Esther Marin-Casariego. M.D.
8740 North Kendall Drive #110
Miami, FL 33176
Phone: 786-615-8012

Patient Medical History

Name: ______________________________ Birth Date: ______________________

Pregnancy History: *please circle if yes*

Took Medications   Took other drugs   Alcohol   Smoking   Vaginal infections   Urine infections
Hypertension   Diabetes   Other problems: ____________________________________

Birth history: *Circle one:* full term pregnancy   Premature birth at _____ weeks   Adopted- at what age? ______
Has he/she been told he's adopted? ____________

What hospital was baby born at? ____________________ Was the delivery vaginal? ____________________

What was baby's birth weight? ____________________Length? ______________________________

Did the baby have any problems? If yes, please describe:

____

Feeding: *(circle one)* breast fed   bottle fed   both

Past illnesses, surgeries, hospitalizations: *Has your child ever had (please circle)?*

More than 2 ear infections   Heart problems   Chickenpox   Any major illness   Kidney/ urinary tract infection

More than 2 strep infections   Pneumonia   Wheezing/asthma/bronchitis   Hepatitis

Broken bones   Convulsions   Reactions to any immunizations or medications

Has your child ever been hospitalized overnight? Please describe:____

Has your child ever had surgery? Please describe: ____

Has your child gone to an ER in the last year? Please describe: ______________________________________

Does your child have any allergies?   Yes or No   If yes to what? ______________________________________

Does your child have regular dental care? ____

Is your child on medications? Yes or no If yes please list: ____

Family History: *Please circle if close blood relative has the following:*

Allergies   Cancer   Emotional problems   Learning Problems   Strokes   Tuberculosis

Anemia   Convulsions/epilepsy   Heart disease before age 50   Mental retardation (ex. down syndrome)

Asthma/bronchitis   Cystic Fibrosis   High blood pressure   Migraines   Tay Sachs/ metabolic disease

Birth defects   Diabetes   Kidney disease   Muscular dystrophy   Thyroid disease

Other illnesses: ____

Esther Marin-Casariego. M.D.
8740 North Kendall Drive Suite #110
Miami, Florida 33176
Phone: 786-615-8012
Fax: 786-310-7433

FINANCIAL POLICY

Thank you for choosing EMC MD LLC as your health care provider. We are committed to building a successful physician-patient relationship. The following is a statement of our Financial Policy. Our office will be happy to answer any questions or concerns you may have.

PAYMENT IS DUE AT THE TIME OF SERVICE
ALL CO-PAYMENTS AND DEDUCTIBLES ARE DUE PRIOR TO YOUR VISIT

WE ACCEPT: CASH, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS

PROOF OF INSURANCE: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. We are in network with most major insurance carriers. However, it is the patient's responsibility to verify that we are a participating provider of the insurance plan. It is the patient's responsibility to know and understand the requirements of their insurance plan. As part of the contract with your insurance company, all co-payments, co-insurances and deductibles must be paid at time of service. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

HMO/REFERRALS: It is the patient's responsibility to obtain a referral form from us, your primary care physician or your insurance carrier requires it for your visits. Please allow 48- 72 hours for processing referrals.

MINOR PATIENTS: The parent or guardian accompanying the minor is responsible for payment of services rendered.

MISSED APPOINTMENTS: Unless cancelled 24 hours in advance, there is a $35.00 fee for missed appointments (no show) Please help us serve you better by keeping scheduled appointments.

NONCOVERED SERVICES: Please be aware that some – and perhaps all – of the services you receive may be noncovered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

COLLECTION POLICY: Should your account become past due, the patient/debtor assumes all costs of collection, including but not limited to, collection agency fees, court costs, interest and legal fees. All unpaid accounts will be reported to the credit bureau.

CONVENIENCE FEES: There is a flat fee of $10.00 for each set of School and Sports Clearance forms the office completes on your behalf. WIC forms are $5.00 each. We also charge a $30.00 convenience fee for having blood drawn in the office and a $15.00 walk-in fee.

I HAVE READ AND FULLY UNDERSTAND the Financial Policy and all my questions regarding this policy have been answered. I hereby agree to render payment in accordance with the terms and conditions set forth.

Patient Name: ______________________________ Date: ______________

Patient/Responsible Party Signature: ______________________________

Esther Marin-Casariego. M.D.
8740 North Kendall Drive
#110 Miami, FL 33176
Phone: 786-615-8012
Fax: 786-310-7433

"Under Florida law, physicians are generally required to carry medical malpractice insurance otherwise demonstrate responsibility to cover potential claims for medical malpractice. YOUR DOCTOR HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE.

This is permitted under Florida law subject to certain conditions. Florida law imposes penalties against non-insured physicians who fails to satisfy adverse judgements arising from claims of medical malpractice. This notice is provided to pursuant to Florida law."

Signature: ____

Patient name: ____

Date: ____________________________