

INFORMATION FOR RETURNING PATIENTS

1. If you haven't already yet done so as a new patient, **please print out** (*double sided* is OK) these pages which follow below:
 - ♦ Registration form (please print and fill out again only if not seen in the past two years or if information has changed)* (your printer may alert margins are too wide; it is okay to print)
 - ♦ Office Policies and Financial consent *
 - ♦ Consent for Release and Use of Confidential Information * (this is an updated form)
 - ♦ Medications needed to be stopped if allergy testing is anticipated
 - ♦ Directions sheet (if you need it to find our office)

2. Please bring the following to your visit:
 - ♦ Insurance card
Even though we have seen it in the past, please provide this again at follow-up visits as sometimes contracts or member numbers change without the patients' knowledge. We use it to verify current coverage and benefits.
 - ♦ Referral if you have HMO insurance; we may not be able to see you without it.
 - ♦ Forms as above, if appropriate (*); please fill out before your arrival.
 - ♦ Medication names: please include current and recently taken prescription and non-prescription medicines

3. Please remember that you may have a:
 - ♦ Specialist co-pay for office visits due at the time of your appointment.
 - ♦ Deductible for the office visit and/or allergy testing. If you're asked, the two procedure codes for allergy skin testing are 95004 (most often used) and 95024 (less often).

4. Please review the medication list included in this packet to see if any need to be stopped before the visit in case allergy testing will be done.
 - Please do not stop any medications that are not on the list. This includes medications for asthma, blood pressure, diabetes, cholesterol, pain relief, neurological conditions and antibiotics. Please call our office if you are not sure.
 - Continue your antihistamine if you cannot stop due to severe itching or an acute allergic reaction. We can still evaluate and treat you, postponing testing for another time.

We look forward to seeing you again.

Welcome back.

*Drs. Ganju and Lantner
5600 Wolf Road #135
Western Springs, IL 60558
708-246-4515*

REGISTRATION

PATIENT INFORMATION

Legal Name: First _____ Last _____ M _____
Nickname _____ Gender: M F Birthdate _____ Age _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Patient's Social Security # _____ Student: Yes No
Marital Status of Patient: Single Married Divorced Separated Widowed
Responsible Financial Party: Self Father Mother Other (specify) _____
Name of Parents or Legal Guardian (if minor) _____
Marital Status of Parents (if minor): Single Married Divorced Separated Widowed
Primary Physician _____ Phone _____
Referred By _____ Phone _____

INSURANCE INFORMATION

PRIMARY Co-Pay \$ _____
Insurance Company _____
Legal Name of Insurance Holder: First _____ Last _____ M _____
Insured's birthdate _____ Insured's Social Security # _____
Relationship to Patient: Self Spouse Father Mother Other _____
Insured's Information if different: Phone (H) _____ (C) _____
Address _____ City _____ St _____ Zip _____
ID # or Medicare # _____ Group # _____

SECONDARY
Insurance Company _____
Legal Name of Insurance Holder: First _____ Last _____ M _____
Insured's birthdate _____ Insured's Social Security # _____
Relationship to Patient: Self Spouse Father Mother Other _____
ID # or Medicare # _____ Group # _____

SIGNATURE

DATE

Drs. Abhi Ganju & Renee Lantner, M.D., S.C.

5600 S. Wolf Road, Suite 135

Western Springs, IL 60558

(708) 246 - 4515

OFFICE POLICIES & FINANCIAL CONSENT

****** Please read this carefully and completely******

- ♦ For PPO's, HMO's and Medicare I give my permission for my insurance company to be billed and for payment to be made directly to my physician.
- ♦ **HMO Patients:** prior authorization is required prior to each service, and must be presented at the time of service. **Obtaining a valid referral is the responsibility of the patient or guardian.**
- ♦ Co-payments are due at the **time of the visit**. If a co-payment is not provided the office reserves the right to reschedule my appointment.
- ♦ Until deductibles are met, all services will be paid in full regardless of type of insurance.
- ♦ You are responsible for all balances due once your insurance company has responded to the bill. All payments not received by the statement due day will be considered delinquent and appropriate collection action will be taken.
- ♦ If not covered by insurance, payment is required on the date services are rendered. [Arrangements to accommodate financial needs can be discussed.]
- ♦ Our office accepts cash, checks and VISA/Mastercard.
- ♦ There will be a **\$25.00 charge** if a follow-up appointment is not canceled within 48 hours. If the appointment is scheduled on a Monday, cancellation must be made before noon on the prior Saturday.
- ♦ There will be a **\$50.00 charge** if a new patient appointment is not canceled within 48 hours. If the appointment is scheduled on a Monday, cancellation must be made before noon on the prior Saturday.
- ♦ There will be a \$25.00 charge for rewritten, faxed and/or phoned prescriptions already given.
- ♦ **Three (3) No-Show** appointments may result in patient termination from the practice.

I have read and understand this policy.

Patient name

Signature of patient or guardian

Date

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I understand that under the Health Insurance Portability Accountability Act (HIPAA) of 1996, I have certain rights to privacy in regards to my personal health information. I understand that the office may modify its Notice of Privacy Practice from time to time, and that I can request a copy at any time or view it on the practice website (on "Our Practice" page). I have a right to request in writing how my personal health information is disclosed; I can revoke this consent in writing, except to the extent actions were taken in the past that relied on this consent.

- Yes, I would like a copy of the Notice of Privacy Practice.
 No, I would not like a copy of the Notice of Privacy Practice.

Patient name

Signature of patient or guardian

Date

PERSONAL HEALTH INFORMATION RELEASE

I give my consent for the practice to contact me by mail and to leave messages with my medical information at these numbers or with the following people (leave blank if not applicable):

Home phone:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cell phone:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work voicemail:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Co-worker:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home fax:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work fax:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional contacts (other than parents/guardians of a minor):

_____ Name of person we may contact	_____ Relationship	_____ Phone #1	_____ Phone #2
--	-----------------------	-------------------	-------------------

_____ Name of person we may contact	_____ Relationship	_____ Phone #1	_____ Phone #2
--	-----------------------	-------------------	-------------------

_____ Name of person we may contact	_____ Relationship	_____ Phone #1	_____ Phone #2
--	-----------------------	-------------------	-------------------

I agree to the above statements:

Signature: _____

Date: _____

If you are not the patient, please specify your relationship: _____

MEDICATIONS NEEDED TO BE STOPPED PRIOR TO THE VISIT

The following antihistamine medications will interfere with allergy testing. Please review and stop them as listed. This also applies if any of these are combined with a decongestant, such as Allegra-D or Claritin-D, as well as any OTC medicine ending in "P.M.". Call if you are not sure about your medications' ingredients.

Oral

Continue your oral antihistamine if you cannot stop due to severe itching or an acute allergic reaction. We can still evaluate and treat you, postponing testing for another time.

Allegra: stop 4 days before visit
Benadryl: stop 2 days before visit
cetirizine (generic Zyrtec): stop 4 days before visit
Clarinex/Claritin: stop 3 days before visit
cyproheptadine (generic Periactin): stop 4 days before visit
diphenhydramine (generic Benadryl): stop 2 days before visit
fexofenadine (generic Allegra): stop 4 days before visit
hydroxyzine (generic Atarax, Vistaril): stop 2 days before visit
loratadine (generic Claritin): stop 3 days before visit
OTC allergy and cold preparations, such as Actifed, Contac, Drixoral, Dallery, Dimetapp, Tavist, Tylenol Allergy or Advil Allergy: stop 2 days before visit
Xyzal: stop 4 days before visit
Zyrtec: stop 4 days before visit

Nasal (stop 2 days before visit)

Astelin
Astepro
Patanase

[Antihistamine eye drops do not need to be stopped.]

The following medications used for heartburn and hives may also interfere with skin testing; please stop these two (2) days before the visit:

cimetidine (Tagamet)	nizatidine (Axid)
ranitidine (Zantac)	famotidine (Pepcid)

The following anti-depressant medications may also interfere with skin testing; **check with your prescribing doctor to see if you can stop your medication two (2) days before the visit.** If that is not recommended, do not stop it.

amitriptyline (Elavil)	trimipramine (Surmontil)
imipramine (Tofranil)	amoxapine (Amoxapine Tablets)
doxepin (Sinequan)	clomipramine (Anafranil)
desipramine (Norpramin)	protriptyline (Vivactil)
nortriptyline (Pamelor, Aventyl)	

DIRECTIONS TO DRS. GANJU AND LANTNER'S OFFICE

There is also a link to Mapquest on our website.

From the east:

Take any major westbound street to La Grange Rd/Mannheim; take to 55th Street and turn westbound. Proceed 1.5 miles to Wolf Road and follow directions below for **"From the corner of Wolf Road and 55th Street"**.

From the south:

Option A: From Willow Springs Road or La Grange Road heading north: Turn left at 55th Street, proceed to Wolf Road and turn left. Follow directions below for **"From the corner of Wolf Road and 55th Street"**.

Option B: Heading north on I-294 North and exiting at Wolf Road or otherwise taking **Wolf Road north from points south**, about ½ mile north of Plainfield Road, look for our entrance on the left, immediately north of Park Place. Park in the rear of the building and enter through the steps to the left of the Western Springs Family Practice.

From the west:

Option A: I-55 North, exiting at County Line Rd North: pass Plainfield Rd. and turn right on 55th Street. Turn right at first light, Wolf Road. Follow directions below for **"From the corner of Wolf Road and 55th Street"**.

Option B: I-88 East to I-294 South to Ogden Avenue East: Proceed to Wolf Road and turn right. Travel 2 miles, passing through the town of Western Springs and 47th Street, continuing to 55th Street. Follow directions below for **"From the corner of Wolf Road and 55th Street"**.

From the north:

Option A: I-294 South to Ogden Avenue East: Turn right at first light, Wolf Road. Travel 2 miles, passing through the town of Western Springs and 47th Street, continuing to 55th Street.

Option B: From Wolf Rd southbound: Pass through Western Springs, continue to 55th Street.

Follow directions below for **"From the corner of Wolf Road and 55th Street"**.

From the corner of Wolf Road and 55th Street:

Go one block south to 5600, on the right. There is a business sign and flagpole. Before you reach our address, you will pass a small strip mall, an apartment complex and a chain link fence immediately before the driveway into the medical complex. If you reach Park Place, you have just passed the driveway. Park in the rear of the building and enter through the steps in front to the left of Western Springs Family Practice. We are directly above them on the second floor.

There is a lift for those with difficulty managing the stairs once inside. If you need assistance entering the stairs into the building, please call us in advance for further instructions. There is a wheelchair accessible entrance in the rear; you would park on Park Place, which is directly south of the building.

OUR PHONE NUMBER: 708-246-4515