

WELCOME To Metabolic Medical Center

Date: ___/___/___ SS#: XXX / XX / _____ Birth date: ___/___/___ Age: ___
Name: _____ (Dr. Mr. Mrs. Ms. Miss.)
(LAST) (FIRST) (MI) (Please Circle One)

Street: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) ____ - _____

Parent or Guardian Signature (if patient is a minor): _____

Occupation: _____ E-Mail: _____

Place of Employment: _____ Work Phone: (____) ____ - _____

Primary Doctor: _____ Phone: (____) ____ - _____

May we send information about your plan and progress to your doctor? Yes No

May we contact you to remind you of your appointment? Yes No Where? _____

Reason for Visit: ___ Weight Loss ___ Endocrine ___ Men's Patient

How did you hear about us? Please check all that apply.

___ Paper ___ Radio ___ TV ___ Phonebook ___ Doctor

___ Referral: Please give name. _____

1. General Information:

- Patients who carry Health Insurance should remember that professional services are rendered and charged to the patient and not the insurance company. Payment is expected at the time of service.
- Fees charged are based on internal costs rather than insurance company allowables. Therefore, **no** insurance contract amounts will be accepted as total payment for services.
- If you wish to file for yourself, please contact your insurance carrier for a claim form. Fill in your part of their form and attach your receipt. Mail according to the instructions on your claim form.
- It is not necessary for this office to fill out the insurance claim form. Our customary fee will be charged for any additional itemization of services required by your insurance company.
- If you have any questions we will assist you. Your insurance carrier will determine your reimbursement.
- Even though weight loss will help and has been advised by your doctor for such things as back problems or heart trouble, it is not covered by health insurance. Because of this, we do not even try to file insurance for weight loss. However, if you think your insurance company is different than the others, use the receipt from your visit, combined with an insurance claim form to file directly with them for reimbursement. Like private insurance companies, Medicare and Medicaid do not reimburse for weight loss expenses. Consequently, Medicare and Medicaid patients pay for their visits when they are seen, and **no** claims are filed for reimbursement.
- We do not accept Medicare or Medicaid as payment for treatment. All patients must pay for their visits when they are seen. We do not file **any** claims with Medicare or Medicaid.

I agree to follow all of the guidelines set forth by my physician. I fully understand that it is my responsibility to inform my family doctor of any and all medications that I am instructed to take as a part of my treatment. I will inform my physician here at the clinic of any problems that I may have or any medications prescribed for me by any other doctor. I understand that if I experience any adverse effects from my medications that I should discontinue use and contact our office.

Signature: _____