

Mark F. Kneuper, MD
652 N. Houston Ave., Ste. 3
New Braunfels, TX 78130
(830) 625-6258

Patient Information:

Today's Date: _____

Name: _____
 First Middle Last

Mailing Address: _____ City/St/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Marital Status: _____

Social Security: _____ DOB: _____ Age: _____

Occupation: _____ Employer: _____

Address: _____ Phone #: _____

Primary Physician: _____ Phone #: _____

Emergency Contacts:

1. Name: _____

Relationship: _____ Phone #: _____

2. Name: _____

Relationship: _____ Phone #: _____

Pharmacy: _____ Location: _____

Medication Allergies: _____ Reaction: _____

Race: African American American Indian Asian White (includes Hispanic)
 Native Hawaiian Other Race Decline

Ethnicity: Hispanic Non-Hispanic Decline

Do you have insurance coverage? YES NO

Primary Coverage: _____ Policy #: _____

Secondary Coverage: _____ Policy #: _____

NEW PATIENT QUESTIONNAIRE

Name: _____ Date: _____
DOB: _____

What is the reason for your visit today? _____

What do you think this complaint is due to? _____
_____ Duration: _____

MEDICATION ALLERGY: _____
REACTION: _____

SOCIAL HISTORY

Do you:
Smoke? Y / N How much? _____ Quit Date: _____
Drink Alcohol? Y / N How Much? _____
Drink Tea? Y / N How much? _____
Drink Coffee? Y / N How Much? _____

Comments: _____

List Surgeries with Dates:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Other Medical Conditions:

Health Status or cause of death/ Father/Age _____

Health Status or cause of death/ Mother/Age _____

Any diseases/bleeding disorders in your family _____

Has any family member had complications from anesthesia? _____

New Braunfels Surgical Associates
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BILLING AND FINANCIAL POLICIES

Payment for services rendered is payable at the time of services. Your insurance company may notify you if a charge is applied to your deductible or denied for some reason. It is your responsibility to notify us when you receive this kind of information and to make an arrangement to pay your financial obligation. We strongly recommend that you contact your insurance company(ies) if you have a problem with a payment or denial for services provided to you.

Co-pays are due before you see the doctor. If you do not have your co-pay for your visit we will re-schedule you. **Please note that not all services provided in the office are covered under your co-pay.** Services such as office surgeries, injections, and other in office procedures are usually subject to your deductible and co-insurance. If you cannot make your appointment, please call to reschedule. **There will be a \$35 charge for all no show appointments.** All co-pays and deductible amounts deemed your responsibility are due at the time of service.

A quotation of benefits is not a guarantee of payment by your insurance company. Any amounts not paid by your insurance company, regardless of what benefits were quoted, will be due from you. If you have any questions regarding our billing or your charges, please do not hesitate to ask us about them.

Your account is considered **past due, 30 days** following billing unless other arrangements have been made. Patients with an outstanding balance over **60 days** will be charged simple interest of 5%. Should you have financial problems that result in delaying payment of your bill, please contact us so that we can set up a payment arrangement. There is a \$50 insufficient funds fee for all returned checks and if this does occur, all financial arrangements made will be null and void and the entire balance of the account will be due immediately. If your account is placed with a collection agency there may be a fee of \$35 charged to your account and you will be responsible for any additional collection fees assessed by the collection agency.

SURGERIES

Surgeries (including office surgeries) are usually subject to your deductible and co-insurance. **All patient deductibles and/or co-insurance amounts must be paid in full prior to the date of surgery.** An estimate of patient responsibility will be prepared for you. Please contact the billing office with any questions regarding this estimate. This estimate is based on the benefit levels and coverage of your insurance plan.

PAYMENT

For your convenience, we accept cash, checks, MasterCard, Visa, American Express and Discover cards. CareCredit is also available to our patients. Please ask our staff for more information regarding payment options.

WE DO NOT FILE WORKERS' COMPENSATION CLAIMS. NO EXCEPTIONS!

Signature: _____ Date: _____