



16 East 40th St, 2nd Fl, New York, NY 10016
Ph 212-679-2289 fax 212-679-2288

Dr. Batzofin and the Staff at New York Fertility Services would like to take this opportunity to welcome you to our office. As your providers of health care, we look forward to serving you. We hope that together, we can build the kind of relationship that will ensure that you receive quality of care and good service.

In order to maximize your benefits, it is very important that you familiarize yourself with the systems, policies, and benefits outlined in this letter or ask our staff if you have any further questions. Failure to follow the system and unfamiliarity with your benefits coverage may result in delays in receiving necessary health care and in unnecessary costs to you.

The following is important information you should know.

HOURS OF OPERATION

9:00 AM to 5:00 PM, call: 212-679-2289. After office hours: Tuesdays and Thursdays, check with receptionist.

SCHEDULING APPOINTMENTS

Our appointment desk may be reached at 212-679-2289 from 9:00 AM to 5:00 PM – Mon - Friday

If you need to cancel an appointment, please call the appointment desk at least 24 hours in advance of your appointment or you will be billed a \$75 no show fee.

YOU HAVE CERTAIN RIGHTS

1. You have the right to be treated with respect, consideration and dignity.
2. You have the right to high-quality medical care delivered in a safe, timely, efficient and cost-effective manner and the right to be assured that the expected results can be reasonably anticipated.
3. You have the right to privacy to the extent possible.
4. You have the right to have your disclosures and records treated confidentially and, except when required by law, those disclosures and records will not be released without your approval.
5. You have the right to be provided, to the degree known, complete information concerning your diagnosis, evaluation, treatment and prognosis.
6. You have the right to copies of your medical records at a nominal cost and, if you request it, those records will be transferred to another practitioner in a timely manner.
7. You have the right to be informed of all reasonable options or alternatives for care and/or treatment and of the potential advantages and disadvantages of each including the advantages or disadvantages and the alternatives to having the procedure performed in an office or other out-patient facility.
8. You have the right to participate in decisions regarding all aspects of care.
9. No procedure or treatment will be undertaken without your informed consent after the alternatives mentioned in #7, above have been discussed with you.
10. You have the right to refuse any diagnostic procedure or treatment and to be advised of the likely medical consequences of such refusal.
11. You have the right to know all of your rights as outlined above.
12. You have the right to know the conduct expected of you in the facility and the consequences of failure to comply with these expectations.
13. You have the right to know the services available at the facility
14. You have the right to know the provisions for after-hours and emergency care.
15. You have the right to know if any of the planned procedures or treatments is part of a research study and the right to refuse to participate in that study.
16. You have the right to know whether or not your providers are insured.
17. You have the right to know how to go about expressing suggestions to the facility and the policies regarding grievance procedures and external appeals in the event that you are dissatisfied with your treatment.
18. You have the right to know the name of your provider.
19. You have the right to know what fees are expected and what the payment policies are.
20. You have the right to know what your provider's credentials are.
21. You have the right to change providers.

YOU ALSO HAVE CERTAIN RESPONSIBILITIES

1. You have the responsibility to accurately and completely provide all clinical personnel with the health information they need including any medications you are taking.
2. You have the responsibility to follow the directions of the nurse or physician with regard to diet and/or medication.
3. You have the responsibility to abstain from using any drugs that have not been prescribed for you and that you have not revealed to your nurse or physician.
4. You have the responsibility to abstain from the use of alcohol as directed by your nurse or physician.
5. You have the responsibility to inform the nurse or physician if you do not understand any directions or you do not understand the course of treatment planned for you.
6. You have the responsibility to timely pay all medical bills which are not in dispute and to forward to us any monies you receive from any insurance company for our services.

COMPLAINT RESOLUTION

We at New York Fertility Services strive to provide you with excellent quality of care. We highly believe in changes to improve, and welcome an opportunity to listen to your suggestions and complaints. Please contact Practice Manager or the Medical Director to get further information on our complaint resolution policy. We encourage you and your family to contact our management if you have concerns about patient care and safety. If your concern is unresolved, you may contact the Joint Commission at: 1-800-994-6610.

BILLING & PAYMENT

Please see our scheduler for a list of insurances we accept. Your payment is due at the time services are rendered.

INVOLVE IN YOUR HEALTHCARE

Everyone has a role in making healthcare safe. Our Physicians, Nurses and Technicians are working to make your health care safety a priority. You as a patient can play a vital role in making your care safe by becoming an active, involved and informed member of your healthcare team. So SPEAK UP

S – Speak Up if you have any questions or concerns and if you don't understand ask again

P – Pay Attention to the care you are receiving. Make sure you are getting the right treatment & Medication

E – Educate yourself about your diagnosis and your treatment plan

A – Ask a trusted family member to be your advocate

K – Know what medications you take and why you take them

U – Use a healthcare facility that provides quality care

P – Participate in all decisions about your treatment

PAIN

Pain is considered to be the fifth vital sign. We as your healthcare provider would like to assist you with any pain you might possibly have. Prompt, appropriate treatment of pain facilitates a successful physical exam and enhances your ability to undergo any tests that might be necessary to make an accurate diagnosis. Please see the pain scale below to determine the quality and intensity of your pain and let us know.



PHYSICIAN INFORMATION

Your Physicians are Board Certified in Obstetrics and Gynecology board and Anesthesiology. Becoming a licensed, board certified physician means meeting the most rigorous training and continuing education offered in the field of medicine. Certification of physicians is done by medical specialty boards, recognized by the American Medical Association (AMA) and the American Board of Medical Specialties (ABMS), as a way to tell consumers that the doctors with this credential have successfully completed approved training and have passed an evaluation process assessing their ability to provide quality patient care in their specialty. Board certification is time-limited, and to maintain their certification, doctors are periodically reevaluated. They must present evidence of licensure and scope of their practice and pass an examination every 7 to 10 years, depending on the specialty. Board certification is a good indication that your doctor has made a commitment to continuing education and is keeping up with the latest findings in his or her field.

FACILITY OWNERSHIP DISCLOSURE

New York Fertility Services is owned and operated by Joel H. Batzofin, M.D.

Sincerely, *Joel Batzofin, MD*

Medical Director/ Owner

PLEASE KEEP ABOVE FORMS AND SIGN BELOW AND RETURN THIS PAGE ONLY

I, the undersigned acknowledge that I have received the following disclosures from the practice.

- Facility Information
- Patient Bill of Rights
- Complaint Resolution Policy
- Billing Information
- Facility Ownership Disclosure
- Information on Pain Assessment
- Physician(s) Qualification

Name of Patient: _____

Signature of Patient: _____

Name of Partner: _____

Signature of Partner: _____