

VERITYMD INC. | NEUROLOGY CLINIC

Forms & Patient Information

For your convenience, we provide access to essential forms and educational materials that you can review before your visit and sign and submit electronically. Please ensure you review the forms listed below and sign where indicated. Please call our office at (916)-500-4989 if you have any questions.

PATIENT REGISTRATION FORM

PATIENT INFORMATION

Name (First, M.I., Last): _____

Date of Birth: _____

Sex Assigned at Birth:

☐ Female ☐ Male ☐ Intersex ☐ Prefer not to disclose

Marital/Relationship Status:

☐ Single ☐ Married ☐ Partnered ☐ Widowed ☐ Divorced

☐ Other: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ ☐ Home ☐ Mobile ☐ Work

Secondary Phone: _____ ☐ Home ☐ Mobile ☐ Work

Email Address: _____

Driver's License #: _____ **State Issued:** _____

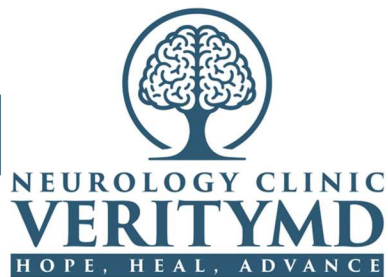
Employer: _____

Occupation: _____ **Work Phone:** _____

Employer Address: _____

If Student, School Name: _____

Full-Time / Part-Time: ☐ Full-Time ☐ Part-Time



Emergency Contact

Name: _____

Relationship to Patient: _____

Phone: _____

Referring Physician

Name: _____

Phone: _____

RESPONSIBLE PARTY (IF DIFFERENT FROM PATIENT)

Name: _____ Relationship to Patient: _____

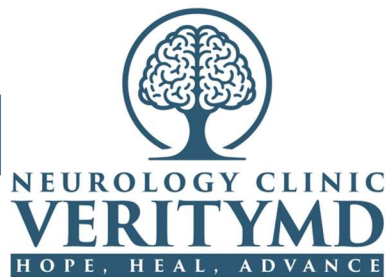
Address: _____

City, State, Zip: _____

Phone: _____

Employer: _____ Phone: _____

Employer Address: _____



INSURANCE INFORMATION

Primary Insurance Company: _____

Insurance Phone #: _____

Insurance Address: _____

Policy/ID #: _____ **Group #:** _____

Insured Name: _____ **Date of Birth:** _____

Relationship to Patient: ☐ Self ☐ Spouse ☐ Domestic Partner ☐ Dependent ☐ Other

Insured's Employer: _____

Employer Phone #: _____

Employer Address: _____

Secondary Insurance (if applicable):

Policy/ID #: _____ **Group #:** _____

Insurance Phone #: _____

FINANCIAL POLICY

At VerityMD Inc., we are committed to providing the highest quality neurological care. To ensure transparency and prevent misunderstandings, we have established the following financial policy. If you have any questions, please contact our office at (916) 500-4989.

1. Payment Responsibility

- Payment is due at the time of service unless prior arrangements have been made.
 - We accept cash, checks, and major credit cards for your convenience.
 - Payments can also be made through our patient portal before your visit.
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2. Insurance Coverage & Patient Responsibility

- If you have insurance, we will bill your health plan on your behalf as a courtesy.
 - You are responsible for any copay, deductible, or coinsurance, which will be collected at check-in based on your plan's coverage.
 - Any remaining balance after insurance processes the claim is your responsibility and must be paid upon receipt of a statement.
 - If your insurance denies a service as "not covered," you are responsible for the full cost.
 - We strongly encourage you to review your insurance policy to understand your benefits, including covered services, deductibles, and copayments.
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3. Credit Card on File

- A valid credit card must be kept on file to cover outstanding balances.
- Your card will only be charged if a balance remains after insurance processing.

- For details, please review our **Credit Card on File Agreement**.
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4. Referrals & Pre-Authorizations

- If your plan requires a referral or pre-authorization, you must ensure it is on file at least one week before your appointment.
 - We will request a referral from your primary care physician one time only. It is your responsibility to maintain valid referrals for continued care.
 - If a valid referral is not on file, your appointment may need to be rescheduled.
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5. Proof of Identity & Insurance Updates

- You must present your insurance card and a valid photo ID at each visit.
 - You are responsible for notifying our office of any changes to your insurance, address, or contact information.
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6. Self-Pay & Uninsured Patients

- If you do not have insurance, choose not to use insurance, or seek a non-covered service, you will be considered a self-pay patient.
 - A 30% discount will be applied if payment is made in full at the time of service.
 - Payment plans may be available at our discretion, but opting for a payment plan may forfeit the discount.
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7. Appointment Cancellation & No-Show Policy

- We require at least **24 hours' notice** for appointment cancellations or rescheduling.
- Missed appointments or late cancellations will result in the following fees, which will be charged to the credit card on file:

- **Follow-up appointments:** \$25.00
 - **Routine EEG:** \$50.00
 - **Ambulatory EEG:** \$100.00
 - **EMG:** \$125.00
 - **In-office Video EEG:** \$250.00
 - While we provide courtesy reminders, it is your responsibility to track your appointments.
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8. Delinquent Accounts & Collections

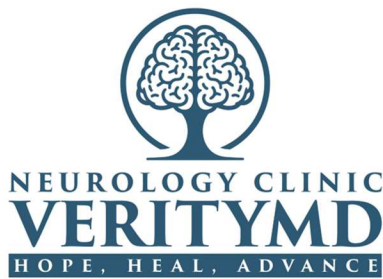
- Balances unpaid after **90 days** may be referred to a collection agency, which may impact your credit.
 - A **\$35 returned check fee** applies for any bounced checks.
 - If your account is placed with a collection agency, you are responsible for any collection costs in addition to your outstanding bill.
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9. Refunds & Overpayments

- If an overpayment occurs, refunds will be issued within **30 days** of final claim processing.
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10. Additional Fees

- **Medical records copy fee:** \$1.00 per page.
 - **Form completion fee:** \$15.00 per page for any forms completed on your behalf.
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TERMS AND CONDITIONS

1. Introduction

Welcome to VerityMD Inc, Neurology Clinic (“Clinic,” “we,” “our,” or “us”). These Terms and Conditions govern your use of our neurology services, including appointments, treatments, and any other medical services provided by our clinic. By receiving care at our clinic, you agree to abide by these terms in accordance with California law.

2. Appointments & Cancellations

- Patients must schedule appointments in advance. Walk-ins are accepted on a case-by-case basis.
- A minimum of 24-hour notice is required for cancellations or rescheduling. Late cancellations or no-shows may result in a fee.
- Repeated no-shows may lead to termination of non-emergency services at our discretion.

3. Privacy & Confidentiality

- We comply with the Health Insurance Portability and Accountability Act (HIPAA) to ensure the confidentiality of your medical records.
- Patients must provide written consent for the release of medical records unless required by law.
- Any communication through email or telemedicine may not be completely secure, and patients should use discretion when sharing sensitive information.

4. Medical Treatment & Consent

- By receiving services, you consent to medical evaluation and treatment as deemed necessary by our providers.
- The Clinic reserves the right to refuse treatment in cases where a patient fails to comply with medical advice or poses a risk to staff or other patients.

- In emergency situations, necessary treatment will be provided as per California state laws.

5. Prescription Policy

- Controlled substance prescriptions require strict adherence to California prescribing laws.
- Requests for refills must be made at least three (3) business days in advance.
- The Clinic does not prescribe opioids or controlled substances without a thorough evaluation.

6. Telemedicine Services

- Telemedicine consultations are available and comply with California's Telehealth Advancement Act.
- Any prescriptions issued via telehealth will follow state regulations.

7. Patient Conduct

- Patients must be respectful toward staff and other patients. Disruptive, abusive, or violent behavior will not be tolerated.
- Any threats, verbal abuse, or physical aggression may result in immediate termination of care and legal action.

8. Emergency Situations

- Our Clinic does not provide emergency services. In case of a medical emergency, call 911 or go to the nearest emergency room.
- If you experience severe neurological symptoms (e.g., stroke symptoms, seizures), seek immediate emergency care.

9. Changes to Terms & Conditions

- These terms are subject to change at any time. Patients will be notified of significant updates.



PRIVACY POLICY & NOTICE OF PRIVACY PRACTICES

Introduction

VerityMD Inc is committed to protecting your privacy. This Privacy Policy and Notice of Privacy Practices describes how we collect, use, disclose, and safeguard your personal and medical information. By using our services, you agree to the terms outlined in this policy.

1. Personal & Medical Information

Categories of Personal & Medical Information Collected:

We may collect the following information:

- Name, alias, postal address, email address, phone number
- Online identifiers, IP address, and account name
- Employment and education history
- Bank account, credit card, or debit card details (where applicable)
- Insurance policy numbers and medical credentials
- Medical records, treatment history, and health-related data
- Physical characteristics or descriptions

Sources of Personal & Medical Information:

- Directly from consumers and patients
- Service providers
- Healthcare professionals and third parties

Purpose of Collection:

- Providing medical treatment and telehealth services
- Payment and billing purposes
- Legal and regulatory compliance

- Employment and business operations
- Marketing communications (with the option to opt-out)

Third-Party Sharing:

We may disclose personal and medical information for:

- Compliance and auditing purposes
- Legal investigations
- Payment processing
- Healthcare provider collaboration
- Customer experience improvement

We **do not** sell or share personal or medical information for profit.

2. How We Use or Disclose Your Health Information

We collect health information about you and store it in a medical record that belongs to VerityMD Inc, while the information itself belongs to you. The law permits us to use or disclose your health information for the following purposes:

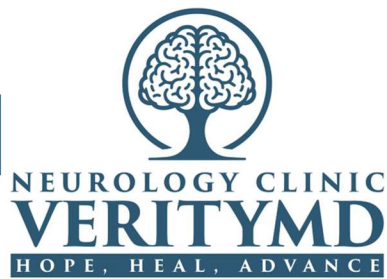
1. **Treatment** – We use your medical information to provide care and may disclose it to other healthcare providers involved in your treatment (e.g., specialists, pharmacists, laboratories).
2. **Payment** – We use and disclose medical information to obtain payment for services provided, including submitting information to your health plan for reimbursement.
3. **Healthcare Operations** – We may use and disclose medical information for our operations, including quality improvement, compliance reviews, business planning, and accreditation.
4. **Appointment Reminders** – We may contact you by phone, text, or email to remind you of upcoming appointments. If you are unavailable, we may leave a message.

5. **Telehealth Services** – We may share your contact information with a HIPAA-compliant telehealth platform for video or audio visits.
 6. **Family and Caregiver Communication** – We may disclose your health information to a family member, or other individuals involved in your care unless you object.
 7. **Marketing** – We may contact you about treatment alternatives, case management, or other healthcare services unless you opt out. We will not sell your health information.
 8. **Legal and Compliance Requirements** – We will disclose your health information as required by law, such as for public health reporting, judicial proceedings, law enforcement requests, and national security purposes.
 9. **Workers' Compensation** – We may disclose your medical information to comply with workers' compensation laws.
 10. **Breach Notification** – In the case of a breach of your unsecured protected health information, we will notify you as required by law.
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3. Your Rights Regarding Your Personal & Medical Information

You have the following rights regarding your health and personal information:

- **Access and Copies** – You can request a copy of your medical records.
- **Amendments** – You may request corrections to your records if you believe they are inaccurate.
- **Restrictions** – You can request limitations on how we use or disclose your information, though we may not always be able to comply.
- **Confidential Communications** – You may request that we communicate with you in a specific way (e.g., only via mail).
- **Accounting of Disclosures** – You can request a list of certain disclosures we have made of your health information.
- **Copy of This Notice** – You may request a paper copy of this notice at any time.



To exercise these rights, contact us at privacy@veritymd.com.

4. Data Security

We implement robust security measures to protect personal and medical data from unauthorized access, alteration, or disclosure.

5. Changes to This Policy

We may update this Privacy Policy and Notice of Privacy Practices periodically. Any significant changes will be communicated to you.

6. Contact Information

If you have any questions about this Notice or your privacy rights, please contact:

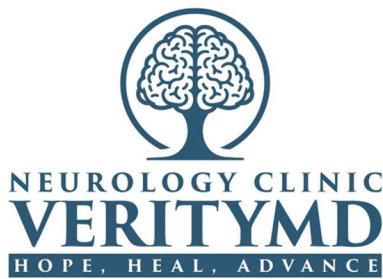
Dr. Manoj Mittal

Privacy Officer, VerityMD Inc

Phone: (916) 500-4989

Email: privacy@veritymd.com

Effective Date: 2/14/2025



CONSENT TO TREAT – HEALTH CARE AGREEMENT

I hereby consent to the **evaluation, management, diagnostic procedures, testing, and treatment** as directed by the physicians, nurse practitioners (NPs), physician assistants (PAs), associates, or designees of **VerityMD Inc. | Neurology Clinic**.

I understand that **VerityMD Inc.** may have teaching affiliations, and I may receive care from **medical students, advanced practice clinician (APC) students, physician assistant students, and medical assistant (MA) students** under appropriate supervision. I may request and receive information regarding the credentials of any healthcare provider involved in my care.

I understand that this **Consent to Treat** remains valid for each visit to VerityMD Inc. until I revoke it **in writing**.

Use & Disclosure of Health Information

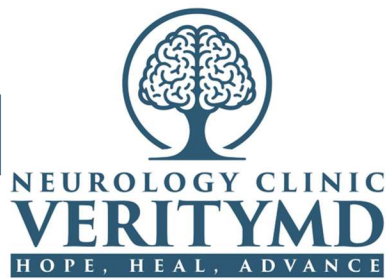
I acknowledge that **VerityMD Inc.** may release my **protected health information (PHI)** as necessary for **treatment, payment, and healthcare operations**, in accordance with HIPAA regulations.

PHI may include, but is not limited to:

- Medical history, diagnoses, treatment plans, and prognoses
- Mental health conditions (excluding psychotherapy notes)
- Use of alcohol, drugs, or medications
- Laboratory results, including **HIV testing** or **AIDS diagnoses**

I consent to the use of **electronic health information exchange systems** for the transmission and retrieval of my medical records, prescriptions, lab results, and other healthcare data. I understand that I may **opt out** of such electronic exchanges upon request.

I authorize my **primary care provider, referring physician, and other healthcare providers** to share my medical information with **VerityMD Inc.** as needed for my care.



I also authorize **VerityMD Inc.'s medical billing service** to release the necessary medical information to process my insurance claims and access my **medication history** for billing and treatment purposes.

Photography & Digital Imaging Consent

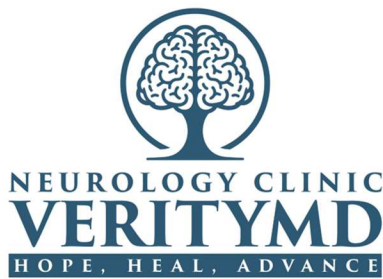
I consent to the use of **photographs/digital images** for:

- Treatment planning and education
- Identity verification
- Payment processing

I understand that **VerityMD Inc.** retains ownership rights to these images, but I may request to view or obtain copies.

Exposure to Bloodborne Pathogens

As permitted by **California law**, I consent that if a **healthcare worker is exposed** to my blood or bodily fluids, my blood may be tested for **HIV antibodies and other communicable diseases** at no cost to me.

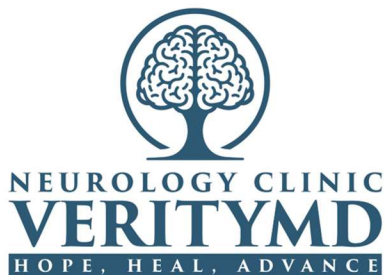


CREDIT CARD ON FILE AGREEMENT

To streamline the billing process and reduce administrative burdens, **VerityMD Inc./Neurology Clinic** requires all patients to keep an active credit card on file for payment of any outstanding balances not covered by insurance.

How This Works

1. **Secure Storage:** Your credit card information will be securely stored using encrypted, **HIPAA-compliant** payment processing systems.
2. **When Your Card Will Be Charged:**
 - Patient responsibility amounts (e.g., copayments, deductibles, and coinsurance) are due at the time of service.
 - Any remaining balance after insurance processing will be charged **14 days after you receive your statement**.
 - Missed appointment or late cancellation fees, as per our financial policy, will be charged immediately.
3. **Notification and Billing:**
 - You will receive an explanation of benefits (EOB) from your insurance carrier outlining their payment and your financial responsibility.
 - A **statement** will be sent to you before any balance is charged.
 - If you have any questions about your bill, please contact our billing department within **14 days** of receiving your statement.
4. **Card Expiration & Updates:**
 - If your card expires or is declined, you agree to update your payment method promptly to avoid any service disruptions.
5. **Refunds & Disputes:**
 - If an overpayment occurs, a refund will be issued to the original payment method.



- If you believe a charge was made in error, you must notify our office within **30 days** of the transaction.

Credit Card Authorization

I authorize **VerityMD Inc./Neurology Clinic** to charge my credit card for any outstanding balance due after my insurance has processed my claim. I understand that I will receive a statement prior to any charge and that I can dispute any discrepancies before the charge is processed.

Patient Name: _____

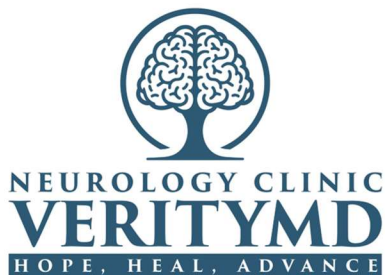
Cardholder Name: _____

Last Four Digits of Card: _____ (Full card details will be stored securely)

Billing Address: _____

City, State, Zip: _____

Phone: _____



AGREEMENT

I authorize **VerityMD Inc./Neurology Clinic** to release medical information to my insurance company as necessary to process claims. I also authorize **direct payment** of benefits to VerityMD Inc. for medical services rendered. I understand that I am financially responsible for any charges not covered by my insurance, including copays, deductibles, and non-covered services.

I acknowledge that I have received and reviewed VerityMD Inc.'s **terms and conditions**, and **Notice of Privacy Practices** as required by **HIPAA**.

I authorize **VerityMD Inc.** to discuss my medical information with the following individuals:

Name	Relationship
_____	_____
_____	_____
_____	_____

I understand that it is my responsibility to update this list if circumstances change.

I have **read, understood, and agreed** to the terms outlined above. I acknowledge that these terms may be amended from time to time by **VerityMD Inc. | Neurology Clinic**.

I agree to the terms of this **Credit Card on File Agreement** and authorize VerityMD Inc./Neurology Clinic to process payments in accordance with the policies outlined above.

Patient/Guardian Printed Name: _____

Signature: _____ **Date:** _____

FREQUENTLY ASKED QUESTIONS (FAQS)

1. What is a neurologist?

A neurologist is a medical doctor who specializes in diagnosing and treating disorders of the nervous system, including the brain, spinal cord, nerves, and muscles. Conditions treated may include migraines, epilepsy, stroke, multiple sclerosis, Parkinson's disease, and more.

2. What conditions does VerityMD treat?

We diagnose and treat a wide range of neurological conditions, including:

- Migraines and headaches
- Epilepsy and seizures
- Stroke and cerebrovascular disease
- Multiple sclerosis (MS)
- Parkinson's disease and movement disorders
- Neuropathy and nerve pain
- Memory disorders, such as Alzheimer's disease
- Sleep disorders
- And more.

3. Do I need a referral to see a neurologist?

Yes, most insurance plans require a referral from your primary care physician (PCP) to see a specialist like a neurologist. Please check with your insurance or PCP for details.

Appointments and Visits

4. How do I schedule an appointment?

You can schedule an appointment by calling our office at **(916) 500-4989** or using our online appointment request form on the [Appointments page](#).

5. What should I do prior to my first appointment?

To ensure a smooth visit, please complete all clinic paperwork, including the new patient form, have medical records or medication lists ready to discuss before your appointment. You may receive a phone call from an AI agent to collect your medical information and verify details. This helps us prepare for your visit and provide the best care possible.

6. What should I bring to my first appointment?

Please bring the following:

- A valid photo ID
- Your insurance card
- A list of current medications
- Any relevant medical records or test results
- A completed new patient form (available on our website).

7. How long will my appointment take?

Initial appointments typically last 45–60 minutes, depending on your condition and needs. Follow-up visits are usually shorter, around 15–30 minutes.

8. What should I expect during my first neurology visit?

Your first visit will include:

- A detailed review of your medical history and symptoms
- A neurological examination
- A discussion of possible diagnoses and next steps, including further tests if needed

9. Do you offer telemedicine appointments?

Yes, we offer telemedicine appointments for select conditions and follow-up visits. Please contact our office to determine if a virtual visit is appropriate for your needs.

10. How can I prepare for my telemedicine appointment?

- Ensure you have a stable internet connection
- Use a device with a camera and microphone

- Have medical records or medication lists ready to discuss
- Find a quiet, well-lit space for your visit

Billing and Insurance

11. What insurance plans do you accept?

We accept most major insurance plans, including:

- Sutter Health Plus
- Hill Physicians
- WellSpace
- Anthem Blue Cross
- Cigna
- Aetna
- RiverCity Medical Group
- Blue Shield of California

For a full list of accepted plans, please visit our [Payment page](#) or contact our office.

12. What if I don't have insurance?

We offer self-pay options and payment plans for patients without insurance. Please contact our billing department at **(916) 500-4989** to discuss your options.

13. How can I pay my bill?

You can pay your bill online through our secure patient portal, by phone, or in person at our office. Visit our [Payment page](#) for more details.

Neurological Testing and Procedures

14. What types of tests might I need?

Depending on your condition, your neurologist may recommend diagnostic tests such as:

- MRI or CT scans
- Electroencephalogram (EEG)
- Electromyography (EMG)
- Nerve conduction studies (NCS)
- Lumbar puncture (spinal tap)
- Blood tests
- Transcranial Doppler
- Carotid Doppler
- Ankle Brachial Index (ABI)
- Autonomic nervous system testing

15. Will testing be done during my appointment?

Some tests, like a neurological exam, may be performed during your visit. Other tests, such as imaging or specialized studies, may require a separate appointment at a diagnostic facility. Our team will coordinate the location and scheduling of these tests for your convenience.

Treatment and Follow-Up

15. What treatments do you offer?

We provide a range of treatments, including:

- Medication management
- Physical therapy and rehabilitation
- Botox injections for migraines or movement disorders
- Lifestyle and dietary recommendations
- Referrals to specialists or surgeons, if needed

16. How often will I need follow-up visits?

The frequency of follow-up visits depends on your condition and treatment plan. Your neurologist will provide a personalized recommendation during your appointment.

Patient Resources

17. Where can I find reliable neurology-related health information online?

For trustworthy and accurate neurology education, refer to the following sources:

- [American Academy of Neurology \(AAN\)](#) – A professional organization providing evidence-based patient education.
- [National Institute of Neurological Disorders and Stroke \(NINDS\)](#) – A government-backed resource with highly reliable neurological information.
- [Mayo Clinic Neurology](#) – Trusted for its easy-to-understand, medically reviewed content.
- [Cleveland Clinic Neurology](#) – Highly regarded for comprehensive patient education.
- [Brain & Life \(by AAN\)](#) – AAN’s official patient magazine, offering engaging articles and personal stories.

Where can I find disease-specific neurology resources?

- [Alzheimer’s Association](#) – Focused on dementia and Alzheimer’s disease.
- [Michael J. Fox Foundation](#) – A leading resource for Parkinson’s disease.
- [National Multiple Sclerosis Society](#) – Comprehensive education on multiple sclerosis.
- [ALS Association](#) – Research, advocacy, and support for amyotrophic lateral sclerosis (Lou Gehrig’s disease).
- [American Stroke Association](#) – A division of the American Heart Association, focusing on stroke prevention and recovery.

Are there any sources I should avoid for medical information?

Yes, avoid the following unreliable sources:

- Reddit or other forums – Discussions are often unverified and can be misleading.
- Commercial health blogs – Content may be biased or promotional.
- Wikipedia – Useful for general knowledge but not always medically reliable.

18. Can I access my medical records online?

Yes, you can access your medical records, test results, and appointment summaries through our secure patient portal. Sign up or log in [here](#).

Contact and Location

19. Where is Neurology Clinic/ VerityMD located?

Our office is located at:

VerityMD

5841 Jameson Court, Suite 2
Carmichael, CA 95608

20. What are your office hours?

We are open Monday through Thursday from 8:00 AM to 5:00 PM, except on Wednesdays, when we have extended hours from 10:00 AM to 7:00 PM to accommodate those who cannot visit before 5:00 PM. On Fridays, we are open from 8:00 AM to 12:00 PM.

We are closed for lunch from 12:00 PM to 1:00 PM, except on Wednesdays, when lunch hours are from 2:00 PM to 3:00 PM.

Additionally, we are closed on the first Friday of each month but offer appointments on the first Saturday of the month for patients who cannot come during weekdays.

20. How can I contact VerityMD?

You can reach us by phone at (916) 500-4989 or by email at info@veritymd.com. For non-urgent inquiries, you may also use our [Contact Us form](#).

Emergency Care

21. What should I do in case of a neurological emergency?

If you or someone you know is experiencing a neurological emergency, such as a seizure, stroke, or severe head injury, call 911 or go to the nearest emergency room immediately.