

# BEACON

Orthopaedics & Sports Medicine

## **Physicians**

David B. Argo, M.D.  
John E. Bartsch, M.D.  
John J. Brannan, M.D.  
Robert R. Burger, M.D.  
Peter S. Cha, M.D.  
Haleem N. Chaudhary, M.D.  
Jaideep Chunduri, M.D.  
Mohab B. Foad, M.D.  
Stephen C. Hamilton, M.D.  
Sam B. Koo, M.D.  
Timothy E. Kremchek, M.D.  
Justin J. Kruer, M.D.  
Glen A. McClung II, M.D.  
Adam G. Miller, M.D.  
Allison M. Phelps, M.D.  
Ian P. Rodway, M.D.  
Michael T. Rohmiller, M.D.  
Robert H. Rolf, M.D.  
Henry A. Stiene, M.D.  
Angel L. Velazquez, M.D.

## **Summit Woods**

500 E-Business Way,  
Sharonville, Ohio 45241  
Clinic  
Tel (513) 354-3700  
Fax (513) 354-3705

## **Beacon West**

6480 Harrison Avenue  
Cincinnati, Ohio 45247  
Clinic  
Tel (513) 354-3700  
Fax (513) 354-7601

## **Beacon East**

463 Ohio Pike,  
Cincinnati, Ohio 45255  
Tel (513) 354-3700  
Fax (513) 354-3705

## **Northern Kentucky**

600 Rodeo Drive,  
Erlanger, Kentucky 41018  
Tel (513) 354-3700  
Fax (859) 905-1039

## **Batesville, Indiana**

1360 East State Rt. 46  
Batesville, Indiana 47006  
Tel (513) 354-3700  
Fax (513) 354-7601

## **Lawrenceburg, Indiana**

605 Wilson Creek Rd.  
Lawrenceburg, Indiana 47025  
Tel (513) 354-3700  
Fax (513) 354-7601

Dear Patient,

Welcome to Beacon Orthopaedics and Sports Medicine! Your appointment is confirmed for \_\_\_\_\_ at \_\_\_\_\_ am/pm with Dr. \_\_\_\_\_.

Please complete the enclosed registration and history forms. Please bring the completed forms with you to your appointment. If you have had any x-rays taken or other testing done prior to your visit, please bring those as well.

We also require a picture ID and insurance cards at the time of your appointment. If your insurance carrier requires a referral, please contact your primary care physician immediately. We need to receive the referral authorization prior to your visit.

If this is a work related injury, we will require the following information:

- Employer's name, phone number, and contact person
- First Report of Injury
- Name and address of MCO
- Claim Number
- Date of Injury

Please refer to the highlighted address on the left side of this letter for the location of your office visit.

We look forward to serving you.

David B. Argo, M.D.  
John E. Bartsch, M.D.  
John J. Brannan, M.D.  
Robert R. Burger, M.D.  
Peter S. Cha, M.D.  
Haleem N. Chaudhary, M.D.  
Jaideep Chunduri, M.D.  
Mohab B. Foad, M.D.  
Stephen C. Hamilton, M.D.  
Sam B. Koo, M.D.

Timothy E. Kremchek, M.D.  
Justin J. Kruer, M.D.  
Glen A. McClung II, M.D.  
Adam G. Miller, M.D.  
Allison M. Phelps, M.D.  
Ian P. Rodway, M.D.  
Michael T. Rohmiller, M.D.  
Robert H. Rolf, M.D.  
Henry A. Stiene, M.D.  
Angel L. Velazquez, M.D.

[www.beaconortho.com](http://www.beaconortho.com)

## Beacon Orthopaedics & Sports Medicine

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Name of Referring Physician: \_\_\_\_\_

Brief History of Problem: \_\_\_\_\_

\_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

\_\_\_\_\_

Do you have cancer? Y N \_\_\_\_\_

Have you ever had a blood clot? Y N

Do you have a metal allergy? Y N

Do you have a sensitivity to costume jewelry? Y N

Do you have a nickel allergy? Y N

Drug Allergies: \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

\_\_\_\_\_

### Personal Data:

Occupation: \_\_\_\_\_ Married? Y/ N Number of Children \_\_\_\_\_

Do you drink? Y/N if so how much? \_\_\_\_\_

Do you smoke? Y/N/Quit if so, how many packs per day/week? \_\_\_\_\_ Total years smoked \_\_\_\_\_

### Family History

Do any diseases run in your family? If so, which ones? \_\_\_\_\_

\_\_\_\_\_

### Review of Systems:

#### CONSTITUTIONAL

\_\_fever  
\_\_weight loss  
\_\_fatigue

#### EYES

\_\_double vision  
\_\_blurring  
\_\_trauma

#### ENT/MOUTH

\_\_deafness  
\_\_sinusitis  
\_\_ringing in ears  
\_\_dizziness  
\_\_balance problems

#### CARDIOVASCULAR

\_\_chest pain  
\_\_heart murmur  
\_\_high blood pressure  
\_\_heart attack  
\_\_irregular rhythm

#### RESPIRATORY

\_\_shortness of breath  
\_\_asthma  
\_\_lung disease  
\_\_bronchitis  
\_\_pneumonia

#### GI

\_\_weight change  
\_\_diarrhea  
\_\_constipation  
\_\_ulcer  
\_\_gallbladder disease  
\_\_change in bowel habits

#### GU

\_\_leaking urine  
\_\_prostate disease  
\_\_pain with urination  
\_\_frequent urination  
\_\_kidney stones

#### MUSCULOSKELETAL

\_\_fracture  
\_\_pain  
\_\_swelling  
\_\_arthritis  
\_\_spasm/muscle  
\_\_gout  
\_\_Rheumatoid

#### NEUROLOGICAL

\_\_seizures/epilepsy  
\_\_weakness  
\_\_stroke  
\_\_headaches  
\_\_blackouts/fainting  
\_\_tremble  
\_\_head injuries

#### PSYCH

\_\_depression  
\_\_sleep disorder  
\_\_memory problems

#### VASCULAR

\_\_blood clots  
\_\_poor circulation

#### HEMATOLOGIC

\_\_hepatitis  
\_\_anemia  
\_\_lymph node  
\_\_AIDS

#### ALLERGY/IMMUNOLOGY

\_\_hay fever  
\_\_dermatitis

#### SKIN/BREAST

\_\_breast abnormality  
\_\_change in skin/hair

Physical Attributes:

Height \_\_\_\_\_

Weight \_\_\_\_\_ pounds

MD Signature: \_\_\_\_\_

9/11

Please list any medications you are currently taking



## Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have been provided with and understand this facility's Notice of Privacy Practices (HIPAA information). This notice provides a complete description of the uses and disclosures of my health information.

Patient Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\_\_\_\_\_  
\*Patient or Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Personal Representative (if applicable)

\_\_\_\_\_  
Relationship to Patient  
(ex: parent, power of attorney)

*\*If the patient is a minor child or otherwise unable to sign this authorization, then obtain the signature of the authorized individual.*



## Designation of a Personal Representative

A patient **may** designate a personal representative in writing. This person may be a spouse, adult child, members of the patient's family, or close friend. They may also be any individual with power of attorney or other legally recognized authority to make medical decisions on behalf of the patient if he or she is incapacitated or otherwise unable to make decisions. As a general rule, a parent or legal guardian of a minor child will be recognized as their personal representative.

A personal representative may act on behalf of the patient for the purpose of receiving information that otherwise would be given to the patient. Such information could include: appointment changes, messages regarding surgery and/or testing, physician's responses to phone messages and medication requests.

**PLEASE NOTE: an answering machine cannot be used as an acceptable way of leaving information.**

A staff member may refuse to disclose information to a person identified as a patient's personal representative if he/she believes such information should be given directly to the patient.

*Please note:* This form does not grant permission to release medical records to these designated representatives. Requests for medical records must be made separately through the Medical Records department. Please allow approximately five business days to process a request for medical records.

---

Person(s) to whom my information may be disclosed:

_____ Name	_____ Relationship	_____ Phone Number
---------------	-----------------------	-----------------------

_____ Name	_____ Relationship	_____ Phone Number
---------------	-----------------------	-----------------------

_____ Name	_____ Relationship	_____ Phone Number
---------------	-----------------------	-----------------------

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Patient/Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may revoke or terminate this authorization at any time by submitting a written revocation to Beacon Orthopaedics & Sports Medicine, Ltd./Beacon Orthopaedics Surgery Center, LLC.*

*Revised March 2012 - 45 CFR 164.502(g)*

**Beacon Orthopaedics and Sports Medicine, LLC Financial/Credit Policy**

Effective April 2009

Patient name: \_\_\_\_\_ Account #: \_\_\_\_\_

Please print

Beacon Orthopaedics and Sports Medicine, LLC (BOSM), believes that in the interest of good health care practices, it is best to establish a patient financial/credit policy between our patients and ourselves in order to avoid any misunderstandings. Our Account Representatives will be glad to discuss your account with you at any time and set up payment plans. Our primary responsibility is to deliver quality health care services. We wish to spend our time and energy toward that responsibility. We expect you to show us the same consideration as you do your other creditors, and to be honest and forthright regarding your financial responsibility.

(PLEASE INITIAL THE FOLLOWING)

\_\_\_\_\_ 1.) We expect that all co-pays, co-insurance and deductible be paid in full at each visit and prior to surgery, diagnostic testing and physical therapy. We accept cash, check, Debit Card, MasterCard, VISA, American Express, and Care Credit.

\_\_\_\_\_ 2.) We file claims to your insurance company for your primary and secondary policies. You must bring your insurance card with you to every visit and make us aware of any changes in coverage. We also require a copy of your driver's license to confirm identity. Please remember insurance coverage is a contract between the patient and the insurance company. When BOSM files for benefit for services performed, benefits are assigned to BOSM. BOSM will look to the patient for payment in full if insurance does not cover the services provided. If we do not participate with your insurance, you will likely have a higher out-of-pocket expense, so please be prepared to pay this amount

\_\_\_\_\_ 3.) ***We do not file any insurance with your Automobile Insurance Company, or any other third party (business insurance company, employer, attorney, separated spouses, etc.) for purposes of obtaining payment.*** We will make every effort to provide you with proper documentation for you to receive reimbursement from those parties (i.e., claim form, statement or report). Please speak with our billing representative. We do not accept Letters of Guarantee or other promises to pay when cases settle. You will be extended credit only if arrangements are made in advance and only within our standard guidelines for credit.

\_\_\_\_\_ 4.) If the patient is under age 18, a parent or guardian must sign below. If the minor does not reside with both parents, and there is a dispute over which parent is responsible for any remaining balances, we will ultimately rely upon the parent/guardian who brought the child to the office for financial responsibility. All minors will not be seen unless accompanied by a guardian or a signed authorization from that guardian allowing our physicians to provide medical treatment.

\_\_\_\_\_ 5.) A service charge of \$20.00 will be applied to returned checks. You will be asked to bring cash, money order or cashiers check to our office to cover the amount of the check plus the service charge. If you present two (2) checks that are returned to us, we will require cash for future services.

\_\_\_\_\_ 6.) If your balance is not paid in a timely manner, we reserve the right to forward your account to an outside collection agency or attorney. All fees assessed by the agency or attorney will be charged to you and become part of your outstanding balance.

By signing this agreement, you are acknowledging that you understand our financial/credit policy and agree to pay for all services that are received.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Driving Directions to Beacon Orthopaedics  
Summit Woods Complex  
500 E-Business Way  
Sharonville, Ohio 45241  
513-354-3700**

**From I-75**

Take I-275 East to Reed Hartman (Exit #47)

*Stay in middle lane on exit ramp and follow signs to Kemper Road.*

Turn right on Reed Hartman and *immediately* get into the left lane for Kemper Road Connector.

Turn left at the first traffic signal. This will take you up a short hill to Kemper Road and by the Double Tree Inn.

Turn right (east) on Kemper to second traffic signal, which is E-Business Way.

Turn left to Beacon Orthopaedic Center at 500 E-Business Way.

**From I-71**

Take I-275 West to Reed Hartman (Exit #47).

Turn left and cross over the interstate.

Once over the interstate, Reed Hartman turns into two lanes. *Stay in the left lane.*

Turn left at first traffic signal. This will take you up a short hill to Kemper road and by the Double Tree Inn.

Turn right (east) on Kemper to second traffic signal, which is E-Business Way.

Turn left to Beacon Orthopaedic Center at 500 E-Business Way.



**Driving Directions to Beacon West**  
**6480 Harrison Ave**  
**Cincinnati, Ohio 45247**  
**513-354-3700**

**From Northern Cincinnati**

Travel South I-75  
Take 275 West to I-74 East to the Rybolt Exit  
Turn left at the exit  
Turn right onto Harrison Ave  
Go up the hill and stay in the left lane  
You will pass Kohls and Meijers  
Turn left at 6480 Harrison Avenue  
Proceed ahead up the hill to Beacon Orthopaedics

**From West Harrison and Indiana**

Take I-74 east to Rybolt Exit  
Turn left at the exit  
Turn right onto Harrison Ave  
Go up the hill and stay in the left lane  
You will pass Kohls and Meijers  
Turn left at 6480 Harrison Ave  
Proceed ahead up the hill to Beacon Orthopaedics

**From Northern Kentucky**

Travel I-75 North to I-74 West  
Take Exit #11 Harrison/Rybolt Exit  
Turn left onto Harrison Ave  
You will pass Kohls and Meijers  
Turn left at 6480 Harrison Ave  
Proceed ahead up the hill to Beacon Orthopaedics

**From Harrison Avenue, South**

Take Harrison Ave North from Race Road for approximately 2+ miles  
Turn right at 6480 Harrison Ave  
Proceed ahead up the hill to Beacon Orthopaedics





## Directions to Beacon East

**463 Ohio Pike**

**Cincinnati, OH 45255**

**513-354-3700**

From South of Cincinnati: I-75/I-71 North

- Take I-71/75 North to I-275 East
- Take the Beechmont Avenue exit 65 and turn left. Stay in the left hand lane.
- Turn left onto Hamblen Road (Bob Sumerel Tire and Olive Garden will be to the left)
- Parking is available on the side and front of the building

From Northern Cincinnati: I-75/I-71 South

- Take I-71/I-75 South to I-275 East
- Take the Beechmont Avenue exit 65 and turn right. Stay in the left hand lane
- Turn left onto Hamblen Road (Bob Sumerel Tire and Olive Garden will be to left)
- Parking is available on the side and front of the building.



## Directions to Beacon

### Northern Kentucky

**600 Rodeo Drive, Erlanger KY, 41018**

**(513) 354-3700**

From I-75/I-71 in Northern Kentucky:

- Take Exit 184 for KY - 236 toward Erlanger
- Follow KY- 236 West
- Turn right onto Houston Road
- Take first left onto Rodeo Dr.  
Beacon NKY will be on your right

From I-275 in Northern Kentucky

- Take Exit 84 for I-75 S/I-71 N toward Lexington/Louisville
- Take Exit 184 for KY-236 toward Erlanger
- Follow KY- 236 West
- Turn right onto Houston Road
- Take first left onto Rodeo Dr.  
Beacon NKY will be on your right



Directions to

## Beacon Lawrenceburg

605 Wilson Creek Rd, Lawrenceburg, IN 47025  
513-354-3700

### **COMING FROM THE WEST ON I-74**

Take the Lawrenceburg/St. Leon Exit (Exit #164)

Turn Right onto IN 1 S (13.4 miles)

Turn Right onto US 50 W (3 miles)

Turn Right onto IN 48 (2.3 miles)

Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

### **COMING FROM OHIO ON I-74**

Take I-275 South towards Kentucky

Take the Lawrenceburg exit (Exit #16)

Turn Left onto US 50 W (3 miles)

Turn Right onto IN 48 (2.3 miles)

Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

### **COMING FROM OHIO ON I-275**

Take the Lawrenceburg Exit (Exit #16)

Turn Left onto US 50 W (3 miles)

Turn Right onto IN 48 (2.3 miles)

Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

### **COMING FROM KENTUCKY ON I-275**

Take the Lawrenceburg exit (Exit #16)

Turn Left onto US 50 W (3 miles)

Turn Right onto IN 48 (2.3 miles)

Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

### **COMING FROM CLEVELAND / NORTH BEND / ADDYSTON / DELHI**

Take US 50 W (River Road)

Turn Right onto IN 48 (2.3 miles)

Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building

### **COMING FROM MILAN**

Take IN 350 East (13.1 miles)

Turn Left onto US 50 East (3.4 miles)

Turn Left onto IN 48 (2.3 miles)

Beacon Lawrenceburg is located on Wilson Creek Rd. in the Medical Office Building