

Rheumatology & Arthritis Center
HIMMAT S. GILL, M.D., INC.
Board Certified in Rheumatology

7135 N. Chestnut Avenue, Suite 104, Fresno, CA
93720 Phone: (559) 447-8632 Fax: (559) 447-8872

Welcome to Rheumatology & Arthritis Center

New patient forms must be submitted online or mailed into our office prior to your appointment. If new patient forms are not received, you cannot be seen, and your appointment will be rescheduled. If forms are submitted online, medications must be listed in designated section.

Please bring your **current insurance cards** and **driver's license/ID card** (any form of ID) to your appointment.

Your co-payment/ deductible/balance is payable upon check-in. If you do not pay your co-payment/ deductible/balance and our office has to bill you, there will be an additional charge.

Please inform our office of any insurance change/cancellation prior to your appointment, if the insurance provided is inactive/terminated, your appointment will be canceled until valid insurance is supplied to our office.

We accept cash, MasterCard, Visa, Discover and American Express, no checks will be accepted.

Our office is located at on the Northwest corner of Herndon and Chestnut Avenues. [MAP LINK](#)

Directions from Hwy 41 -take the Herndon Ave exit and proceed East on Herndon Ave until you reach Chestnut Ave, make a left on to Chestnut Ave, stay in the left lane, make the first left hand turn you can after turning onto Chestnut Ave, this will bring you into the complex, once in the complex, make the first right hand turn you can and we are at the end of that row.

Directions from Hwy 168 - take the Herndon Ave exit, and proceed West on Herndon Ave until you reach Chestnut Ave, make a right turn onto Chestnut Ave, immediately get into the left lane and make the first left hand turn you can after turning onto Chestnut Ave, this will bring you into the complex, once in the complex, make the first right hand turn you can and we are at the end of that row.

Thank you, we look forward to seeing you.

Rheumatology & Arthritis Center HIMMAT S. GILL, M.D., INC.

Board Certified in Rheumatology

7135 N Chestnut Avenue, Suite 104, Fresno, CA 93720

Phone: (559) 447-8632 Fax: (559) 447-8872

New Patient Information

Please Note: All required fields are outlined in red! When form is completed please return to top of page and click the red button marked "EMAIL FORM" on top right to complete.

Name: _____ Date of Birth: _____ SS# _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

EmailAddress: _____ Gender: _____ Age: _____

Spouse Name: _____ Marital Status: _____

Ethnicity: _____

Race: _____

Employer: _____

Address: _____ City: _____ Zip: _____

Emergency Contact: _____

Relation: _____ Phone: _____

Primary Insurance: _____ Id# _____

Secondary Insurance: _____ Id# _____

Date: _____

Signature of Patient

Your typed signature is equivalent to your physical signature

Rheumatology & Arthritis Center

HIMMAT S. GILL, M.D., INC.

Board Certified in Rheumatology

7135 N Chestnut Avenue, Suite 104, Fresno, CA 93720

Phone: (559) 447-8632 Fax: (559) 447-8872

Patient Questionnaire

Name:

DOB:

Date:

Name of Primary Care Physician:

Have you seen a rheumatologist before?

Name of Doctor:

Any past medical history?

Previous surgeries/procedures:

Medication allergies:

Type of reactions:

Do you smoke?

How Long:

Do you drink?

Number per week:

Do you use drugs for reasons that are not medical?

List all Medications with dosage

Separate list of Medications will not be accepted

Name & Phone# of your Pharmacy: -----

Rheumatology & Arthritis Center

HIMMAT S. GILL, M.D., INC.

Board Certified in Rheumatology

7135 N Chestnut Avenue, Suite 104, Fresno, CA 93720

Phone: (559) 447-8632 Fax: (559) 447-8872

Financial Policy

As a courtesy to our patients, our office will bill your primary and secondary insurance company if applicable. It is your responsibility to make sure that we have current copies of your insurance card(s), both primary and secondary, as well as the correct home address. **Ultimately, it is the patient/guarantor's responsibility to know the scope of your health coverage benefits.**

1. Insurance: We participate in most insurance plans, include Medicare. **We are not contracted with Medi-Cal primary.** If you do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. **Knowing your insurance benefits is your responsibility.** Please contact your insurance company with any questions you may have regarding your coverage.
2. Co-payment/deductibles/balances: All co-payments, deductibles and outstanding balances must be paid at time of service. This arrangement is part of your contract with your insurance company.
 1. Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance as proof of insurance and will request a copy of your driver's license/ID card. **If you fail to provide us with correct insurance information in a timely manner, you will be responsible for the balance of the claim.**
2. Claims Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim.
3. Secondary Insurance: As a courtesy to you we will bill your secondary insurance company once. If payment is not received within 30 days of the date the secondary insurance was billed, it will be your responsibility to pay Himmat S Gill MD Inc.
4. Coverage Changes: If your insurance changes, please notify us so we can make the appropriate changes. If your insurance company does not pay your claim within 45 days, the balance will automatically be billed to you.
5. Nonpayment: If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full, unless otherwise negotiated. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency, and you will be discharged from this practice.

6. HMO referrals: If your insurance requires an HMO referral for office visits, we will assist you in this process but, it is your responsibility to see that one is obtained prior to receiving this service.
7. Returned checks: Checks received by mail, returned for non-sufficient funds will be charged an additional \$25.00 service fee.
8. Failed Appointments: No show appointments and failure to cancel your appointment within 24 hours will result in **\$50.00 fee**. If you no show one appointment, medication refills will **NOT** be given, if you no show a second appointment you may be discharged from this practice.
9. Monthly Statements: The balance of your account is due and payable upon receipt of monthly statement from Rheumatology & Arthritis Center, Himmat S Gill MD, Inc.
10. For your convenience, we accept cash, Mastercard, Visa, Discover and American Express, no checks will be accepted.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read the above policy and agree to comply with its provision. I understand that I am responsible for all medical services rendered.

Assignment and Release: I hereby authorize my insurance benefits to be paid directly to Rheumatology & Arthritis Center, Himmat S. Gill MD, Inc. and that I am financially responsible for services that the insurance considers my responsibility. I authorize Rheumatology & Arthritis Center, Himmat S. Gill MD, Inc. to release any information required to process my claim.

Signature of Patient

Date

Your typed signature is equivalent to your physical signature

HIMMAT S. GILL, M.D., INC.

Board Certified in Rheumatology

7135 N Chestnut Avenue, Suite 104, Fresno, CA 93720

Phone: (559) 447-8632 Fax: (559) 447-8872

Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I can review and receive a copy of Himmat S. Gill MD Inc's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available in the reception area, or website www.racfresno.com. I may ask for a copy of this or any amended Notice of Privacy Practices at each appointment.

I, _____, authorize Himmat S. Gill MD Inc to discuss medical information related to my care with the following individuals:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Patient's Signature: _____ Date of Birth: _____ Today's Date: _____

Typed signature is equivalent to physical signature