

Complete all forms and bring
them with you on your scheduled
appointment date.

Thank you!

University Surgical Associates, PSC

General Surgery

Robert N. Cacchione, M.D.
William G. Cheadle, M.D.
Glen A. Franklin, M.D.
Richard N. Garrison, M.D.
Brian G. Harbrecht, M.D.
Farid J. Kehdy, M.D.
Gerald M. Larson, M.D.
Frank B. Miller, M.D.
J. David Richardson, M.D.
Jorge L. Rodriguez, M.D.
Christopher R. Schneider, M.D.
Jason W. Smith, M.D.
Gary C. Vitale, M.D.

Surgical Oncology

Michael B. Flynn, M.D.
Richard E. Goldstein, M.D., Ph.D.
Robert C. G. Martin, M.D.
Kelly M. McMasters, M.D., Ph.D.
Hiram C. Polk, Jr., M.D.
Amy R. Quillo, M.D.
Charles R. Scoggins, M.D.

Transplant

Mary Eng, M.D.
Christopher M. Jones, M.D.
Michael R. Marvin, M.D.

Colorectal Surgery

Susan Galandiuk, M.D.
Jeffrey R. Jorden, M.D.
Michael H. McCafferty, M.D.

Vascular Surgery

Amit J. Dwivedi, M.D.
Marvin E. Morris, M.D.
Charles B. Ross, M.D.
Andrea E. Yancey, M.D.

Plastic and Reconstructive

Larry D. Florman, M.D.
Jarrod A. Little, M.D.
Terry M. McCurry, M.D.
Gordon R. Tobin, M.D.
Bradon J. Wilhelmi, M.D.

**Otolaryngology,
Head and Neck Surgery**

Jeffrey M. Bumpous, M.D.
Swapna K. Chandran, M.D.
Arun K. Gadre, M.D.
Toni M. Ganzel, M.D.
Kevin L. Potts, M.D.
Welby Winstead, M.D.



Dear Patient:

Welcome to our ear, nose, and throat practice in association with University Surgical Associates! We are happy to serve you and glad you have chosen us. In order to make the most of your first visit to our practice we would ask that you help us with the following:

1. **Please bring copies of any pertinent physical examinations, laboratory or X-ray evaluations to the office with you.** If you have had these test done, our staff will be happy to help you locate and obtain them prior to your arrival.
2. **If you are participating in any of the following health plans or HMOs, please make sure that you have in hand the referral form from your primary care provider:**

**Aetna HMO/Aetna MC/Aetna QPOS
Cigna HMO/Cigna MC
Humana HMO/Humana HMO-MBP
Indiana Medicaid/Hoosier Healthwise
Kentucky Medicaid/KENPAC
Passport
Tricare**

This is not an inclusive list; please check with your benefits administrator if you have any questions concerning referrals.

If we can provide any assistance to you in these matters, or if you have any questions, please do not hesitate to give us a call at 502-583-3687.

Jeffrey M. Bumpous, M.D., F.A.C.S.
Toni M. Ganzel, M.D., F.A.C.S.
Arun K. Gadre, M.D.

Julie L. Goldman, M.D., F.A.C.S.
Welby Winstead, M.D., F.A.C.S.

We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. Please read the following policy. If you have any questions, please feel free to discuss them with our staff.

YOUR INSURANCE

We have made prior arrangements with many insurers and other health plans. We will bill those plans with whom we have an agreement and will collect any required copayment at the time of service. The copayment will be collected when you arrive for your appointment. For elective surgery you will be contacted to arrange for payment of the coinsurance and deductible. In the event your health plan determines a service to be “not covered” or you have “no insurance coverage”, you will be responsible for the complete charge. We will also bill your health plan for all services we provide in the hospital. We will be glad to establish a payment plan to meet your needs.

MINOR PATIENTS

For all services rendered to minor patients, the adult accompanying the patient is responsible for payment.

CANCELLATION/NO SHOW POLICY

An appointment must be cancelled 24 hours in advance. A patient that does not cancel their appointment at least 24 hours in advance or is a NO SHOW will be charged \$25.00.

SUPPLIES POLICY

If we know there are supplies involved we will try to alert you of our charges before you come for your scheduled appointment. Your insurance may deny payment for this _____ service/supply. The patient/responsible party understand that this charge may be non covered and will be responsible for these charges at the time of service.

MEDICAL RECORD POLICY

When requesting disability forms to be completed we will require a \$25.00 payment for the initial form and a \$10.00 payment for follow-up forms in advance of their completion.

PRESCRIPTION POLICY

We ask that you call in your refill request for prescriptions during the hours of 9:00 am – 3:00 pm Monday thru Friday only. Prescription refills from 3:00 pm Friday – 9:00 am Monday are not available.

I have read and understand the financial policies of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Patient or Responsible Party if a Minor

Date

Signature of Co-responsible Party

Please Print the Name of the Patient



How did you hear about University Surgical Associates and/or your doctor?

- Internet Radio Direct Mail Today's Woman Louisville Magazine Newspaper
 Audience Playbill Your physician TV Friend or word of mouth Other _____

Referring Doctor: _____ Family Doctor / PCP: _____

Address _____ Address: _____

Phone: _____ Phone: _____

Patient Information

Patient's Last Name:		First Name:		M.I.	Patient's Social Security #:	
Street Address:					Age:	Date of Birth:
City:		State:	Zip:	Email Address:		Patient's Home Phone:
Race:	Language:		Religion:		Patient's Cell Phone:	

[NOT NEEDED IF A CHILD]	Employment or Student Status (if not a minor):				Gender: (circle one)		Marital Status:	
	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Active Military <input type="checkbox"/> Name of School: _____				Male Female		S M D W	
	Employment / Retirement Eff. Date: _____		Patient's Employer: _____				Patient's Occupation: _____	
	Patient's Work Phone & Ext#:		Employer's Address: _____				Date Employment Started: _____	
	Spouse's Date of Birth: _____		Spouse's Name: _____				Spouse's Social Security #: _____	
	Spouse's Work Phone: _____		Spouse's Employer: _____				Spouse's Occupation: _____	

Responsible Party / Child's Parent Information

Responsible Party or Father's Name:				Responsible Party or Mother's Name:			
Social Security #:	Date of Birth:	Relationship to Patient:		Social Security #:	Date of Birth:	Relationship to Patient:	
Employer:		Work Phone & Ext:		Employer:		Work Phone & Ext:	
Home Address if different from Patient's: _____				Home Address if different from Patient's: _____			
City, State & Zip:		Phone:		City, State & Zip:		Phone:	

Primary Insurance

PLEASE NOTE: We MUST Make A Copy of Your Insurance Card.

Insurance Company Name:			Effective Date:	Subscriber's Date of Birth:	
Subscriber's Full Name:			Subscriber's Social Sec #:	Relationship to Patient:	

Secondary Insurance

PLEASE NOTE: We MUST Make A Copy of Your Insurance Card.

Insurance Company Name:			Effective Date:	Subscriber's Date of Birth:	
Subscriber's Full Name:			Subscriber's Social Sec #:	Relationship to Patient:	

Emergency Contact

SOMEONE WITH A DIFFERENT PHONE NUMBER

Name:		Phone Number:	Relationship to Patient:
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RELEASE OF INFORMATION: I hereby authorize the release of medical information or other information acquired during the course of examination and treatment to insurance carriers, physicians, or my legal representatives. I hereby request payment of benefits from all insurance carriers to University Surgical Associates P.S.C. I understand I am responsible for and will pay any amount not covered by insurance including collection costs and reasonable attorney fees if referred for collection.

Signature – Responsible Party

Date

USA Doctor

Registrar

**University Surgical Associates, PSC
401 East Chestnut Street Suite 710
Louisville, Ky 40202**

Dear Patient,

In order to help us stay within the guidelines of HIPAA, please list below any person /persons that you authorize us to disclose information to regarding your Protected Health Information. **(You do not need to list any of your doctors.)**

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Do we have your permission to leave information on your **answering machine** when you are not at home?

Yes _____ **No** _____

Patient's Name (Please Print)

Date of Birth

Patient's (or Guardian's) Signature

Date



Dr. Arun K. Gadre Medical History Form

Today's Date (*Fecha*): _____

Name (*Nombre*): _____ Date of Birth (*Fecha de nacimiento*): _____

Primary Care Physician (*Su médico*): _____ Occupation (*Oficio*): _____

How did you hear about our clinic? (Check one box) *¿Como supo nosotros? (Marque una caja):*

- Primary Care Physician (*Su medico*)
 Family Member (*la familia*)
 Friend (*Amigo/a*)
 Yellow Pages (*la gufa telefonica*)

Medical History

Please check all the boxes that apply. *Marque cada los que se apliquen a usted.*

Do you have...? <i>¿Tiene usted...?</i>	Yes/Si	No/No	How long? <i>¿Desde cuando?</i>
Vision problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lung Problems (<i>problemas de los pulmones</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma (<i>asma</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis (<i>tuberculosis</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart problems (<i>problemas del corazón</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Kidney problems (<i>problemas de los riñones</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Liver problems (<i>problemas con el hígado</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis (<i>hepatitis</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stomach problems (<i>problemas de el estomago</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bleeding problems (<i>problemas de sangrimiento</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes (<i>diabetes</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid problems (<i>problemas de la tiroide</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
High blood pressure (<i>presion alta</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurologic problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
AIDS (SIDA)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cancer (<i>cáncer</i>)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Have you ever had surgery? Please list all operations you have had and the date of the procedure.

¿Ha tenido usted alguna operación? Por favor diganos las operaciones que ha tenido y sus fechas.

Operation (<i>operación</i>)	Date (<i>Fecha</i>)

Please list your current medications including the dosage and the frequency.

Po favor diganos todos los medicamentos y cuanto se toma diario y con que frecuencia.

Medication (<i>medicamento</i>)	Dosage (<i>Dosis</i>)	Frequency (<i>Frecuencia</i>)

*Are you allergic to Latex? *¿Es usted alérgico al látex?* No Si

Do you have any allergies to medications? *¿Es usted alergico a alguna medicina?*

Have you ever smoked? No/No Yes/Si How many packs per day? _____ How many years? _____

¿Ha fumado usted? ¿Cuantos paquetes por dia? _____ ¿Po cuanto anos? _____

How much alcohol do you drink? None Yes How many beers or glasses of wine per day? _____

¿Toma usted alcohol? Nada Yes ¿Cuanto alcohol se toma al dia? _____

For women only:

Are you pregnant or do you think you might be pregnant? No Yes

¿Está usted embarazada ó piensa que usted está embarazada? No Si

Did you know that your surgeon not only takes care of patients, but:

- Is a Professor of Surgery at the University of Louisville School of Medicine?
- Performs basic, translational, and clinical research to improve patient care?
- Teaches students, residents and fellows who come from around the world to learn the latest surgical procedures and participate in groundbreaking research?

We want to tell you about some of the exciting research and educational programs that are underway in the Department of Surgery at the University of Louisville School of Medicine. We are proud to be nationally recognized for groundbreaking advances in: **Cancer Detection and Treatment, Trauma and Critical Care, Minimally Invasive Surgery, Bariatric Surgery, Digestive Diseases, Endocrine Surgery, Vascular Surgery, Head and Neck Surgery, Plastic and Reconstructive Surgery, Hearing and Speech Disorders, Organ Transplantation, and Surgical Infections.**

A small sampling of our research includes:

1. The Sunbelt Melanoma Trial, a multicenter study that is the largest ever conducted in melanoma with more than 3,600 patients registered. It was conceived, written and directed from the Department of Surgery.
2. Genetic research relating to colorectal cancer and inflammatory bowel disease, which together affect hundreds of thousands of Americans every year. We have been using the latest technology such as gene chips to try to identify the cause of these disorders.
3. Minimally Invasive Parathyroid and Thyroid Surgery. We are one of the first centers to develop and test the procedure of Minimally Invasive Radioguided Parathyroidectomy, which allows patients with parathyroid tumors to undergo a much less invasive yet curative procedure through a small incision. We have also developed techniques for minimally invasive endoscopic thyroid surgery.
4. Studies of sound perception and speech production in children and adults that have undergone cochlear implant surgery
5. The University of Louisville Breast Cancer Sentinel Lymph Node Study, which involves more than 4,000 patients from 79 institutions across the US and Canada. It is the largest study of its kind and is largely responsible for the acceptance of this minimally invasive procedure for patients with breast cancer around the world.

6. Basic research into the molecular basis for the response to trauma, shock, inflammation, and infection.
7. New technologies for the treatment of liver tumors. Over the past decade, we have helped develop and test new minimally invasive techniques for treatment of liver tumors. This allows many patients who previously were not candidates for surgery to eliminate cancer in the liver.
8. New gene therapy approaches to cancer as an alternative to chemotherapy. In the past decade, we have developed several new treatments of liver tumors, colon cancer, pancreatic and stomach cancer, melanoma, breast cancer, and cervical cancer.
9. Studies to evaluate rare endocrine tumors using artificial intelligence.
10. We were one of the first U.S. centers to pioneer the use of the Lap Band System™ and other minimally invasive surgical treatments for obesity. We were the first center in America to perform an intragastric balloon and this was done in the setting of a clinical trial.

This is where you can help.

Research is responsible for the development of new approaches to surgery and the treatment of a variety of conditions and diseases. We have made much progress, yet our work is far from done. With additional funding support, we feel confident we can bring some of these exciting results to our patients more quickly.

Your investment in our research will bear dividends for years to come, helping others facing a diagnosis such as yours. Any amount helps, and you can specify where you would like your money to be used.

If you are interested in investing in our research by making a donation or want to learn more, please contact Lukas C. Dwelly, MPA, MA by email at lukas.dwelly@louisville.edu or **502-235-1002**. He also may contact you following your treatment to gauge your interest and to discuss your experience with our office. In addition, you can discuss your interest with your surgeon or our office staff any time. You can also visit our Web site at louisvillesurgery.com. Thank you again for your confidence in our program.

If you wish to have your name removed from the list to receive fundraising requests supporting the Department of Surgery, please make your wishes known in writing to: Department of Surgery, Development Office, 530 South Jackson Street; Louisville, KY 40202, and all reasonable efforts will be taken to ensure you will not receive any such communications from us in the future.