

Dear _____,

Your initial appointment with _____ has been scheduled for _____ at _____. Please arrive 30 minutes prior to your appointment for registration purposes. Attached you will find paperwork which we ask that you fill out and bring with you to the above scheduled appointment. These forms are necessary to ensure your history is entered into your new records accurately.

We ask that you also bring with you your insurance cards, co-pay and a current list of medications you are taking. If you are a diabetic patient please bring your eye glasses, glucometer and/or log book. Co-pays can be paid with cash, check, and credit card. If your insurance company requires, please obtain a referral and/or authorization.

Please let us know if you have any questions. Thank You in advance for your cooperation.

We look forward to seeing you.

The Hospital of Central Connecticut
Center for Metabolic Health
Diabetes and Endocrine Services

Our Locations:

The Hospital of Central CT 100 Grand St. Bldg. C Floor: 3 New Britain, CT	Satellite Office 11 South Rd. Suite 130 Farmington, CT	Satellite office 98 Main St. Suite 302 Southington, CT	Bradley Memorial Hospital 55 Meriden Ave. Conference Rm # _____ Southington, CT
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New Patient Demographic Information

Patient Legal Name: _____ M F
(Last) (First) (M.I.)

DOB: _____ Marital Status (please circle) M S D W SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

May we leave messages on Answering Machine/Voicemail? Home Yes No Cell Yes No Work Yes No

Email Address: _____@_____

Do you have our patient portal: Yes No

Emergency Contact: _____ Relationship _____ Phone (____) _____

Primary Care Physician: _____ Referring Physician/Source _____

Employer: _____ Address _____ City _____ State _____

Primary Insurance

Company: _____ Identification/Member# _____

Group Name/Number _____

Subscriber's Name (as it appears on insurance card) _____

Subscriber's DOB: _____ Subscriber's Social Security# _____

Subscriber's Employer: _____ Relationship to patient Self Spouse Child

Secondary Insurance

Company: _____ Identification/Member# _____

Group Name/Number _____

Subscriber's Name (as it appears on insurance card) _____

Subscriber's DOB: _____ Subscriber's Social Security# _____

Subscriber's Employer: _____ Relationship to patient: Self Spouse Child

I hereby authorized The Hospital of Central Connecticut Center for Metabolic Health to furnish information to insurance carriers concerning my injury and/or illness and treatment, and I hereby assign to the physician(s) all payments for medical services rendered. I understand that I am responsible for all charges whether or not such charges are covered by insurance.

Patient Signature/Date

Parent or Guardian Signature/Date

(If patient is a minor (under age of 18) or has a guardian/conservator, this must be signed by the patient or legal guardian)

Thank You for choosing the Center for Metabolic Health Diabetes and Endocrine Center at The Hospital of Central Connecticut. We look forward to working with you as members of your health care team to ensure that your diabetes is managed as effectively as possible. In order to accomplish this goal, we would like to provide you with this information on how we can work together to assure we can do our best for you, and make your visit with your physician, APRN, or physician assistant an efficient use of your time.

Practice Policies:

It is important for you to keep your schedule appointment. If you must reschedule or cancel an appointment, please provide 24hours notice so that we can use the appointment time for another person. If you miss 3 appointments you may be dismissed from the practice.

Please contact your pharmacist directly when requesting a prescription refill. If you need to contact the office for a prescription please call before 4pm. Any prescriptions called in after 4pm will be filled the next business day. Please allow 48hours for completion of the prescription refill process. Refills on prescriptions will not be called in during the weekend.

Medical records copied for transfer of care are subject to a fee as delineated by Connecticut Statute. This charge is \$0.65 per page is required prior to patient pick up or mailing of records.

Due to our time involved, there is a \$20 fee for forms we are asked to complete outside of your schedule appointment. Please allow up to 7 business days for us to complete any requested forms that you may need. **We do not fill out short-term or long term disability forms.**

Financial Policies:

We will submit your charges to your insurances (primary, secondary, etc.). We do require all co-pays to be paid at the time of service. We accept cash, check, or credit card. We cannot bill your insurance unless you bring all current insurance information with you. Therefore, it is your responsibility to inform us of any changes in your insurance, name, address, telephone, number or employment. Copies of your information will be made for our files.

Your insurance policy is a contract between you and your insurance carrier. Please be aware that some services provided may be “non-covered” under the terms of your contract and, therefore, not paid by your insurance carrier. You are responsible for all balances not covered by your insurance. All balances are due upon receipt of your statement.

If you do not have insurance coverage or we are not contracted with your insurance carrier, you are considered “self-pay” and an initial payment will be expected prior to seeing the provider. An estimated charge for your visit can be provided by our receptionist. After your appointment, an additional charge may be applied based on the services that were provided, and you will be billed for the remaining balance.

We ask that you keep a copy of these policies as a reference and thank you for your understanding and anticipated cooperation with these efforts to make The Center for Metabolic Health an even better center!

Directions

The Hospital of Central Connecticut Campus: 100 Grand Street, New Britain, CT 06050

From I-84

Exit 35 to Route 72 East, Take Corbin Ave. exit (Exit 7) and turn right. Follow the blue hospital signs (left onto Hart St., straight, then left onto Linwood St.) Up the hill, take second right on Grand St., garage entrance on the right.

From Route 9

Exit 28 to Route 72 West take Corbin Ave. exit (Exit 7) and turn right. Follow blue hospital signs (left onto Hart St., straight, then left onto Linwood St.) Up the hill, take second right onto Grand St., garage entrance on the right.

Parking

The city parking garage (Quigley Garage) next to the hospital Lobby is the most convenient place to park. We do not validate parking. Elderly or disabled persons who need assistance getting to patient areas should ask for help at the Information Desk in the Lobby.

Satellite Office: 98 Main St. Suite 302 Southington, CT 06489

From Hartford

I-84 West toward Waterbury; Take exit 32 (Queen Street); Turn right onto CT-10/Queen Street; take a left onto Columbus Ave. and take your first right into the building's drive way; park in back. Building has a clock tower and Hartford Healthcare sign.

From Meriden/New Haven

Route 691 West to exit 4; right at ramp; right at first light into route 120 (Meriden Ave.) follow to CT-10; turn right onto Columbus Ave. and take your first right into the driveway; park in back. Building has a clock tower and Hartford Healthcare sign.

From Waterbury

I-84 East toward Hartford; take exit 30 Main Street/Marion Ave.); Turn left onto Atwater Street; Take the 1ST right onto Marion Ave; Marion Ave. becomes West Main Street; Turn right onto Columbus Ave. and take your first right into the driveway; park in back. Building has a clock tower and Hartford Healthcare sign.

Free Parking

Satellite Office: 11 South Road Suite 130 Farmington, CT

From Hartford:

I-84 West, take Exit 39 to light. Turn right onto Farmington Avenue/Route 4. At light, turn right onto South Road. At the light, turn left into the traffic circle. 11 South Road is second turn off traffic circle.

From Waterbury:

I-84 East, take Exit 37 (Fienemann Road). Turn left at the light onto Fienemann Road. Continue straight through the light at Route 6 to Birdseye Road. You will come to a light at an intersection with South Road. Continue straight through the intersection into traffic circle. 11 South Road is second turn off traffic circle.

From West Hartford:

West on Farmington Avenue for 4 miles to intersection with South Road; Turn left onto South Road. At the light, turn left into traffic circle. 11 South Road is second turn off traffic circle.

From New Haven:

I-91 North, take Exit 22N and merge onto Route 9 North toward New Britain. Take Exit 32 to merge onto I-84 west toward Waterbury. Take exit 39 toward CT for Farmington. Merge onto Route 508; make a sharp right at CT 4 E/Farmington Ave. Take the first right onto South Road. 11 South Road will be on your left.

Free Parking