

190 W Park Avenue, Suite 9 (3/8/25 PA 1580) Tecephone 814 371 1000 Fax 814-503-8568

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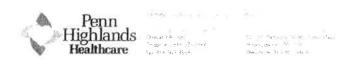
## Patient Registration

## Penn Highlands Life's Journey

Name:	Da	te of Birth*:					
Social Security Number:Primary Language*:							
Contact Phone Numbers: Home() Cell: ()							
Address:							
City/State/Zip Code:							
Email Address:			- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Race*: (please circle) Asia	an White Black/Africa	n American					
Ethnicity*: (please circle)	Non-Hispanic/Latino H Puerto Rican Cuban O		Mexican .				
Who do we contact in case	e of emergency:						
First Emergency Contact: _			: *****************				
	Name	Phone #	Relationship				
Second Emergency Contac	t:						
	Name	Phone #	Relationship				



USE AN	D DISCLOSURE OF	F PERSONAL HEALTH	INFORMATION A	GREEMENT (HIPPA)
This dis information.	sclosure contains in	formation regarding the	privacy of your pe	ersonal healthcare
	_	I acknowledge that Pen for the purpose of my tro	_	
ı	have read and und	lerstand the policy, but	choose <i>not to rec</i>	eive a copy.
_ ı	have read and und	lerstand the policy and	would like to obtain	п а сору
Signature:		· · · · · · · · · · · · · · · · · · ·	_Date:	
family member	(s) or person(s) un	nealth information and d less you specifically giv	e your permission.	
	e below, I grant Pe ation with the follov	nn Highlands Life's Jouving individuals:	irney permission to	discuss my protected
	Name	Phone #	Relationshi	р
		Phone #		
1.		,	\	
2.				
1 2				
1 2				
1 2				
1 2 3 Signature:	l Phone Calls:			
1 2 3 Signature:  Messages and Penn Highlands	<i>i Phone Calls:</i> Life's Journey can co	Date:	on(s) listed above vi	a: (check all that apply):



: · · · ·

Patient Name:
Reason for Today's Visit
Initial Obstetrical Visit
Routine Preventative Exam (Annual)
I am having problems I would like to discuss today
Other
Payment Policies
Please read and initial beside each paragraph below.
A routine preventative exam (annual) includes a medical history, physical exam and testing to screen for asymptomatic diseases and renewal of maintenance medications. Should any problems/issues outside of a routine exam be addressed today, there may be additional charges, including copayments and/or deductible and co-insurance.
We will bill your insurance as applicable, however, you are ultimately liable for any fees and costs not covered or paid by your insurance. Patient is responsible to pay any non-covered charge and/or fee applied to their deductible, co-insurance or copay. Questions about non-payment should be directed to your insurance company.
As a courtesy, Penn Highlands Life's Journey, verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process according to your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will no honor the benefit quote we received.



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Patient Nam	e:				

Authorization for Release and Assignment:
l authorize Penn Highland Life's Journey to release information to insurance carriers concerning my illness and treatments for the purpose of payment. I assign all payments for medical services rendered to myself and my dependents to Penn Highlands Life's Journey. I understand I am responsible for any amount not covered by my insurance including co-pays, deductibles and non-covered services.
Signature Date
Consent to Treatment:
I consent to examination and/or medical care as prescribed by the physician. This authorization is in force unless revoked in writing.
Signature: Date:
Cancellation/No Show Policy:
Please call at least 24 hours before your office visit to cancel an appointment. If you are rescheduling an appointment, please let us know so that we can cancel it and open the time for another patient
If you no show for two consecutive appointments or no show for three total appointments, you may be discharged from the practice. Penn Highlands Life's Journey will notify you in writing, via certified mail, if you are discharged from care.
As emergencies arise with my regular scheduled provider, I acknowledge that I may be seen by another Penn Highland Life's Journey provider without notice.
Signature: Date:

## Medication Screening:

Penn Highlands Life's Journey intends to make sure that when prescribing medications to our patients that they are being taken as prescribed. In order to do this, we have instituted steps that include random screening for drug and alcohol use. The results of these test will be used to customize your care here at Penn Highlands Life's Journey. If it is determined that prescription drugs are not being taken as prescribed or that there is a potential issue with recreational use of drugs and alcohol, counseling will be provided. We encourage all of our patients to ask questions regarding the use of all prescriptions that we may prescribe.

Signature:	Date:	
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For Patients with Commercial Insurance, Medicaid or Medicare with Secondary

## Personal & Family Cancer History

Nan	ne:	Date	-	Date of Bi	rth:	Age:	
		re Medicare with no secondary insurant enetic testing.	ce, ca	ll for cove	rage befor	e moving	forward wit
	-	e the section below. Include yourself and all 1 r mother's and father's sides. Specify which to the best of 1 <sup>st</sup> Degree Relatives: Par 2 <sup>nd</sup> Degree Relatives: Grandparents	relative your al	s were affect bility. iblings, Child	ted and esti	mate ages o	
		CANCER HISTORY	You	Siblings/ Children	Mother's Side	Father's Side	Age of Diagnosis
No	Yes	BREAST CANCER diagnosed age ∜3 or younger for You or Relative					
No	Yes	OVARIAN CANCER for You or Relative					
No	Yes	Ashkenazi Jewish heritage with BREAST CANCER at any age					
No	Yes	3 or more BREAST, PROSTATE, and/or PANCREATIC CANCERS on one family side, any ages					
No	Yes	MALE BREAST CANCER					
No	Yes	2 or more COLON CANCERS on a family side, at least one under 50					
No	Yes	3 or more COLON or UTERINE CANCERS on a family side, any ages					
Patie	nt Sigi	nature					

Patient offered genetic testing: Yes / No

OFFICE USE ONLY

Accepted / Declined

Provider Initials: