

DSH DERMATOLOGY & SKIN HEALTH
 Where Exceptional Care Matters

Gary W. Mendese, MD
 Richard Horan, MD
 Alaina Iannazzi, PA-C

Stephen D. Moyer, DO
 Edward Zabawski Jr, DO
 Jane Tallent, NP
 Stephanie Grant, BSN, RN

Christina Correnti, MD
 Melissa Melissa Cyr, PhD, NP
 Cassandra Cavanaugh, NP
 Lindsey Ramsey BSN, RN

Robert Murgia III, DO
 Michelle M Roy, PA-C
 Rachel York, Pa-C

Please Complete All Items. Please Print Clearly.

PATIENT INFORMATION

NAME _____

LAST FIRST MIDDLE INITIAL

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

D.O.B. ____/____/____ SEX _____ MARITAL STATUS _____ SSN ____-____-____

HOME PHONE (____) _____ - _____ WORK PHONE (____) _____ - _____

CELL PHONE (____) _____ - _____ E-MAIL ADDRESS _____

EMPLOYED Y N

PRIMARY CARE DOCTOR _____

EMERGENCY CONTACT _____

NAME PHONE RELATIONSHIP

IF MINOR LIST ALL LEGAL GUARDIANS _____

MAY WE SHARE MEDICAL INFORMATION WITH THIS PERSON? YES NO

INSURANCE POLICY HOLDER INFORMATION

PRIMARY INSURANCE COMPANY _____

SUBSCRIBER NAME _____

LAST FIRST MIDDLE INITIAL

D.O.B. ____/____/____ SEX _____ SSN ____-____-____

RELATIONSHIP TO PATIENT _____

SECONDARY INSURANCE COMPANY _____

SUBSCRIBER NAME _____

LAST FIRST MIDDLE INITIAL

D.O.B. ____/____/____ SEX _____ SSN ____-____-____

RELATIONSHIP TO PATIENT _____

****Please bring your insurance cards and a photo ID to your appointment.
 **Insurance policy holder DOB is required for billing purposes. Information will not be shared.
 Thank you.**

784 CENTRAL AVE
 DOVER, NH 03820
 PH: 603-742-5556
 FAX: 603-742-8668

2299 WOODBURY AVE., UNIT 3
 NEWINGTON, NH 03801
 PH: 603-742-5556
 FAX: 603-742-8668

23 CENTENNIAL DR
 PEABODY, MA 01960
 PH: 978-525-0100
 FAX: 978-595-5026

1C COMMONS DR, SUITE 16
 LONDONDERRY, NH 03053
 PH: 603-965-3551
 FAX: 603-818-9374

Dermatology & Skin Health

Dover: Ph: 603-742-5556 Fax: 603-742-8668

Newington: Ph: 603-742-5556 Fax: 603-742-8668

Londonderry: Ph: 603-965-3551 Fax: 603-818-8374

Directions to Dover Office

784 Central Ave. Dover NH

Our Dover office is across the street from Wentworth Douglas Hospital

Take Exit 9 off of the Spaulding Turnpike (Rte 16) Take a right off the exit. At the major intersection of Five Guys restaurant and Chili's restaurant take a right onto Central Ave.

Count four lights. Right after the Emergency entrance to the hospital on your left, watch for the 2nd street on the right (Abbott St). You can turn onto Abbott St and take an immediate left into our upper lot directly behind the office. We have additional parking if you stay on Central Ave. and turn right at the traffic light just after our building. For those who need handicapped parking please use the Abbott St entrance

Directions to Newington Office

2299 Woodbury Ave. Newington NH

From the South

Take I-95 North. Take exit 4(left exit) and merge onto NH-16 towards White Mountains. Take the Gosling road exit and turn right passing McDonalds on your left. Take a left at the next traffic light onto Woodbury Ave. The Bean Farm will be on the right, we are in that building.

From the North

Take NH-16 south to Exit 3 towards Woodbury Ave. As you start down Woodbury Ave. you will see The Beane Farm on your left. Make a U turn at the next light. We are located in The Bean Farm building, which will be on your right

Directions to Londonderry Office

1C Commons Dr. Suite 16, Londonderry, NH

From Manchester: Take I-93S to Exit 4 for NH-102 W towards Londonderry. Turn right onto NH-102 w/Nashua Rd (pass by Wendy's on the right). Turn right at Palmer Dr. At Stop sign turn right onto Commons Dr. 1C Commons Dr. will be on your right.

From Massachusetts: Take I-93N Exit 4 towards NH-102 W/Nashua Rd. in Londonderry. Turn left on NH-102 W/Nashua Rd (pass by Wendy's on your right) Turn right at Palmer Dr. At stop sign turn right onto Commons Dr. 1C Commons Dr. will be on your right

DSH DERMATOLOGY & SKIN HEALTH

Where Exceptional Care Comes First

784 CENTRAL AVE.
DOVER, NH 03820
PH: 603-742-5556
FAX: 603-742-8668

2299 WOODBURY AVE., UNIT 3
NEWINGTON, NH 0380
PH: 603-742-5556
FAX: 603-742-8668

23 CENTENNIAL DR
PEABODY, MA 01960
PH: 978-525-0100
FAX: 978-595-5026

1C COMMONS DR UNIT 16
LONDONDERRY, NH 03053
PH: 603-965-3551
FAX: 603-818-8374

History and Intake Form

Patient's Name _____ Date of Birth _____

Race _____ Ethnicity _____ Reason for Visit _____

Primary Care Physician _____

How did you hear about us? _____

Past Medical History: (please circle all that apply)

Anxiety	Heart Disease
Arthritis	Hepatitis
Asthma	High Blood Pressure
Atrial fibrillation	High Cholesterol
BPH	HIV/AIDS
Bone Marrow Transplantation	Leukemia
Breast Cancer	Lung Cancer
Colon Cancer	Lymphoma
COPD	Prostate Cancer
Depression	Radiation Treatment
Diabetes	Seizures
End Stage Renal Disease	Stroke
GERD	Thyroid Disease
Hearing Loss	Other _____

Past Surgical History: (please circle all that apply)

Appendix Removed	Joint Replacement within last 2 years
Tonsils Removed	Kidney Biopsy
Bladder Removed	Kidney Removed (Right, Left)
Mastectomy (Right, Left, Bilateral)	Kidney Stone Removal
Lumpectomy (Right, Left, Bilateral)	Kidney Transplant
Breast Biopsy (Right, Left, Bilateral)	Ovaries Removed
Colectomy	Pacemaker
Gallbladder Removed	Prostate Removed
Coronary Artery Bypass	Prostate Biopsy
PTCA	TURP
Valve Replacement	Skin Biopsy
Heart Transplant	Basal Cell Carcinoma Surgery
Joint Replacement, Knee (Right, Left, Bilateral)	Squamous Cell Carcinoma Surgery
Joint Replacement, Hip (Right, Left, Bilateral)	Melanoma Surgery
	Spleen Removed

TWO SIDED DOCUMENT - PLEASE COMPLETE BOTH SIDES

Testicles Removed (Right, Left, Bilateral)

Hysterectomy
Other _____

Patient of Child Bearing Potential: (please circle all that apply)

Pregnant

Trying to get pregnant

Breastfeeding

Skin Disease History: (please circle all that apply)

Acne

Hay Fever/Allergies

Actinic Keratoses

Melanoma

Asthma

Poison Ivy

Basal Cell Skin Cancer

Precancerous Moles

Blistering Sunburns

Psoriasis

Dry Skin

Rosacea

Eczema

Squamous Cell Skin Cancer

Flaking or Itchy Scalp

Other _____

Do you wear Sunscreen? Yes No If yes, what SPF? _____

Do you tan in a tanning salon? Yes No

Family History:

Family history of: Melanoma? No Yes If yes, Who? _____

Basal Cell Carcinoma? No Yes Who? _____

Squamous Cell Carcinoma? No Yes Who? _____

Social History: (Please circle all that apply)

Cigarette Smoking:

Never smoked

Quit: former smoker

Smokes less than daily

Smokes daily

Do you ever consume alcohol? Yes No

If yes, how much/how often? _____

Medications: (Please enter all current medications with dosage)

Allergies: (Please enter all allergies)

Pharmacy: _____

NAME

ADDRESS

PHONE

DSH DERMATOLOGY & SKIN HEALTH

Where Exceptional Care Comes First

784 CENTRAL AVE.
DOVER, NH 03820
PH: 603-742-5556
FAX: 603-742-8668

2299 WOODBURY AVE., UNIT 3
NEWINGTON, NH 0380
PH: 603-742-5556
FAX : 603-742-8668

23 CENTENNIAL DR
PEABODY, MA 01960
PH: 978-525-0100
FAX: 978-595-5026

1C COMMONS DR UNIT 16
LONDONDERRY, NH 03053
PH: 603-965.3551
FAX: 603-818-8374

NOTICE OF HEALTH INFORMATION PRACTICES SUMMARY

We are required by federal law to provide a Notice of Privacy Practices that describes how health information that we maintain about you may be used or disclosed. The Notice describes each use and disclosure that we are permitted to make, and provides a description of your rights and obligations under federal and state privacy laws.

USES AND DISCLOSURES

We are permitted to use and disclose your health information under a variety of circumstances. Sometimes we must obtain your authorization before we use or disclose that information, but in other circumstances, we may use your information without your authorization and without informing you of the use or disclosure. Some of the reasons that we may use or disclose your information include:

- To provide information about your health condition to others who may treat you.
- To provide information about the treatment that we provided in order to obtain payment for your health plan.
- To report a communicable disease, domestic violence or criminal activity.
- To comply with a court order requiring the disclosure of your medical record.

These examples are merely illustrative. For a full description of the uses and disclosures that we are permitted to make, consult our Full Notice of Health Information Practice. That may be requested from our office and is available for review in our waiting room.

YOUR RIGHTS

While the records that we maintain about you belong to us, under federal privacy law you have a variety of rights with respect to the information maintained in those records. For instance, you have the right to access and receive a copy of the health information that we maintain about you and to request that we amend any of the information that you believe is incomplete or incorrect. In addition, you may request that we provide you with a list of each disclosure that we have made of your health information. All of these rights are subject to some exceptions that are described fully in the Notice of Health Information Practice.

OUR OBLIGATIONS

We are required to provide you with our Notice of Privacy Practices and to abide by its terms. We may amend the Notice from time to time. All amendments apply retroactively. If you have any questions or require additional information, please contact our Practice Manager at 603-742-5556.

DSH DERMATOLOGY
& SKIN HEALTH
Where Exceptional Care Comes First

78-1 CENTRAL AVE.
DOVER, NH 03820
PH: 603-742-5556
FAX: 603-742-8668

2299 WOODBURY AVE., UNIT 3
NEWINGTON, NH 0380
PH: 603-742-5556
FAX : 603-742-8668

23 CENTENNIAL DR
PEABODY, MA 01960
PH: 978-525-0100
FAX: 978-595-5026

1C COMMONS DR UNIT 16
LONDONDERRY, NH 03053
PH: 603-965.3551
FAX: 603-818-8374

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE

I have received a copy of the Summary of Health Information Practice. This notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the notice may be changed at any time. I may obtain a revised copy of the notice by calling 603-742-5556 or by requesting one at the office.

(PLEASE PRINT YOUR FULL NAME)

(SIGNATURE)

(DATE)

As the representative of the above individual, I acknowledge receipt of the Notice on his or her behalf.

(SIGNATURE)

(DATE)

DSH DERMATOLOGY
& SKIN HEALTH
Where Exceptional Care Comes First

784 CENTRAL AVENUE
DOVER, NH 03820
PH: 603-742-5556
FAX: 603-742-8668

2259 WOODBURY AVE., UNIT 3
NEWINGTON, NH 03801
PH: 603-742-5556
FAX: 603-742-8668

23 CENTENNIAL DR
PEABODY, MA. 01960
PH: 978-325-0100
FAX: 978-395-5026

1C COMMONS DR, SUITE 16
LONDONDERRY, NH 03053
PH: 603-865-3551
FAX: 603-818-8374

DERMATOLOGY AND SKIN HEALTH FINANCIAL POLICY

If you have medical insurance we will be happy to bill most insurance companies if you provide our office with all of the necessary information. Any balance, however, is ultimately your responsibility. Your co-payment is due at the time of your visit. We accept cash, checks, credit cards and online payments.

MEDICAL INSURANCE:

We participate with the following major insurances: Blue Cross Blue Shield, Harvard Pilgrim, Cigna, Medicare, Aetna, Medicaid, Health Plans Inc., Tufts, United Healthcare, Martins Point, Tricare and other smaller insurances. Please call the office with questions.

For other insurance companies that we do not participate with, we will make a reasonable effort to bill. However, there may not be any benefits or there may be limited benefits for services by our providers. Please be advised that it is your (the patient's or the insured's) responsibility to contact your insurance company to see what your plan covers prior to treatment. In cases of liability, we do not bill third party insurances, attorneys or workers comp; payment in full is expected at the time of your visit.

If your insurance has not paid within 60 days, the balance will become your responsibility and we recommend that you contact your insurance company.

Cosmetic services are never billed to Medicare or any insurance carrier.

MANAGED CARE INSURANCES:

As a specialty practice, our providers are not authorized to provide services for patients with managed care insurance without authorization from their primary care physician. The exception to this would be if your insurance includes a Point of Service Plan or a Preferred Provider Organization, which allows you to choose treatment without a referral. For all other HMOs, please be advised that it is your responsibility to make certain a referral authorization has been received in our office prior to your appointment or that you bring your referral with you at the time of your appointment. If you do not have the referral with you or the referral is not in our office the day of the appointment you will be responsible for any charges denied by your insurance for no referral.

ADDITIONAL INFORMATION:

You may receive two separate bills for pathology one for the technical component and one for the professional components.

Our office does provide 24-hour emergency call coverage. Please call our answering service at 866-677-2965 and they will contact the provider on call.

In cases of divorced or separated parents, our policy is that the parent bringing the child into our office for services is responsible for any balance.

I hereby authorize Dermatology & Skin Health to furnish my health information for purposes related to treatment, payment, and health care operations and hereby assign to Dermatology & Skin Health all payments for medical services rendered. I understand and agree that, regardless of my insurance status, I am ultimately responsible for my balances due and/or collection fees if applicable. I have read the information in this policy and verify that all insurance information is true and correct to the best of my knowledge.

I hereby agree to consultation with Dermatology & Skin Health and agreed upon treatment. I understand that this signature is valid for any treatment for the duration of one year.

DATE	SIGNATURE OF PATIENT OR REPRESENTATIVE	RELATIONSHIP
------	--	--------------