BEACON
Orthopaedics & Sports Medicine

Patient Health Questionnaire ~ Jaideep Chunduri, MD ~ Orthopaedic Spine Surgeon

NAME:_____DOB:_____ AGE:_____DATE:_____

Height_____ Weight_____ Gender: ____ Race:_____ Ethnicity:_____ Preferred Language_____

Email_____ Name of Family Doctor_____

How were you referred to this office ? _____

Do you Smoke? Quit___ Yes ____ No____ If yes, how many packs per day/week? ___ Total years you have smoked?___

Reason for Today's visit: _____

Have you ever had a Workers Compensation Claim for this problem? _____What Year_____

How long has the current issue been going on ?_____

Have you ever had pain like this before? _____When_____

What treatment have you had for this problem?

□ Physical Therapy
□ Chiropractor
□ Over the Counter Medication
□ Prescription medication
□ I have seen a specialist for this
□ I have seen my Family Doctor
□ Epidural Injections
□ Pain Management
□ Surgery – please notify of date and levels _____

If your plan of treatment with Dr. Chunduri is surgical:
Please note Insurance companies are requiring more detailed information ~ you may be asked to give more specific information regarding # of visits & phone numbers to treatment facilities where you have had treatment in the past for this problem; so that we can submit information to your Insurance Company for Surgery authorization.

What testing has been done ?

□ None
□ Bonescan
□ CT Scan
□ Discogram
□ EMG/ NCV
□ MRI
□ Myelogram
□ X-rays

At anytime, with your current symptoms have you had:

□ Bladder Incontinence
□ Bladder Retention
□ Bowel Incontinence
□ Bowel Retention

Have you had any of the following symptoms or conditions?

□ Abdominal pain / Heartburn
□ Chronic Pain
□ Difficulty Swallowing
□ Impaired Sleep Pattern
□ Impaired coordination
□ Impaired Sexual function
□ Vision / Balance Changes
□ General Fatigue
□ Weight Gain
□ Weight Loss
□ Weakness
□ Hearing Impairment

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Patient Name: _____ DOB: _____

Medications List

Allergies

_____ _____

_____ _____

Please list any medications you are currently taking

Drug Name	Dosage	Directions	Reason Taking

Preferred Pharmacy:_____ Date:_____

Location/Number:_____

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Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have been provided with and understand this facility's Notice of Privacy Practices (HIPAA information). This notice provides a complete description of the uses and disclosures of my health information.

Patient Name: _____

Date of birth: _____

_____ _____
*Patient or Representative Signature Date

_____ _____
Name of Personal Representative (if applicable) Relationship to Patient
(ex: parent, power of attorney)

**If the patient is a minor child or otherwise unable to sign this authorization, then obtain the signature of the authorized individual.*

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Designation of a Personal Representative

A patient **may** designate a personal representative in writing. This person may be a spouse, adult child, members of the patient's family, or close friend. They may also be any individual with power of attorney or other legally recognized authority to make medical decisions on behalf of the patient if he or she is incapacitated or otherwise unable to make decisions. As a general rule, a parent or legal guardian of a minor child will be recognized as their personal representative.

A personal representative may act on behalf of the patient for the purpose of receiving information that otherwise would be given to the patient. Such information could include: appointment changes, messages regarding surgery and/or testing, physician's responses to phone messages and medication requests.
PLEASE NOTE: an answering machine cannot be used as an acceptable way of leaving information.
A staff member may refuse to disclose information to a person identified as a patient's personal representative if he/she believes such information should be given directly to the patient.

Please note: This form does not grant permission to release medical records to these designated representatives. Requests for medical records must be made separately through the Medical Records department. Please allow approximately five business days to process a request for medical records.

Person(s) to whom my information may be disclosed:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient Name: _____ Date of birth:_____

Patient/Authority Signature: _____ Date: _____

You may revoke or terminate this authorization at any time by submitting a written revocation to Beacon Orthopaedics & Sports Medicine, Ltd./Beacon Orthopaedics Surgery Center, LLC.
Revised March 2012 - 45 CFR 164.502(g)

Beacon Orthopaedics and Sports Medicine, LLC Financial/Credit Policy
Effective April 2009

Patient name:_____ Account #:_____
Please print

Beacon Orthopaedics and Sports Medicine, LLC (BOSM), believes that in the interest of good health care practices, it is best to establish a patient financial/credit policy between our patients and ourselves in order to avoid any misunderstandings. Our Account Representatives will be glad to discuss your account with you at any time and set up payment plans. Our primary responsibility is to deliver quality health care services. We wish to spend our time and energy toward that responsibility. We expect you to show us the same consideration as you do your other creditors, and to be honest and forthright regarding your financial responsibility.

(PLEASE INITIAL THE FOLLOWING)

_____1.) We expect that all co-pays, co-insurance and deductible be paid in full at each visit and prior to surgery, diagnostic testing and physical therapy. We accept cash, check, Debit Card, MasterCard, VISA, American Express, and Care Credit.

_____ 2.) We file claims to your insurance company for your primary and secondary policies. You must bring your insurance card with you to every visit and make us aware of any changes in coverage. We also require a copy of your driver's license to confirm identity. Please remember insurance coverage is a contract between the patient and the insurance company. When BOSM files for benefit for services performed, benefits are assigned to BOSM. BOSM will look to the patient for payment in full if insurance does not cover the services provided. If we do not participate with your insurance, you will likely have a higher out-of-pocket expense, so please be prepared to pay this amount

_____ 3.) ***We do not file any insurance with your Automobile Insurance Company, or any other third party (business insurance company, employer, attorney, separated spouses, etc.) for purposes of obtaining payment.*** We will make every effort to provide you with proper documentation for you to receive reimbursement from those parties (i.e., claim form, statement or report).Please speak with our billing representative. We do not accept Letters of Guarantee or other promises to pay when cases settle. You will be extended credit only if arrangements are made in advance and only within our standard guidelines for credit.

_____ 4.) If the patient is under age 18, a parent or guardian must sign below. If the minor does not reside with both parents, and there is a dispute over which parent is responsible for any remaining balances, we will ultimately rely upon the parent/guardian who brought the child to the office for financial responsibility. All minors will not be seen unless accompanied by a guardian or a signed authorization from that guardian allowing our physicians to provide medical treatment.

_____ 5.) A service charge of $20.00 will be applied to returned checks. You will be asked to bring cash, money order or cashiers check to our office to cover the amount of the check plus the service charge. If you present two (2) checks that are returned to us, we will require cash for future services.

_____ 6.) If your balance is not paid in a timely manner, we reserve the right to forward your account to an outside collection agency or attorney. All fees assessed by the agency or attorney will be charged to you and become part of your outstanding balance.

By signing this agreement, you are acknowledging that you understand our financial/credit policy and agree to pay for all services that are received.

Patient/Guardian Signature:_____ Date:_____

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Driving Directions to Beacon Orthopaedics
Summit Woods Complex
500 E-Business Way
Sharonville, Ohio 45241
513-354-3700

From I-75
Take I-275 East to Reed Hartman (Exit #47)
Stay in middle lane on exit ramp and follow signs to Kemper Road.
Turn right on Reed Hartman and *immediately* get into the left lane for Kemper Road Connector.
Turn left at the first traffic signal. This will take you up a short hill to Kemper Road and by the Double Tree Inn.
Turn right (east) on Kemper to second traffic signal, which is E-Business Way.
Turn left to Beacon Orthopaedic Center at 500 E-Business Way.

From I-71
Take I-275 West to Reed Hartman (Exit #47).
Turn left and cross over the interstate.
Once over the interstate, Reed Hartman turns into two lanes. *Stay in the left lane.*
Turn left at first traffic signal. This will take you up a short hill to Kemper road and by the Double Tree Inn.
Turn right (east) on Kemper to second traffic signal, which is E-Business Way.
Turn left to Beacon Orthopaedic Center at 500 E-Business Way.

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Directions to Beacon East

463 Ohio Pike

Cincinnati, OH 45255

513-354-3700

From South of Cincinnati: I-75/I-71 North

- Take I-71/75 North to I-275 East
- Take the Beechmont Avenue exit 65 and turn left. Stay in the left hand lane.
- Turn left onto Hamblen Road (Bob Sumerel Tire and Olive Garden will be to the left)
- Parking is available on the side and front of the building

From Northern Cincinnati: I-75/I-71 South

- Take I-71/I-75 South to I-275 East
- Take the Beechmont Avenue exit 65 and turn right. Stay in the left hand lane
- Turn left onto Hamblen Road (Bob Sumerel Tire and Olive Garden will be to left)
- Parking is available on the side and front of the building.

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Driving Directions to Beacon West
6480 Harrison Ave
Cincinnati, Ohio 45247
513-354-3700

From Northern Cincinnati
Travel South I-75
Take 275 West to I-74 East to the Rybolt Exit
Turn left at the exit
Turn right onto Harrison Ave
Go up the hill and stay in the left lane
You will pass Kohls and Meijers
Turn left at 6480 Harrison Avenue
Proceed ahead up the hill to Beacon Orthopaedics

From West Harrison and Indiana
Take I-74 east to Rybolt Exit
Turn left at the exit
Turn right onto Harrison Ave
Go up the hill and stay in the left lane
You will pass Kohls and Meijers
Turn left at 6480 Harrison Ave
Proceed ahead up the hill to Beacon Orthopaedics

From Northern Kentucky
Travel I-75 North to I-74 West
Take Exit #11 Harrison/Rybolt Exit
Turn left onto Harrison Ave
You will pass Kohls and Meijers
Turn left at 6480 Harrison Ave
Proceed ahead up the hill to Beacon Orthopaedics

From Harrison Avenue, South
Take Harrison Ave North from Race Road for approximately 2+ miles
Turn right at 6480 Harrison Ave
Proceed ahead up the hill to Beacon Orthopaedics

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Directions to

Beacon Lawrenceburg

605 Wilson Creek Rd, Lawrenceburg, IN 47025
513-354-3700

COMING FROM THE WEST ON I-74
Take the Lawrenceburg/St. Leon Exit (Exit #164)
Turn Right onto IN 1 S (13.4 miles)
Turn Right onto US 50 W (3 miles)
Turn Right onto IN 48 (2.3 miles)
Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

COMING FROM OHIO ON I-74
Take I-275 South towards Kentucky
Take the Lawrenceburg exit (Exit #16)
Turn Left onto US 50 W (3 miles)
Turn Right onto IN 48 (2.3 miles)
Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

COMING FROM OHIO ON I-275
Take the Lawrenceburg Exit (Exit #16)
Turn Left onto US 50 W (3 miles)
Turn Right onto IN 48 (2.3 miles)
Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

COMING FROM KENTUCKY ON I-275
Take the Lawrenceburg exit (Exit #16)
Turn Left onto US 50 W (3 miles)
Turn Right onto IN 48 (2.3 miles)
Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

COMING FROM CLEVES / NORTH BEND / ADDYSTON / DELHI
Take US 50 W (River Road)
Turn Right onto IN 48 (2.3 miles)
Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

COMING FROM MILAN
Take IN 350 East (13.1 miles)
Turn Left onto US 50 East (3.4 miles)
Turn Left onto IN 48 (2.3 miles)
Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building