use smokeless tobacco			
Drink alcohol?			
Use recreational drugs?			

☐ I'd prefer to answer in person

50705 (10/16)

IMPLANTS (please bring your wallet card on the day of surgery):

Do you have a pacemaker or an internal defibrillator? ☐ Yes ☐ No Brand?_____ Last check-up?_____/ /_____

Do you have an artificial heart valve? ☐ Yes ☐ No ☐ Biologic valve ☐ Mechanical Valve

Do you have any implantable devices (check all that apply): ☐ PICC ☐ Broviac ☐ Dialysis catheter ☐ Fistula ☐ Ventricular device

☐ Insulin pump ☐ Other:_____

NewYork-Presbyterian

INTAKE FORM - PPST
Please print clearly

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Please answer the following questions by putting a check mark in the appropriate box (Yes or No):

	Yes	No
Have you ever had a heart attack or cardiac bypass operation?		
Do you have stents in any artery in your brain or body?		
If yes, please ask your surgeon to complete the *Stent Letter*		
Do you have high blood pressure?		
Have you been diagnosed with congestive heart failure?		
Do you have atrial fibrillation or atrial flutter?		
Do you get short of breath or have chest pain when you walk up 1 flight of stairs or 2 city blocks?		
Do you have COPD or Asthma?		
Do you use a rescue inhaler (Albuterol) more than twice a week?		
Hospitalized for COPD/Asthma attack?		
Do you use supplemental oxygen at home?		
Have you been diagnosed or suspected to have Obstructive Sleep Apnea (OSA)?		
Do you use a BiPAP or CPAP machine at home?		
Do you have trouble lying flat on your back?		
If yes ☐ because of pain ☐ because of breathing difficulty		
Do you have abnormal kidney function?		
Are you on Dialysis?		
Do you have Diabetes?		
Do you take insulin?		
Do you have? ☐ HIV? ☐ Hepatitis A? ☐ Hepatitis B? ☐ Hepatitis C?		
Have you been diagnosed with cirrhosis?		
Have you ever had a seizure?		
Have you ever had a stroke or surgery on your carotid arteries?		
Do you have any chronic pain that requires daily medication?		
Have you had chemotherapy for cancer?		
Have you ever had radiation to your neck or throat?		
Have you ever had a tracheostomy (an incision in windpipe for breathing)?		
Do you have trouble opening your mouth or looking up at the ceiling?		
Have you traveled outside of the US in the last two months? Where?_____		
Have you ever had a blood transfusion?		
Do you have an objection to blood transfusion if medically necessary?		
Have you been diagnosed with a bleeding disorder?		
Do you have problems with excessive bleeding after surgical or dental procedures?		
If you are a woman of childbearing age, are you or do you believe you may be pregnant?		

Patient/Representative Signature:_____Date:_____/_____/_____Time:_____AM/PM

*****CLINICIAN USE ONLY*****

- If 1 or more of the bold boxes are checked AND the patient is undergoing high or intermediate risk surgery, it is recommended that the patient has a baseline EKG.
- If 2 or more of the bold boxes are checked, the patient should also be referred to their PMD/Cardiologist or the Anesthesiologist in Pre-Admission Testing.

Weill Cornell Physicians

Financial Policy

Thank you for choosing Weill Cornell Physicians for your health-care needs.

The following is our payment policy which we require you to read and sign prior to your visit(s). This policy is applicable to office visits, procedures and office based procedures, such as, fibroscan, manometry, breath tests and capsules.

Patients have many different types of insurance and payment options for services rendered. Also, not all physicians in the practice accept the same type of insurance. To ensure that we have accurate information to process your claim, we will make a copy of your medical insurance and/or Medicare card at the time of your appointment.

You are required to inform us immediately of any changes in demographic information or medical insurance information. Patients without medical insurance are required to pay in full at time of service.

We understand that financial hardships may affect your ability to pay in full. We will always do everything we can to work with you. Please ask to speak to our Site Manager to discuss a satisfactory arrangement.

Participating Plans
You must present your insurance card, and if applicable, your insurance referral form, at every visit. We will submit bills directly to your insurance company for payment on your behalf. Patients without insurance cards or proper referrals will be asked for full payment at time of service. All co-pays, deductibles and non-covered services will be collected at time of service.

Non-Participating Plans
If your provider does not participate in your insurance plan, you are responsible for payment of all charges at the time of service. We can submit the claim directly to your carrier or a claim can be mailed to you.

Payment in full is due at the time of service for all non-medically necessary services and/or cosmetic services.

Usual and Customary Rates
Your insurance policy is a contract between you and your insurance company. Our practice is committed to providing the best treatment and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Payment
For your convenience, the following payment methods are accepted:
Cash, personal check, Visa, MasterCard, American Express, Discover

I have read the policy, I understand and agree to it.

_____ _____

Patient Signature Date

_____

Print Name