JOINT PRESERVATION INSTITUTE
2825 J STREET, SUITE 440
SACRAMENTO, CA 95816
TEL (916) 492-2110
FAX (916) 492-2111

Welcome

Appointment Time: _____

Dear Patient,

Welcome to our office we look forward to meeting you and helping you with your medical needs. In order to provide you with the best possible care, our registration forms need to be completed prior to your appointment. Please arrive 15 minutes early to allow time to complete registration process. Please be sure to bring insurance card(s) and hand carry films (CD or films)dated within the last 6 months at appointment time. **If you do not have films at time of your appointment you may be rescheduled.**

Our goal is to provide our patients the highest level of contemporary orthopedic care. We strive to create an environment in which our patients feel they have an active role in their recovery. We devote ourselves to insure each patient receives the individual care and attention they need to restore their health and function.

Please call our office with any questions or concerns at 916-492-2110 or visit our website at **jointpreservationinstitute.com**

We are excited to have you as a new patient and look forward to your upcoming visit.

Sincerely,

Dr. Amir Jamali, M.D. & Staff

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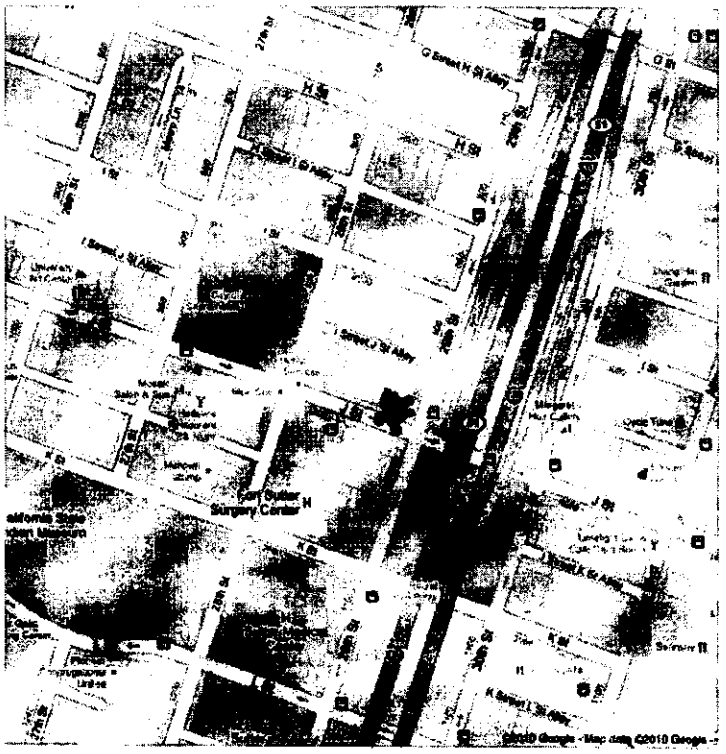

From Placerville: Take US-50 W toward Sacramento. Take exit 6C for I-80 E toward Reno, Merging onto I-80 BUS E. Take the H St exit, turning left at H St. Turn left onto 29th St. Parking garage entrance is on right on 29th St. between I St. and J St.

From Davis: Take I-80 E toward Sacramento. Continue onto Interstate 305 E for 5.3 miles past downtown Sacramento. Take the exit onto I-80 BUS E toward Reno going 1.6 miles. Take the H St exit, turning left at H St. Turn left onto 29th St. Parking garage entrance is on right on 29th St. between I St. and J St.

From Yuba City: Head southeast on CA-70 S toward Exit 18B. Continue onto CA-99 S/El Centro Blvd. Merge onto CA-99 S/I-5 S via the ramp to Sacramento. Take exit 519B to merge onto J St toward Downtown. Take exit 519B to merge onto J St toward Downtown, go 2.2 miles and destination will be on left.

From Roseville: Take I-80 W toward Sacramento. Slight right at I-80 BUS W (signs for Watt Ave/Sacramento/CA-99 S/Capital City Fwy). Take the E St. exit. This will turn into 29th St. Go south on 29th St. Parking garage is on right hand side before you pass J St.

From Elk Grove: Drive on CA-99 N toward Sacramento. Continue onto California 51 N for 1 mile. Continue onto I-80 BUS E. Take the H St exit, turning left at H St. Turn left onto 29th St. Parking garage entrance is on right on 29th St. between I St. and J St.

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REGISTRATION FORM

PATIENT INFORMATION

Patient's last name:	First:	Middle:	❑ Mr. ❑ Mrs. ❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid

Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: ❑ M ❑ F

Street address:	Social Security no.:	Home phone no.: ( )

P.O. box:	City:	State:	ZIP Code:

Occupation:	Employer:	Employer phone no.: ( )

Chose clinic because/Referred to clinic by (please check one box):	❑ Dr.	❑ Insurance Plan	❑ Hospital

❑ Family	❑ Friend	❑ Close to home/work	❑ Yellow Pages	❑ Other

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill:	Birth date: / /	Address (if different):	Home phone no.: ( )

Occupation:	Employer:	Employer address:	Employer phone no.: ( )

Please indicate primary insurance	❑ AETNA	❑BLUE CROSS PPO	❑ BLUE SHIELD PPO	❑ CIGNA PPO	❑ HEALTH NET

❑ UNITED HEALTHCARE	❑ FIRST HEALTH	❑ MEDICARE	❑ SNMG /GSMG IPA Group	❑ Other

Subscriber's name:	Subscriber's S.S. no.:	Birth date: / /	Group no.:	Policy no.:	Co-payment: $

Patient's relationship to subscriber:	❑ Self	❑ Spouse	❑ Child	❑ Other

Name of secondary insurance (if applicable):	Subscriber's name:	Group no.:	Policy no.:

Patient's relationship to subscriber:	❑ Self	❑ Spouse	❑ Child	❑ Other

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Joint Preservation Institute or insurance company to release any information required to process my claims.

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California

(800)633-2322 www.mbc.ca.gov

Patient/Guardian signature *Date*

JOINT PRESERVATION INSTITUTE * DR. AMIR JAMALI
2825 J Street ♦ Suite 440 ♦ Sacramento ♦ California ♦ 95816
Tel: 916.492.2110 ♦ Fax: 916.492.2111

Financial Policies

Welcome to our Medical Office. Below we describe the financial policies of the clinic and we outline some suggestions to help expedite handling of potential insurance issues.

Insurance Billing
Please present your insurance card at each visit. As a courtesy to you, we will bill your primary insurance company directly for medical services rendered. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. The balance on your statement is due **within 30 days** of the issued bill. *However, please be advised that you are nevertheless ultimately financially responsible for payment of medical services rendered by this clinic.*

Co-payments
A co-payment for each clinic visit may be required, as determined by your coverage under your medical insurance policy. We accept payment in cash, check or credit card at the time of service. (such as: Visa, Master Card, American Express and Discover)

Referrals
If you have an HMO plan with which we are **NOT contracted,** you will need a referral from your primary care physician along with an authorization from your insurance stating that you are authorized to have an orthopedic consultation with Dr.Amir Jamali. If you are unable to obtain a referral at this time you will be rescheduled. If you choose to keep the scheduled appointment without a referral you will be responsible for full charges to be paid the day of the service.

In network Insurances(PPO only)

Aetna	Health Net PPO	United Healthcare
Blue Shield	Molina	Medicare
Blue Cross	Cigna PPO	*Sierra Nevada & Golden State IPA Group*

**** All other PPO insurances are excepted, however you would be seeing Dr.Jamali as out of network doctor. Please check your benefits for OUT of Network with your own insurance company.***

Cancelations
If you need to cancel your appointment, you must give this office at least 24 hrs notice in advance of the scheduled appointment. Failure to give proper notice will result in a charge of **$25** to your account.

ASSIGNMENT

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THE FINANCIAL POLICIES OF THIS MEDICAL OFFICE. I ALSO AUTHORIZE MY INSURANCE BENEFITS TO BE PAID DIRECTLY TO THIS CLINIC. I FURTHER AUTHORIZE THE RELEASE OF INFORMATION REQUIRED TO PROCESS AN INSURANCE CLAIM.

Signature: _____

Name: _____

Date: _____

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MEDICAL RECORDS RELEASE FORM

By signing this form, I _____ authorize this medical office to release confidential health information about me, by releasing a copy of my medical records, or a summary or narrative of my protected health information, to and from the physician/person/facility/entity listed below.

The information you may be release subject to this signed release form is as follows:

- ☐ Complete records
- ☐ History & Physical/Progress Notes
- ☐ Lab Reports
- ☐ Medication Records
- ☐ Operative/Hospital Reports
- ☐ Radiology Reports
- ☐ Other (X-Ray/MRI/MRA/CT or Bone Scan radiological films)

Release my Protected health information to the following physician/person/facility/entity:

JOINT PRESERVATION INSTITUTE

DR. AMIR JAMALI * ORTHOPEDIC SURGEON

2825 J ST. #440 SACRAMENTO, CA 95816

Patient Name(Print)_____**Date**_____

Signature:_____ **Date of Birth**____/____/_____

PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: **Agreement to Arbitrate:** It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: **All Claims Must be Arbitrated:** It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim. However, following the assertion of any claim against the physician, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: **Procedures and Applicable Law:** A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure section 1283.05; however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: **General Provisions:** All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: **Revocation:** This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below:

Effective as of the date of first medical services _____

Patient's or Patient Representative's Initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

[illegible]

By: _____ _____

Physician's or Authorized Representative's Signature (Date)

_____

Print or Stamp Name of Physician, Medical Group or Association Name

Joint Preservation Institute
Amir Jamali, M.D.
2825 J Street #440
Sacramento, CA 95816

By: _____ _____

Patient's or Patient Representative's Signature (Date)

By: _____

Print Patient's Name

_____

(If Representative, Print Name and Relationship to Patient)

A signed copy of this document is to be given to the Patient. Original is to be filed in Patient's medical records.

(2-08)