

Patient Registration

Registracion del Paciente

Date: _____

Patient Information/Informacion del Paciente:

Social Security#: _____
Numero de Seguro Social

First Name: _____
Primer Nombre

Last Name: _____
Apellido

Date of Birth: ____/____/____
Fecha de nacimiento

Race/Ethnicity: _____
Nacionalidad

Marital Status: _____
Estado Civil

Employer: _____
Empleador

Email Address/*Direccion Electronica*

Home Address/ Direccion De Hogar:

City: _____ State: _____ Zip: _____
Cuidad EstadoCodigo Postal

Home Phone: (____) _____
Telefono del Hogar

Cellular Phone: (____) _____
Telefono de Celular

Work Phone: (____) _____
Telefono del Trabajo

Allergies to Meds/ Allergias a Medicinas:

Pharmacy Name & Phone / Farmacia:

Referred By/ Referido Por:

PLEASE PROVIDE YOUR INSURANCE CARD TO THE RECEPTIONIST- POR FAVOR ENTREGUE SU TARJETA DE SEGURO A LA RECEPCIONISTA.

Insurance Information / Informacion de Seguro:

____ Commercial ____ Medicare ____ Other _____

Insurance Company: _____
Compania de Seguro

Insured/Card Holder's Name: _____
Nombre del Asegurado

Relationship: _____
Relacion

Policy#: _____
Numero de Poliza

Insurance Phone #: (____) _____

Group#: _____

Primary Insurance Holder / Primario de Seguro:

Social Security#: _____
Numero de Seguro Social

Date of Birth: ____/____/____
Fecha de Nacimiento

Relationship: _____
Relacion

Daytime Phone: (____) _____
Telefono durante el dia

First Name: _____
Primer Nombre

Employer: _____
Empleo

Last Name: _____
Apellido

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

Emergency Contact / Contact de Emergencias,

First Name: _____
Primer Nombre

Home Phone: (____) _____
Telefono del Hogar

Last Name: _____
Apellido

Work Phone: (____) _____
Telefono del Trabajo

Relationship to patient: _____
Relacion al paciente

Cellular Phone: (____) _____
Telefono de celular



7300 S.W. 62nd Place, 3rd Floor
South Miami, Florida 33143
Tel: (305) 665-1133
Fax: (305) 666-0258
www.southmiamiobgyn.com

FEES AND INSURANCE INFORMATION

All fees are payable at the time services are rendered. We accept Visa, Master Card and American Express. Your medical insurance is a contract between you and your insurance carrier and the terms of the contract vary according to the terms of the policy. Final payment for all charges is the patient's responsibility and should it be necessary for this account to be turned over to either an attorney or collection agency for collection, I understand that I will be liable for any charges incurred, including attorney's fees and court costs.

Todos los honorarios por servicio deben ser pagados al recibir el servicio. Aceptamos Visa, Master card and American Express. Su seguro medico es un contrato entre usted y su compania de seguro. Pagos por nuestros servicios dependen de los terminos de su poliza. El pago final de todos los cargos es su reponsabilidad. Si es necesario tomar accion legal para cobrar esta deuda, usted es responsable de los gastos legales.

We have elected not to carry Medical Malpractice insurance or otherwise demonstrate financial responsibility. However, we agree to satisfy any adverse judgments up to the minimum amounts pursuant to S.458.320(5)(g). Florida Law imposes penalties against non-insured physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is pursuant to Florida Law.

Hemos elegido para no llevar seguro de negligencia medica o para no demostrar de otra manera responsabilidad financiera. Sin embargo, acordamos satisfacer cualquier juicio adverso hasta las cantidades minimas conforme a S.458.320 (laley 5) (gla ley de la Florida impone penas contra los medicos no-asegurados que no pueden satisfacer los juicios adversos que se presentan por demanda de negligencia medica. Este aviso esta conforme a la ley de la Florida.

PHYSICIAN'S RELEASE AND ASSIGNMENT

I hereby authorize payment directly to the physician of all benefits applicable and otherwise payable to me from my insurance carrier, HMO or other third party, payor, for services rendered by the physician. I understand that I am financially responsible to the physician for any and all charges that the carrier declines to pay. I hereby authorize the release of my medical records as deemed necessary for payment of insurance benefits.

Por la presente autorizo el pago directamente a el medico todos los beneficios derivados del seguro que ampara al paciente y que normalmente yo tendria derecho de percibir. Con mi firma autorizo transferir documentos relacionados a mi tratamiento medico a mi compania de seguro para procesar mi reclamacion. Yo entiendo que soy responsable por todos los cargos no cubiertos bajo mi seguro medico

PATIENT'S / GUARANTOR'S SIGNATURE

DATE



Patient Financial Agreement

PLEASE READ THOROUGHLY AND SIGN BELOW

Upon receiving services from South Miami OB/GYN Associates, you agree:

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with our billing department. We are dedicated to providing the best possible care and service to you. We regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

- Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract.
- We will file your insurance claim for you. If your insurance company does not pay the practice within a reasonable length of time (within 90 days), you may be responsible.
- All services are provided to you with the understanding that you are responsible for the cost regardless of your insurance coverage. Please be aware that not all services are a covered benefit with different insurance companies. You are responsible for knowing what services are or are not covered. **KNOW YOUR BENEFITS.**
- Upon check-out, we will collect your deductible, co-pay, and payment for any uncovered services as well as the patient's portion as determined by insurance. We accept cash, check, and credit card of Master Card, Visa, Discover, American Express, and Care Credit.
- If your account is more than 90 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, it may be sent to a collection agency. If an account is sent to collections, it is the policy of this office to refrain from providing further medical care until the balance is paid in full.

We do understand that temporary financial problems may affect timely payment. We encourage you to communicate any such problems so that we can assist you in the management of your account. Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and understand the financial policy and agree to abide by its guidelines.

X _____

PRINTED NAME OF PATIENT OR RESPONSIBLE PARTY

Date _____

X _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY



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FOR YOUR INFORMATION

There are times when our physicians will recommend laboratory tests or diagnostic ultrasound for management of your care. Some insurance companies may consider the test to be “screening” and not fit within their reimbursement guidelines and will not pay. Therefore, please be aware that should your insurance company deny the claim, you will be responsible for payment to the laboratory and/or office.

_____ Yes, I understand I may be financially responsible.

EXCLUDED TESTS MAY INCLUDE GC & CHLAMYDIA SCREENING

Name: _____ Date: _____



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Dear Patient:

Physicians have always protected the confidentiality of health information and have refused to reveal such information. Today, state and federal laws are also attempting to ensure the confidentiality of this sensitive information.

The federal government recently published regulations designed to protect the privacy of your health information. This "privacy rule" protects health information that is maintained by physicians, hospitals and other health care providers and plans.

The new regulation, effective April 14, 2003, protects virtually all patients, regardless of where they live or where they receive their health care. Every time you see a physician, are admitted to a hospital, fill a prescription or send a claim to a health plan, those professionals will need to consider the privacy rule. All health information, including paper records, oral communication and electronic formats (such as E-mail and electronic claim filing) are protected by the privacy rule.

The *Notice of Privacy Practices*, which is available in our waiting room, contains information about how your confidential health information is protected by this office and describes how you can exercise your rights with regard to your health information. The privacy rule provides you certain rights, such as the right to have access to your medical records; however, because there are exceptions to these rights, they are not absolute. We encourage you to read the *Notice of Privacy Practices* as your signed consent is required.

Please let us know if you have any questions about the *Notice of Privacy Practices*. To contact our Privacy Officer, Call (305) 665-1133.

PRIVACY ACKNOWLEDGMENT

_____ I have read and understand the *Notice of Privacy Practices*.

Date

Printed Name

Signature



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Notice To Obstetrical Patients
(See Section 166.316, Florida Statutes)

I, _____ have been furnished information by (Drs: Hirsch, Vizoso, Guinot, Chi, Paez, Horst, Miranda, and South Miami Hospital) Prepared by the Florida Birth Related Neurological Injury Compensation Association (NICA) and have been advised that (Drs: Hirsch, Vizoso, Guinot, Chi, Paez, Horst, Miranda) are participating physicians in that program wherein certain limited compensation is available in the event certain neurological injury may occur during labor, delivery or resuscitation. For specific information on the program, I understand and I can contact the Florida birth related Neurological Injury Compensation association P.O. Box 14567, Tallahassee, Florida, 32317-4567, or 1(800) 398-2129. I further acknowledge that I have received a copy of the brochure Prepared by NICA.

Dated this _____ Day of _____ 201____

Witness: _____

Signature of Patient

Printed Name of Patient



SOUTH MIAMI
OB-GYN
ASSOCIATES

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Medical Care During Your Pregnancy

As your obstetrical physicians we are committed to providing you with the best medical and personal care in order to deliver a healthy baby in the safest fashion. In most cases, we prefer that you go through labor with the goal of a vaginal birth as long as the doctor determines that this is the safest option for you and the baby. However, sometimes a cesarean section will be recommended due to medical reasons. There are some patients that are interested in having an elective cesarean section and they should discuss this with their doctor. We would like to make it clear that we do **not** recommend the Bradley method or "hypno-birth". We will **not** work with "doulas" or "labor coaches" under **any** circumstances. Please discuss your concerns or questions regarding these issues with your physician.

Also, blood transfusions are sometimes required during pregnancy or delivery. In certain critical medical situations it may be necessary for us to administer blood products. **If you are unwilling to receive a blood transfusion in an emergency situation, we cannot provide your pregnancy care and you must seek another group of physicians to take care of you for this pregnancy.**

I _____ understand the above and agree to receive care for my pregnancy as outlined above.

Print Name

Signature

Date

Insurance Issues

There are times when our physicians will recommend laboratory tests or ultrasound for management of your care. Some Insurance companies may consider this not within their reimbursement guidelines. Therefore, please be aware that should your insurance company deny the claim, you will be responsible for payment to the laboratory and/or office. By signing below, I agree to be financially responsible.

Print Name

Signature

Date



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Test for birth Defects

In general, it is very likely that your baby will be born free of birth defects. However, you should at least consider performing tests to try to identify if your baby carries certain birth defects. These tests can be divided into two basic Types: **screening** and **diagnostic**.

Screening tests are indirect and involve taking blood samples from you and special ultrasound tests. These are then utilized to estimate the risk of certain birth defects. These tests **do not diagnose birth defects**.

Diagnostic tests are used to diagnose certain birth defects. They involve taking fluid from the amniotic sac or a small tissue sample from the placenta. They are Almost 100% accurate but have the risk of possibly causing a miscarriage. The following are the options within each type of testing:

Screening:

1. AFP 4: This test involves collecting a blood sample from the mother between 15 and 20 weeks. It detects approximately **80%** of babies with Down Syndrome, Trisomy 18 and spinal defects. However, there is a **5%** chance of a "screen positive" result. If this were the case, a diagnostic test would be recommended. The majority of these tests would reveal that your baby does not have a chromosomal abnormality.

2. Sequential Screen: The first part of this test involves doing a special ultrasound and collecting blood between 11 and 13 weeks. If this result comes back "screen positive" then a diagnostic test will be recommended. If this first part is normal, then a second blood sample is collected at approximately 16 weeks. The results of both parts are analyzed and if it returns "screen positive" a diagnostic test is recommended. The sequential screen detects approximately **90%** of babies with Down syndrome, **90%** with Trisomy 18 and **80%** of spinal defects. There is a **5% chance** of a "screen positive" result.

Diagnostic:

1. Chorionic Villus Sampling (CVS): This test involves taking a tiny piece of placental tissue between 11 and 13 weeks. This tissue is sent for analysis of the chromosomal make-up of the baby. It is close to 100% accurate for detection of these abnormalities. Because it is an invasive study it has an approximately 1% risk of causing a miscarriage.

2. Amniocentesis: This test involves taking a sample of the amniotic fluid between 16 and 20 weeks. The sample is sent for chromosome analysis. It is also close to 100% accurate for detection of chromosomal abnormalities. The associated miscarriage rate is approximately 1 in 200-300 procedures.

I understand the above testing options. My questions have been answered. I am aware that some of these tests may not be covered by my insurance.

Patient: _____

Date: _____

PATIENT QUESTIONNAIRE

Genetic History / Exposures

*Patient, Father of the Baby, or Any Member of Either Family
With Any of the Following Conditions*

Genetic History	Yes	No	Comment
Chromosome Abnormality			
Fragile X Syndrome			
Mental Retardation			
Neural Tube Defect / Spina Bifida / Anencephaly			
Muscular Dystrophy			
Huntington's Chorea			
Cystic Fibrosis			
Tay Sachs / Jewish Descendant			
Hemophilia / Bleeding Disorder			
Sickle Cell Anemia			
Congenital Abs. / Birth Defects / Cleft Lip-Palate			
Heart Defects / Limb Defects / Etc.			
Thalassemia / Greek, Italian, Oriental Descendant			
Multiple Miscarriages			
Other Inherited or Genetic Disorders			
Excessive Clotting / Disorders of Coagulation			

Exposures	Yes	No	Comment
Medications since Last Menstrual Period (LMP)			
Drugs / Alcohol since LMP			
Rash or Viral Illness since LMP			
Recent exposure to infect. Dis. (HIV, Hep., TB)			
Patient / Partners with Herpes			
Exposure to Radiation / X-Ray since LMP			
Indoor Cats at Home			
Other			

*I have read this questionnaire. To the best of my knowledge,
I have answered the questions correctly.*

Signature: _____ Witness: _____ Date: _____

Carrier Screening in Pregnancy for Common Genetic Diseases

Everyone has a risk to have a baby with problems. There are a few common disorders that can occur even without a family history and can be tested for today. You can have one simple blood test before the baby is born to determine if you carry the gene (DNA change) that causes the disorders shown below.

What is a carrier?

A carrier is a person who has a gene that increases the risk to have children with a genetic disease. People do not know if they are carriers until they have a blood test or an affected child. Some disorders occur only if both parents are carriers and other disorders occur only when the mother is a carrier.

What is a carrier screening?

Carrier screening involves a blood test from one or both parents to determine if they carry a specific gene that increases the risk that their baby is affected. If you turn out to be at risk, prenatal testing such as amniocentesis or chorionic villus sampling (CVS) is available to determine if your unborn baby is affected. All testing is optional and you can choose which disorder(s) to be tested.

Disease	Cystic Fibrosis (CF)	Fragile X Syndrome	Spinal Muscular Atrophy (SMA)
Symptoms of Disease	<p><i>Most common inherited disease in North America.</i></p> <p>A chronic disorder that primarily involves the respiratory, digestive and reproductive systems. Symptoms include pneumonia, diarrhea, poor growth and infertility.</p> <p>Some people are only mildly affected, but individuals with severe disease may die in childhood. With treatments today, people with CF can live into their 20's and 30's. CF does not affect intelligence.</p>	<p><i>The most common inherited cause of mental retardation.</i></p> <p>Fragile X syndrome is a disorder that causes mental retardation, autism, and hyperactivity. It affects primarily boys.</p> <p>Women who are carriers are at risk to have a child with mental retardation.</p>	<p><i>Most common cause of inherited infant death.</i></p> <p>SMA destroys nerve cells that affect voluntary movement. Infants with SMA have problems breathing, swallowing, controlling their head or neck, and crawling or walking. The most common form of SMA affects infants in the first month of their life and can cause death between 2-4 years of age. Less commonly the disease starts later and people can survive into adulthood. SMA does not affect intelligence. There is no cure or treatment.</p>
Inheritance	If both parents are carriers, there is a 1 in 4 (25%) chance to have a child with cystic fibrosis.	If a mother is a carrier, there is up to a 50% chance to have a child affected with fragile X syndrome.	If both parents are carriers, there is a 1 in 4 (25%) chance to have a child with SMA.
General Population Carrier Frequency	<p>1 in 25 Caucasians</p> <p>1 in 46 Hispanics</p> <p>1 in 65 African Americans</p> <p>~1 in 90 Asian Americans</p>	<p>1 in 260 females</p> <p>Occurs in all ethnic backgrounds</p>	<p>1 in 41</p> <p>Occurs in all ethnic backgrounds</p>
Would you like to be tested? (please circle one)	YES NO	YES NO	YES NO

Patient Signature _____

Date: _____

UMBILICAL CORD BLOOD COLLECTION AND BANKING

This form is to ensure your understanding about the potential health benefit of **Umbilical Cord Blood Banking**. The accompanying literature should be reviewed. If you have questions about cord blood stem cell collection and banking, please feel free to contact our office. Please sign below to ensure us that you have been notified of this service.

- I understand that this program is an elective option to collect and store my newborn's umbilical cord blood. It is my choice to enroll and participate.
- I understand that the program is designed to provide a source of genetically related cord blood stem cells for potential future use and that the birth of my newborn represents the only opportunity to collect them.
- I understand that this program may not be reimbursed or covered by my insurance carrier. I would be responsible for the fees.
- I have had all my questions answered to my satisfaction. I understand the potential implications of cord blood banking for future use by my newborn and family.

I have been provided with information about umbilical cord blood banking.

Patient Signature

Date



- ♦ Nathan B. Hirsch, M.D., FACOG
- ♦ Javier Vizoso, M.D., FACOG
- ♦ Rafael A. Guinot, M.D., FACOG
- ♦ Sureen Chi, M.D., FACOG
- ♦ Rene A. Paez, M.D., FACOG
- ♦ Thomas D. Horst, M.D., FACOG
- ♦ Damaris R. Miranda, M.D., FACOG

Introduction to Our Office

Congratulations from Drs. Hirsch, Vizoso, Guinot, Chi, Paez, Horst, Miranda, Paz-Pabon and our staff. We want to wish you a healthy and happy pregnancy. We thank you for choosing us to take care of you. The following should provide useful information so that we can best serve your needs during your pregnancy.

Office Hours:

Monday through Thursday - 8:30 am - 5:30 pm

Friday- 8:30 am - 3:00 pm

Saturday- 10:00 am - 2:00 pm

Sunday – Closed

Telephone Calls:

Our number (305)665-1133 is operational 7 days a weeks, 24 hours a day. We are committed to being available to you 365 days a year.

During regular office hours, our staff will direct your call to the appropriate person to assist you. We also have a triage nurse to assist you with any medical questions or concerns by phone. If she is unable to answer your medical concerns due to further evaluation requirements, she may ask you to come in to see one of our available providers. We have same day appointments for your urgent needs.

We make every effort to answer calls promptly, however, some calls may need to be answered after hours so that we can concentrate on our patients being seen in the office.

If you call us outside of the above office hours, our **Answering Service** will assist you to contact the provider on call for emergencies. If for any reason, you cannot reach us, call the South Miami Hospital Labor Floor at (786)662-5180. If you have an emergency that requires immediate assistance, you should go directly to **South Miami Hospital Labor and Delivery**, located on the 3rd Floor.

Please note that we ONLY deliver babies at South Miami Hospital

**Provider Rotation:**

The doctors in our office work as a team. Your primary provider will usually see you until the basic tests are done (typically, the first 3-4 visits). Then you will be asked to meet the other providers. This rotation is done to provide you with the best possible care. Our doctors rotate their **On Call** days on a daily basis. Therefore, we recommend you become acquainted with all the doctors in order to feel at ease the day you go in for labor.

Our specialty has a significant amount of emergencies. One of our main goals is to see you promptly as well as properly take care of you in the event of an urgent condition. We are best able to do this by having a doctor “On Call” every 24 hours. This physician has a light schedule, therefore has more time to take care of you during an emergency or if you are in labor.

We realize that most patients frequently feel more comfortable with their primary doctor. If you request to see him/her, we will make every effort to accommodate you. We will always try to treat you in a kind and professional manner.

Finally, we would like to emphasize that we want you to be happy with our services. We strive to always improve the quality of our office. Please tell the doctor or office manager if you have a problem. We also encourage our patients to fill out a “comment card” for both positive and negative feedback. Our staff has an incentive program that is heavily dependent on your comments.

Online Office Portal:

Download the Healow App:



Enter our unique practice code: **DCJEAD**

With this App you’ll be able to communicate with our office electronically, request appointments, view your medical records and request prescription refills.

Please DO NOT use this portal for any urgent needs

Medication Safety & Pregnancy

Many patients often ask what they can take for common ailments and discomforts in pregnancy. Here is a list of safe medications that you can refer to throughout your pregnancy.

- **Cold & Flu Symptoms**

- Tylenol for aches & pains
- Sudafed, Mucinex for congestion
- Robitussin DM for coughing
- Chloraseptic/Cepacol lozenges for sore throat
- Tylenol Daytime/Nighttime Cold
- If fever > 101, coughing up a lot of phlegm, not getting better in 2-3 days, or anytime you are worried, call the office to schedule an appointment.

- **Allergies**

- Benadryl, Claritin, Zyrtec

- **Constipation**

- Benefiber, Metamucil, Senekot, Colace, Milk of Magnesia

- **Heartburn/Gas**

- TUMS, Mylanta, Maalox, Zantac, Pepcid
- If you have bad abdominal pain, please come in to the office to be seen.

- **Headaches**

- Tylenol, Tylenol Extra Strength
- DO NOT TAKE ASPIRIN, ADVIL, ALEVE
- If you have dizziness, blurred vision, or your headache is not getting better, please come in to the office to be seen.

- **Hemorrhoids**

- Tucks Medicated Pads, Preparation H, Anusol

- **Leg Cramps**

- Oscal 500 or similar over the counter calcium (twice a day)
- Please come in to be seen, if you also have swelling, redness, or if your legs are hurting all the time.