

Brought to you by Cathy J Berry & Associates with offices in Syracuse & Baldwinsville.

Cathyjberrymd.com

315.422.8105

315.638.0263

Nurturing your Body, Mind, & Spirit

We, the staff at Cathy J. Berry & Associates, want to support our patients in all areas of health and wellness. While upholding traditional women's OB/GYN health care, we advocate an Integrative Health Model, one that fosters wellness for the body, the mind, and the spirit. To help you and your wellness we are please to announce the expansion of on-site wellness services including Reiki, Massage Therapy, Acupuncture, and Light Therapy for ALL our patients. If you would like to learn more please contact the following practitioners for a private consult.

Margo Burgmeier, LMT

Lynee Hamm, LMT

Veronica Fleming, LPN, Reiki Master

Jennifer Waters, Ac

Dear

We would like to take this opportunity to welcome you to Cathy J. Berry, MD and Associates. Our staff is anxious to discuss your healthcare concerns and develop with you the best plan of care for you. We will be committed to your wellbeing and satisfaction. Our offices include on-site sonography, laboratory services and acupuncture therapy for your convenience.

Nurses are available Monday through Friday from 8:30-4:30 to speak with you and answer your questions. Our secretaries will relay your message or concern to them and your call will be returned in the order in which it was received. In some cases, calls are returned in order of medical importance. Please understand that our phones tend to be very busy in the mornings with patients who wish to be seen that same day. We make every attempt to return your call in a timely manner.

All of our providers have varying hours and do have office hours while they are on call. They may not see patients every day in the office. We have three Nurse Practitioners, as well the other physicians who are available to meet your healthcare problems if necessary.

Should you require a hospitalization, we only admit to Crouse Hospital.

*A copy of our financial policy is enclosed. Please familiarize yourself with these policies. Bring a copy of your insurance cards and any applicable co-pays to your appointment with you. Since we want your account to remain in good standing with us, it is **not** our policy to bill you for copays. Copays are expected at the time of service. If you are not able to pay your copay at the time of your appointment, your need for the visit will be reviewed by your provider. If your appointment is not medically urgent, you may be asked to reschedule your appointment. If your appointment is deemed medically urgent, you may be asked to speak with the billing supervisor to discuss payment arrangements and a \$10.00 surcharge will be added if we must bill you.*

There may be cases when lab tests, diagnostic tests or preventive examinations are not covered by your insurance. We must, and will, represent our services exactly as they are rendered to you. If we provide a service that is not a covered benefit by your insurance company, it will be your responsibility. Most insurance companies do not charge a copay for well woman preventative services, however if you present with

health concerns that fall outside of the realm of "normal routine care" your account may incur a copayment. It is important for you to remember that your insurance coverage is outlined in the contract between you and them.

Since we have many patients with a variety of medical needs, our ability to accommodate everyone in a timely manner depends on your ability to keep your appointments. If you are not able to keep your appointment, 24 hours notice is required. Individuals who do not call to cancel or reschedule their appt. and who do not come, may be required to sign a "No Show contract". Individuals with a chronic history of, cancels and /or reschedules may be denied further services at Cathy J. Berry, MD and Associates.

We would also like to remind you that routine GYN examinations require that you refrain from sex and place **nothing** in the vagina for 48 hours prior to your appt. Certain objects (such as tampons) or creams (medications, hormones or sperm) may result in inaccurate or false positive test results. If you have a period on the day of your exam, you should reschedule your appt.

Open communication is the key to any good relationship and we look forward sharing this time with you. We welcome your thoughts, suggestions or concerns at anytime. **Our staff will always make every effort to be respectful of your needs and personal space. We expect that everyone, including other people you may invite to accompany you to your appointments do the same. Foul language, rude or disruptive behavior will not be tolerated under any circumstances. Recording devices, audio or visual, are strictly prohibited on the premises. It is the policy of this practice to enforce these rules strictly and may result in your discharge from our care.**

We have a working partnership with many traditional and non-traditional health care providers in the community. It is the goal of our physicians and staff to meet your changing healthcare needs in the best way for you.

Thank you for choosing us as your healthcare provider, and again, Welcome!

Cathy J. Berry, MD

Cathy J. Berry, MD and Associates

I have received a copy of the Patient Guidelines, the Financial Policy and the Private Policy. I have been given the opportunity to ask questions regarding any of these documents.

Signature

Date



Cathy J. Berry, MD and Associates

8280 Willett Parkway, Ste 201
Baldwinsville, New York 13027
Phone (315) 638-0263 Fax (315) 635-9004

101 Pine Street
Syracuse, New York 13210
Phone (315) 422-8105 Fax (315) 251-1388

OB/GYN NEW PATIENT INFORMATION

Date: _____

Name: _____ DOB: _____ Age: _____

Allergies: _____

Current Medications: _____

Past Medical History: _____

Age at Onset of Menses: _____ Days between cycles: _____ Duration: _____

Last Menstrual Period: _____ Problems with Menses: _____

Year or Age of Menopause: _____ HRT: _____

Total # Pregnancies: _____ #Vaginal _____ #C-Section _____ #Full Term Del. _____

#Living _____ #Premature _____ #Miscarried _____ #Abortion _____ #Ectopic _____

Pregnancy Complications: _____

Self Care Last Pap: _____ Location: _____ Last Bone Density: _____ Location: _____

Dates: Last Mammo: _____ Location: _____ Self Breast Exam: Yes: _____ No: _____

Past Gyn Procedures (biopsies, etc.) _____

Contraception: _____ Past Methods: _____

Current method (you &/or partner): _____

Childhood Illnesses: _____

Serious or Chronic Illnesses:

Endocrine (thyroid / diabetes / other): _____ Lungs: _____

Digestive System: _____ Urinary System: _____

Bones / Muscles / Joints: _____ Allergy / Immune System: _____

Skin: _____ Gynecological: _____

Other: _____

Surgical History:

Any in-patient or out-patient surgery – with or without anesthesia: _____

Family Medical History: (ie: cancer, heart disease, diabetes, high blood pressure, thyroid disease, kidney disease)

Mother: _____ Father: _____

Maternal Grandmother: _____

Maternal Grandfather: _____

Paternal Grandmother: _____

Paternal Grandfather: _____

Social History:

Marital Status: _____ Live With: _____ Education: _____

Current Employment: _____

Diet, Meals / day: _____ Rate your diet: Poor _____ Fair _____ Good _____ Excellent _____

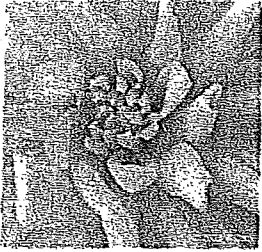
Pets: _____ Cigarettes: Past _____ Present _____ Alcohol: Past _____ Present _____

Caffeine # / day: Soda: _____ Coffee: _____ Tea: _____ Street Drugs: _____

Sexual History:

Age at first intercourse: _____ # Partners in Life: _____

History of sexually transmitted diseases: _____



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PATIENT REGISTRATION FORM
(PLEASE PRINT)

Date: _____

Name: _____ Sex: F M SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Age: _____ DOB: _____

Marital Status: Single Married Divorced/Separated Widow/Widower

Patients Employer: _____ Occupation: _____

Employers Address: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Spouse / Significant Others Name: _____

Spouse / Significant Others DOB: _____ SS#: _____

Spouse / Significant Others Employer: _____ Occupation: _____

Employers Address: _____ Work Phone: _____

Primary Care Physician & Address: _____

PCP Phone #: _____

Pharmacy: _____

Race: (Please Circle) White Black/African American American Indian/Alaska Native
Asian Native Hawaain /Other Pacific Island Other Unknown

Ethnicity: (Please Circle) Spanish/ Hispanic Origin Not of Spanish/Hispanic Origin
Unkown

Primary Language: _____

INSURANCE INFORMATION

Primary Insurance Company: _____

Subscriber Name: _____ ID#: _____

SS#: _____ DOB: _____

Secondary Insurance Company: _____

Subscriber Name: _____ ID#: _____

NY State Public Health Law requires that an offer HIV related testing be made to all persons between the ages of 13 and 64 receiving hospital, primary care, obstetric or gynecologic care services, except under specific circumstances. This includes inpatients, persons seeking services in emergency departments, those receiving care on an outpatient basis at a clinic or from a physician, physician assistant, nurse practitioner or midwife.

HIV is the virus that causes AIDS and is passed from one person to another during unprotected sex with someone who has HIV. HIV is also passed through contact with blood as in sharing needles (piercing, tattooing or injecting drugs of any kind) or sharing "works" with a person who has HIV.

If your test result is negative, you can learn how to protect yourself from being infected in the future. If you are positive, you can take steps to prevent passing the virus to others, and you can receive treatment for HIV and learn about other ways to stay healthy.

_____ Yes, I would like to speak with someone about HIV testing

_____ No, I do not wish to have an HIV test today.

The CDC recommends that an offer for Hepatitis C related testing be made to all persons born between 1946 and 1964 receiving hospital, primary care, obstetric or gynecologic care services. The new recommendations strengthen existing guidelines.

Hepatitis C exposure can come from sources such as blood transfusions or other blood products, or organ transplant before widespread adoption of screening measures, long-term dialysis treatment, infection with HIV, the AIDS virus, tattooing or piercing with non-sterile instruments, or injection drug use

_____ Yes, I would like to speak with someone about Hep C testing

_____ No, I do not wish to have a Hep C test today.

Patient Name: _____

Date: _____

Signature: _____

Medical Record #: _____

CATHY J. BERRY, MD & ASSOCIATES
101 Pine Street
Syracuse, New York 13210
(315) 422-8105

NO SHOW FEE AND LATE CANCELLATION FEE POLICY

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. We reserve the right to charge for these occurrences.

Due to high patient demand, and limited availability of appointments we have instituted a fee of \$100.00 for no show fee and a \$50.00 late cancellation fee. As of July 27, 2015, you must give 24 hour advance notice to cancel/reschedule appointments. Failure to do so will result in the above fees.

By signing below, I acknowledge that I have read and understand this policy.

Patient Signature

Date

Patient Name (Printed)

Witness

Date

HIPAA Privacy Information for

- Patient Reviewed HIPAA Privacy Statement
- Privacy Alert
- Patient Refused

Appointment Information:

- Home Phone(Include Auto Call)?
- Mobile Phone(Include Auto Call)?
- Mobile Text(Include Auto Call)?
- Work Phone?
- With Another Person?
- Send via Mail?
- Send via E-Mail/Portal?

Medical Information:

- Home Phone(Include Auto Call)?
- Mobile Phone(Include Auto Call)?
- Mobile Text(Include Auto Call)?
- Work Phone?
- With Another Person?
- Send via Mail?
- Send via E-Mail/Portal?

HIPAA Contact Instructions:

Person(s) Authorized to Communicate With

Signature Of Patient or Personal Representative