

Dana R. Towle, M.D., P.C.
Hand, Wrist, Plastic and Reconstructive Surgery

Corporate Hills North
4444 N. Belleview
Suite 204
Kansas City, MO 64116
Phone: (816) 452-8080 Fax: (816) 878-6055

Dear _____

Thank you for contacting our office to schedule an appointment with Dr. Dana R. Towle. Enclosed you will find a HIPPA privacy form, patient information sheets and a map to our office. **Please bring completed paperwork to your appointment, this will save you time and will allow us to get you in to see the doctor in a timely manner.**

We have scheduled your appointment for _____ at _____

If your insurance requires a referral, please make sure that we have this before your appointment. It is your responsibility to get us your referral. If you have seen another physician concerning this problem and/or have had any tests done, please be sure to have your pertinent medical records and EMG, x-ray and/or MRI reports sent to our office prior to your appointment. X-ray/MRI films, insurance cards and driver's license must be brought with you at the time of your appointment. **Without this information Dr. Towle will be unable to see you.**

Dr. Towle is a specialist, if your insurance requires a co-payment this will need to be paid at the time of your appointment. If you are a workman's compensation patient, we will need to know your case worker's name, phone number, fax number, claim number, and billing information prior to you setting your appointment. We will not be able to see you if you arrive for your worker's compensation appointment and we have not received prior approval from your worker's compensation insurance company.

A missed appointment can pose a health risk to you as well as impact Dr. Towle's schedule. Our office has a 24-hour cancellation policy. If **you do not cancel within 24 hours of your appointment you will be charged \$35.00** (referred to as a no-show fee). This charge cannot be billed to your insurance company and will be your responsibility. Failure to pay this no-show fee will be treated according to our policy on unpaid balances. Therefore, please notify our office if you cannot keep your scheduled appointment.

Sincerely,

The medical staff of Dr. Dana R. Towle, M.D., P.C.

E-mail: info@towlemd.com

Website: www.towlemd.com



DIRECTIONS

Driving North:

I-29 North take the Vivion Road/Highway 69 exit (1-E). Turn left (West) onto Vivion Road. Drive under the I-29 overpass and take the first left (South) onto North Belleview. Continue up the hill thru Claymont Pointe Housing Division to Corporate Hills North.

Driving South:

I-29 South take the Vivion Road/Highway 69 exit (1-E). Turn left (West) onto Vivion Road. Take the first left (South) onto North Belleview. Continue up the hill thru Claymont Pointe Housing Division to Corporate Hills North.

Driving North from Downtown Kansas City Area:

Take the Broadway Extension North (also 169 North) to the Vivion Road exit. Turn Right onto Vivion Road. Take the first right (South) onto North Belleview.

Continue up the hill thru Claymont Pointe Housing Division to Corporate Hills North.

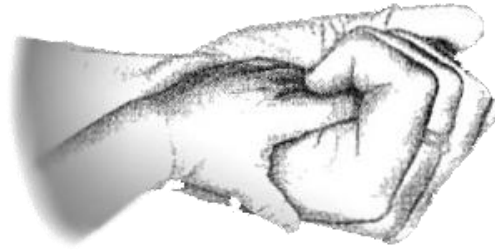
Driving East from Overland Park Area:

Take I-35 north to 635 North (towards the Airport). I-29 South take the Vivion Road/Highway 69 exit (1-E). Turn left (West) onto Vivion Road. Take the first left (South) onto North Belleview. Continue up the hill thru Claymont Pointe Housing Division to Corporate Hills North.

Driving West from Independence Area:

Take I-70 West to 435 North. Take I-35 South to I-29 North take the Vivion Road/Highway 69 exit (1-E). Turn left (West) onto Vivion Road. Drive under the I-29 overpass and take the first left (South) onto North Belleview. Continue up the hill thru Claymont Pointe Housing Division to Corporate Hills North.

Upon arriving at the Corporate Hills North office, drive to South (left) side of the building and use the double door entrance to the second level. Suite 204 is the first door on the left

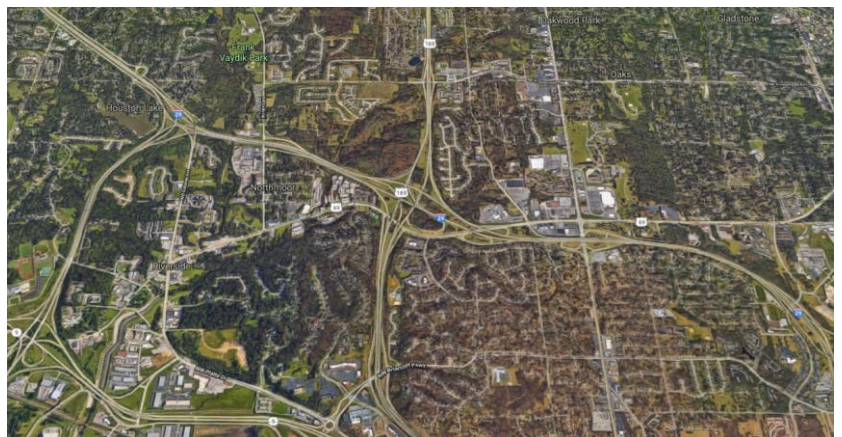


**DANA R. TOWLE M.D., P.C. 4444
N. BELLEVIEW, SUITE 204 KANSAS
CITY, MO. 64116 816-452-8080**

CORPORATE HILLS NORTH



KANSAS CITY METRO AREA



Today's Date: _____

Patient Information

Social Security#: _____

DOB: _____ (MM/DD/YYYY)

Patient Name: _____

Address: _____

Home Ph.#: _____

Cell# _____

Sex: __ Female __ Male

Occupation: _____

Employer: _____

Address: _____

Phone# _____

Marital Status: __ Married __ Non-Married

Spouse's Name: _____

DOB: _____ (MM/DD/YYYY)

Social Security#: _____

Employer: _____

In case of Emergency, please contact:

Name: _____

Relationship: _____

Phone#: _____

Referral Information

Referring Physician: _____

Address: _____

Phone# _____

Consent to Treat

I understand that I have presented myself to Dana R Towle, M.D. for evaluation and/or treatment of my current hand/wrist/elbow condition.

I am aware that I may require necessary treatment during my episode of care.

I further understand that all options will be discussed prior to the administration of such treatments.

Patient Signature: _____

**DANA R. TOWLE, M.D., P.C.
4444 N. BELLEVIEW AVE., SUITE 104
KANSAS CITY, MO, 64116
PH# 816-452-8080 FAX# 816-878-6055**

Insurance Information

Were you Injured on the job?

Yes No Date of Injury: _____

Is your visit related to an auto accident?

Yes No Date of Injury: _____

Medical Insurance Carrier

Primary: _____

ID# _____

Insured's Name: _____

Insured's DOB: _____

SS# _____

Secondary: _____

ID# _____

Insured's Name: _____

Insured's DOB: _____

SS# _____

***We will need to make copies of all Insurance cards and a Photo ID**

I authorize the release of any and all medical information necessary for my medical care and to process medical claims. I understand that all fees incurred in the course of my treatment by Dana R Towle, MD, PC. and/or its authorized agents are my responsibility. I hereby authorize the insurance companies to make payment directly to Dana R Towle, MD, PC. for those fees I have not previously paid. Additionally, I agree that all charges not paid by my medical insurance companies are ultimately my responsibility, I authorize the use of my signature on insurance submissions.

Responsible Party Name: _____

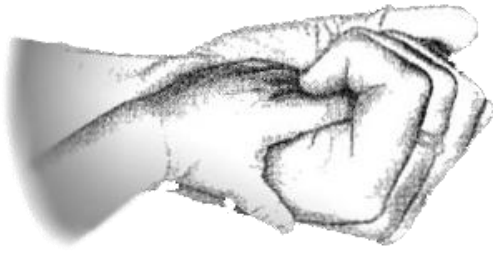
Signature: _____

I give authorization for Dana R Towle, MD,PC. staff to contact the following person and leave messages regarding appointments or test/surgery scheduling in the event I am unable to be reached at the number I have provided.

Name & phone # I give authorization for Dana R Towle, MD,PC. staff to contact the following person and leave messages regarding appointments or test/surgery scheduling in the event I am unable to be reached at the number I have provided.

Name: _____

Phone: _____



DANA R. TOWLE M.D., P.C.
4444 N. BELLEVIEW, SUITE 204
KANSAS CITY, MO. 64116
816-452-8080

HIPPA CONSENT FORM

Please read this form carefully, as the staff of Dana R Towle, M.D.,P.C. will only speak to the person you name below in regard to the Health, Billing or scheduling information we collect about you. Keep in mind that if you check

"I elect not to give consent" we will not speak to anyone • including family members. friends or attorneys. etc.

who call for information. Remember that under the HIPPA Privacy Rule and as outlined in our Privacy Form, we do have the right to disclose medical information to certain individuals to aid in your continuity of care.

Patient Name: _____ Date of Birth: _____

I give the following individual my consent to call or act on my behalf. This consent is restricted to the options I have selected. If at anytime I wish to change the individual listed below, I am aware that I must notify the office in writing (i.e., complete a new consent form).

This consent is valid until we are notified by the patient of a change.

Name: _____ Relationship: _____

Address: _____

Phone#: _____ Alt Phone#: _____

I elect NOT to give consent for any other individual to call or act on my behalf. Any Information pertaining to my treatment, individual (s) to call or act on my behalf, I am aware that I MUST notify the office in writing (i.e., complete a new consent form)

Patient Signature: _____

Date: _____

DANA R. TOWLE M.D., P.C.
4444 N. BELLEVIEW, SUITE
204 KANSAS CITY, MO. 64116
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FINANCIAL POLICY STATEMENT

We bill your insurance carrier solely as a courtesy to you, and you hereby authorize us to do so. You are responsible for the entire bill for services rendered. Your Co-Pay is due at the time of service. Keep in mind that Dana R. Towle, MD., PC is a Specialist. If your insurance carrier does not remit payment within 60 days, the balance will be due in full from you. You also understand that you are responsible for any amount not covered by your insurance.

In the event that your insurance company requests a refund of the payment made, you will be responsible for the entire charge amount.

If any payment is made directly to you for services billed by Dr. Dana R. Towle, MO, PC., you recognize an obligation to promptly remit same, with the remittance advice to Dana R. Towle, MD, PC.

The above does not apply for those patients approved by Workman's Compensation. However, be advised if your claim benefits are subsequently denied, you will be held responsible for the total amount of charges for services rendered to you. If this is POSSIBLY a work-related issue, Authorization MUST be received from your case manager or adjuster PRIOR to your appointment.

Please be advised that Dana R. Towle, MD., PC does not handle Attorney/Liability liens for medical services rendered. We do not wait on settlement to receive payment. Payment is expected when services are rendered. If you do not have insurance, payment in full is expected when service is rendered.

I authorize Dana R, Towle, MD., PC. or his staff to initiate a complaint to the Insurance Commissioner for any reason on my behalf.

I understand and agree that if I fail to make payments for which I am responsible, in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, interest and attorney fees.

I understand that there is a \$35.00 charge for my appointments that are not cancelled within 24 hrs. notice of my appointment time. I understand that this charge can not be billed to my insurance company and will be my responsibility. Failure to pay a 'No Show' fee will be treated according to the Dana R Towle, MD.,PC. policy on unpaid balances. Medical care will not be withheld for a medical emergency. I understand that 1f appointments are repeatedly missed, Dana R. Towle, MD., PC. may be forced to dismiss me from his practice.

Dana R. Towle, MD., PC. accepts payments in the form of Credit Card (American Express, Discover, Visa and MasterCard), cash, money order and personal check. I understand there will be a \$25.00 service charge for any returned checks and personal checks will no longer be accepted from me. I must continue to pay with credit card, cash or money order.

I understand that there is a charge for Dana R. Towle, MD., PC or his staff to complete any Disability or FMLA forms. The charge is \$30.00 per form with a 7-10 day turnaround. I understand that the fee for the form to be completed must be paid at the time the form is received by Dana R. Towle, MD.,PC or his staff.

I have read the above information. I UNDERSTAND MY RESPONSIBILITIES FOR PAYMENT OF MY ACCOUNT.

Signature of Patient or Guardian: _____

Relationship _____

Date _____

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Patient Name: _____ Date of Birth: _____

Past Medical History

Tobacco Use: NONE
 Previous
 Current

Alcohol Use: NONE
 Occasional
 Heavy

Please check all that apply

Neurologic

- Stroke
- TIA
- Brain Injury
- Epilepsy
- Migraines
- Other: _____

Rheumatologic

- Rheumatoid Arthritis
- Osteoarthritis
- Lupus
- Fibromyalgia
- Gout
- Other: _____

Cardiovascular

- Hypertension
- Congestive Heart Failure
- Coronary Artery Disease
- Hearth Attack (MI)
- Peripheral Vascular Disease
- Other: _____

Respiratory

- Asthma
- Bronchitis
- COPD
- Other: _____

Cancer

- Skin Cancer
- Breast Cancer
- Prostate Cancer
- Other: _____

Psychiatric

- Anxiety
- Depression
- Schizophrenia
- Bipolar Disorder
- Other: _____

Heme / Lymph

- Clotting Disorder
- Anemia
- Elevated Cholesterol / Lipids
- Other: _____

Gastrointestinal

- Acid Reflux Disease (GERD)
- Diverticulitis
- Crohn's Disease
- Constipation
- Other: _____

Renal / Kidney

- Renal Insufficiency / Failure
- Dialysis
- Kidney Stones
- Other: _____

Liver

- Hepatitis
- Cirrhosis
- Other: _____

Infectious Disease

- Hepatitis
- HIV / AIDS Infection
- Other: _____

Musculoskeletal

- Back Pain
- Hand Pain
- Wrist Pain
- Other: _____

Genitourinary

- Endometriosis
- Other: _____

Endocrine

- Diabetes
- Hyperthyroidism
- Other: _____

Head, Ear, Nose, Throat

- Sinus Disorder
- Other: _____

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Patient Name: _____ Date of Birth: _____

Past Surgical History

Please check all that apply

Neurologic / Neurosurgery

- Aneurysm Surgery
- Brain Surgery for Trauma
- Other: _____

Ear, Nose, Neck, Throat

- Ear Surgery
- Nasal Surgery
- Throat Surgery
- Dental Surgery
- Thyroidectomy
- Parathyroidectomy
- Tonsillectomy
- Adenoidectomy
- Other: _____

Eye Surgery

- Cataract Surgery
- Retina Surgery
- Glaucoma Surgery
- Eyelid Surgery
- Cornea / Lasik Surgery
- Other: _____

None of the Above Applies

Gynecological Surgery

- C-Section
- Hysterectomy
- Tubal Ligation
- Bladder Suspension
- Other: _____

Chest Surgery

- Lung / Chest for Tumors
- Lung / Chest for Infection
- Other: _____

Breast Surgery

- Breast Biopsy
- Breast Reduction
- Breast Augmentation
- Mastectomy
- Other: _____

Gastrointestinal / Abdominal

- Appendectomy
- Cholecystectomy
- Colonoscopy
- Gastric Bypass
- Gastric Banding
- Hernia Surgery
- Liver Transplant
- Pancreas Surgery
- Other: _____

Renal/Kidney/Bladder

- Kidney Removal
- Kidney Stones
- Bladder Tumor Surgery
- Other: _____

Musculoskeletal/Back

- Back/Neck/Spinal Surgery
- Shoulder Arthroscopy
- Rotator cuff Surgery
- Knee Arthroscopy
- Arm/Elbow/Shoulder Surgery
- Leg/Hip/Knee Surgery
- Shin/Ankle/Foot Surgery
- Hip Replacement – RT/LT
- Ruptured Bicep Tendon
- Other: _____

Hand/Wrist Surgery

- Left Carpal Tunnel Release
- Right Carpal Tunnel Release
- Trigger Finger
- Tendon Repair
- Laceration Repair
- Hand/Wrist Fracture Surgery
- Hand/Wrist Joint Reconstruct.
- Hand/Wrist Joint Replacement
- Other: _____

Any Other Surgery Not Mentioned:

