



QuestQuantum™
MAMA BABY OB-GYN INC.
SMRITI NALWA, M.D.

DATE _____

PATIENT'S NAME _____ Age _____

Address _____ APT# _____ City _____ State _____ Zip _____

Birthday... month _____ day _____ year _____ SOC SECURITY# _____ - _____ - _____

Drivers Lic# _____ Marital Status: Single Married Divorced Widowed

PREFERRED CHOICE OF COMMUNICATION?? Please indicate at least 2 methods...

- Cell ph# _____
- Work ph# _____ e-mail address _____
- Home ph# _____

REFERRED BY? _____ NOT REFERRED, HOW DID YOU FIND US? _____

Emergency Contact Name and Phone# _____ relationship _____

PATIENT'S EMPLOYER _____ Occupation _____
Employer's Address _____ City _____ State _____ Zip _____

SPOUSE'S NAME _____ Birthday..month _____ day _____ year _____
Spouse's Employer _____ Soc. Security # _____ - _____ - _____

PRIMARY INSURANCE -OTHER INS COV? NO/YES **SECONDARY INSURANCE**

Self/Spouse/Parent	Spouse/Parent
Insurance Name _____	Insurance Name _____
Insured Name _____	Insured Name _____

**I understand that by not supplying my complete or accurate insurance information, I will be responsible for all account balances and, as a result, failure to obtain prior authorizations and/or denied prior authorizations will result in my being financially responsible.

(please initial)

ASSIGNMENT AND RELEASE

I understand I am financially responsible for co-payments, deductibles, co-insurance percentages and any non-covered services by my Health Plan at time of service. A service charge of 1.5% per month will be applied to unpaid balances over 30 days past due.

I hereby request medical services from MAMA BABY OB-GYN INC and authorize release of any medical information required for health claims processing. I also authorize my insurance benefits be paid directly to the undersigned physician.

I have received and/or seen posted copy of this office's NOTICE OF PRIVACY PRACTICES

I acknowledge that for missing a scheduled appointment I will be charged a "\$35 no show fee".

NON-EMERGENCY PAGING: If I page physician for ANY REASON OTHER THAN A TRUE EMERGENCY, I shall be billed directly for and be responsible for paying a \$50 fee.

Signed: _____ Date _____

THANK YOU.

Mama Baby Ob/Gyn Inc.
Smriti Nalwa, M.D.
455 O'Connor Drive, Suite # 390
San Jose, CA 95128
(408) 271-6500 Fax (408) 271-8828

NOTICE OF HIPAA PRIVACY PRACTICES

This notice describes how medical / protected health information about you may be used and disclosed and how you can get access to this information. Please read it carefully.

SUMMARY:

By law we are required to provide you with our Notice of Privacy Practices (NPP). This notice describes how your medical Information may be used and disclosed by us. It also tells you how you can obtain access to this information.

As a patient you have the following RIGHTS:

1. The right to inspect and copy of your Information.
2. The right to request corrections to your Information.
3. The right to request that your Information be restricted.
4. The right to request confidential communications.
5. The right to a report of disclosures of your Information
6. The right to a paper copy of this notice.

We want to assure you that your medical / protected health insurance Information is secure with us. This Notice contains Information remains private.

Acknowledgement of Notice of Privacy Practices

"I Hereby acknowledge that I have received a copy of Mama Baby Ob/ Gyn Inc.'s NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights that I may contact your office. I further understand that the practice will offer my updates to the NOTICE OF PRIVACY PRACTICES should it be amended, modified or changed in any way."

Patient or representative Name (PLEASE PRINT)

Patient or representative Signature (Sign)

Date: _____