



Donald C. Lanza, MD, MS
Alla Y. Solyar, MD

Sinus & Nasal Institute of Florida, P.A.
550 94th Avenue North
St. Petersburg, Florida 33702
(O)727-573-0074
(F)727-573-0076
www.sniflmd.com

Dear Patient,

Thank you for your interest in the **Sinus & Nasal Institute of Florida, P.A (SNI)**. It is our goal to give you the best care for your Nasal, Sinus, Orbital and Skull Base problems. In order to do this job well, we need your assistance and request that you carefully fill in and sign the **important forms in this packet**. Some of these forms meet legal requirements and others give us an important perspective of your health history. None of these forms replace hearing about your health history from you. These forms typically take about 45 - 60 minutes to complete properly. There are 7 pages including this introductory letter and 5 enclosures. The 5 additional attachments are our:

1. SNI Financial Policy Summary - **needs signature**
2. SNI New Patient Questionnaire
3. SNI Notice of Privacy Practices
4. SNI Brochure which describes our unique center, driving instruction, air travel and more
5. SNI Financial Policy Brochure

Please complete, sign and return these forms to us prior to your appointment by mail or by sending them via fax to **727-573-0076**. There is a non-refundable fee of \$50.00 for a missed new patient appointment. **If we do not receive your new patient paper work at least 2 business days prior to your scheduled appointment, your appointment will automatically be cancelled.** For example, if your new patient appointment is scheduled on a Monday, the paper work accompanying this cover letter must be filled out and returned to us by the Thursday before. You will not be charged for a cancelled new patient appointment. If your new patient appointment was scheduled within 2 business days of your initial contact with us then the paper work must be filled out and returned on the day that you contacted us to schedule the new patient appointment.

Additionally, if you have any of the following please try to obtain them prior to your appointment and either bring them with you or fax them to us:

- Hospital discharge summaries
- Operative reports from prior nasal or sinus surgery & surgical pathology reports
- Sinus culture results
- Sinus imaging studies (CT or MRI) – actual films are best.
- Blood test results from last two years, allergy test results & breathing test results

We encourage all new patients to learn more about our practice, our credentials, about what to expect during your office appointment and to learn more about nasal and sinus disorders by going to our website, www.sniflmd.com.

On the day of your appointment we will need to photocopy proof of identification (ex. drivers licenses) and your insurance card. We will take your photograph for our electronic medical record. Please be aware that our office is kept cool at about 70°, so you might want to bring a sweater. Please do not wear perfumes or heavily scented products to your appointment as it can irritate the airways of our sensitive patients. Each new patient appointment is fairly comprehensive and can take up to 2 hours to complete (barring other unforeseen delays).

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Staff at SNI

SINUS & NASAL INSTITUTE OF FLORIDA, P.A.

EXCELLENCE IN PATIENT CARE, EDUCATION, & RESEARCH



Sinus & Nasal Institute of Florida, P.A.
Permission to Share MY Medical Records,
Permission to Treat, Teaching Facility, Loss of Valuables

Patient Name: _____ Date of Birth: _____

PRINT

1.Referring Physician Name:	2.Family Physician Name:
Specialty:	Specialty:
Address:	Address
City/State/Zip:	City/State/Zip
Phone:	Phone:
Fax:	Fax:
3.Physician Name:	4. Physician Name:
Specialty:	Specialty:
Address:	Address
City/State/Zip:	City/State/Zip
Phone:	Phone:
Fax:	Fax:

Please specify any limitations on the sharing of your medical records (ex. HIV, Substance abuse, "nervous breakdown", etc).
PLEASE DO NOT SEND INFORMATION RE: _____

(leave blank if no restrictions)

Permission to Treat: I, the undersigned, hereby voluntarily consent to medical care/diagnostic treatment and or minor surgical treatment by Drs. Lanza, Solyar and the healthcare providers of the Sinus & Nasal Institute of Florida. P.A. deemed advisable and necessary in the diagnosis and treatment of my condition. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as a result of treatment or examination in the office.

Authorization: I hereby authorize the office of Donald C. Lanza, MD, Alla Solyar, MD and the Healthcare providers at the SNI **to furnish and to receive my complete medical record** from the physicians listed above. For any limitations on the medical record request I notify SNI as indicated above. I hereby authorize the office of Donald C. Lanza, MD, Alla Solyar, MD and the Healthcare providers at the SNI to furnish my medical information to the my insurance carriers, and hereby irrevocably assign to these healthcare providers all insurance payments for medical services rendered by this office. I have received a the SNI Practice of Privacy Notice (see next page). I understand that I am financially responsible for all charges whether or not covered by insurance. I understand that payment for office visits is required at the time service is rendered.

Teaching Facility: I acknowledge that SNI is a teaching facility and that doctors and others in training will be involved in my health care. SNI trains a Rhinology/Skull base Fellow, who is a board eligible otolaryngologist each year. I grant permission for the Fellow to participate in all aspects of my care, including diagnosis and management of my health problems. I understand that if this is not acceptable to me for what ever reason, I have the choice to obtain care elsewhere.

Valuables/ Limitation of Liability: I understand that I should not bring valuables (jewelry, irreplaceable documents, etc.) with me to SNI. I agree that SNI shall not be responsible for valuables. SNI is not responsible for them, even if I give them to other SNI personnel. Unclaimed items in the SNI's Lost and Found are given to charity after 30 days.

Date Patient

Guardian Signature



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**Acknowledgement of Receipt of "Notice of Privacy Practices" &
Permission to Share Protected Health Information**

You May Refuse To Sign This Acknowledgement

Our "Notice of Privacy Practices" provides information about how we may use and disclose "Protected Health Information" or "PHI" about you. You have the right to review our Notice before signing. The terms of our notice may change. If we change our notice, you may obtain a revised copy.

By signing this form you consent to our use and disclosure of protected health information. You have the right to revoke the consent, in writing, and signed by you. However, such a revocation shall not affect any disclosure we may already have made in reliance on your prior consent. Our Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996. (HIPAA)

E-mail address for use with **Patient Portal**: _____

Preferred Phone number to call for appointment reminders: _____

Please share **non-work email** with us for use with our patient portal. The portal will enable you to communicate with us securely via the internet. You will be able to retrieve portions of your test results and medical record via the portal. We will send you appointment reminders for upcoming visits to SNI via this email address and via phone messaging.

The office and personnel are authorized to contact the party listed below to discuss and handle my medical care in the event of an emergency or to receive message information on my appointments and test results:

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

May we leave or send a message regarding your health or upcoming appointment via email and/or on your answering machine and/or on your cell phone and/or your work number?

(YES/ NO) Email (YES/ NO) Home Answering Machine (YES/ NO) Mobile phone

May we call you at work and leave you a message to call our office? _____
(YES/ NO) Work phone

- ❖ You may revoke this consent at any time in writing.
- ❖ You may refuse to sign this acknowledgement and authorization, in doing so we will not be allowed to process your insurance claims.

In signing this HIPAA Patient Acknowledgment Form, you acknowledge and authorize, that this office may recommend products or services to promote your improved health. This office may or may not receive third party remuneration from these affiliated companies. We, under the current HIPAA Omnibus Rule, provide you this information with your knowledge and consent.

For Office Use Only: We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

____ Individual refused to sign _____ An emergency situation
____ Communication barriers _____ Other (Please Specify)

Date Patient _____ Guardian Signature _____



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Consent to Endoscopy Evaluation & Care

A patient presenting to our office with sinus, allergy, throat or voice complaints will benefit from a thorough examination of that specific area. In some cases, this can only be accomplished through the use of an endoscope. Endoscopic procedures have minimal risk and provide your physician with an excellent view of the areas involved. In order to facilitate your nasal examination, your nose will typically be sprayed with a decongestant similar to over-the-counter brands like Afrin® and a topical anesthetic spray, which will numb the lining of your nose. You should inform the nurse at each visit if you are allergic to either of these medications or should you be taking an MAOI (mono-amine oxidase inhibitor) for depression.

Please sign below to acknowledge that you have read the above and agree to undergo the procedure as deemed necessary by your physician upon any visit.

- | | | |
|---|----------|-------|
| • Nasal Endoscopy | CPT code | 31231 |
| • Flexible Laryngoscopy | CPT code | 31575 |
| • Nasopharyngoscopy | CPT code | 92511 |
| • Endoscopic sinus debridement, polypectomy, biopsy | CPT code | 31237 |

When your nose is sprayed please do not sniff in. The spray atomizer will help the medicine be delivered adequately. Sniffing in can lead to more medication being delivered inside your throat than in your nose. Anesthetic spray in the throat can lead cause slight irritation initially followed by a temporary sensation of numbness, perception of difficulty swallowing or even a perception of difficulty breathing even though there is no airway swelling. These side effects can be attributed to the numbness present in your throat. Additionally, you should not drink or eat until you feel normal return of sensation of your throat (about 1 hour) following an examination with these sprays. This to avoid any inadvertent burn or choking on improperly swallowed food or drink.

The anesthetic spray frequently causes numbness of the front teeth and back of the throat, however, these effects wear off in less than an hour. Once these sprays have taken sufficient effect, usually after six to ten minutes, an endoscope may be used to exam your nose and sinuses. Either a flexible or rigid endoscope is used. Although nasal endoscopy may cause a pressure sensation patients do not typically find it to be painful. The endoscopic exam yields useful information regarding the nature and extent of disease present in the nasal cavity and the drainage paths of the paranasal sinuses.

A procedural fee called a CPT code will be submitted to your insurance carrier for this endoscopic examination. Please note that most insurance companies may list this diagnostic procedure as a "surgery" therefore depending on your benefits, this may be applied towards your deductible. It is best to contact your insurance prior to your appointment to know your financial responsibility. In most cases we will accept your insurance company's allowance for this procedure. **You will be obligated to pay any deductible and or co-payments/coinsurance that are applied to this claim.**

Date  Patient  Guardian Signature Page 4 of 7



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Urgent Care & When SNI Physicians Are Out-of-the-Office

When Drs. Lanza, Solyar and their current fellow are out of town at medical conferences and while the office is closed each year during the week of July 4th for summer holidays, there is a possibility that an SNI Physician will not be immediately available to help you with your care. The likelihood that all physicians would be unavailable is very small and might occur for only brief periods. Whenever their availability is limited, our answering service will notify you of the possibility of a delayed SNI physician response. Should an urgent issue arise in your health while we are out of the office remember you have several options for care:

1. If your problem is emergent you must always first consider going to a nearby emergency room. Emergency examples include, but are not limited to: persistent uncontrolled nasal bleeding, severe headache, worsening vision or eye pain, or difficulty breathing.
2. Our answering service is instructed to contact our SNI Physicians to help you with your health problems. Unfortunately, because cell phone services, pagers and email are not universally available, and related to the doctors' scheduled responsibilities, **it may be more than 48 hours before they are able to respond. Thus you should contact another physician if you have not received a timely response from this office.**
3. If our SNI Healthcare Physicians remain unavailable then you should contact your referring otolaryngologist (ENT doctor), allergist/pulmonologist, or even your primary care doctor.
4. Lastly you can seek out additional care at urgent care centers that may be nearer to your home if deemed necessary.

Please do not call after hours regarding prescription refills for continuing care or call regarding questions that can wait until your next appointment. Naturally, should you be in contact with another physician when we are not available then we would like to be informed of the recommended treatments and outcome.

We would like to explain that, in an effort to meet our mission statement below, both our doctors attend many meetings as an invited guest speakers to teach other otolaryngologists (Ears, Nose, and Throat Surgeons) about medical and surgical management of nasal and sinus disorders. Their continuing education activity keeps our Institute current with the world's most up-to-date therapies. This, in turn, is a significant benefit to all the patients which we treat.

We apologize for any difficulty this may pose to you when you may need our services most. Please sign the acknowledgement below should you wish to continue your care with SNI Physicians.

I have read this information regarding "**Urgent Care & When SNI Physicians are Out-of-the-Office**", and I acknowledge my understanding and acceptance of this care with the SNI.

Date ☒ Patient ☒ Guardian Signature Page 5 of 7



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Permission to Photograph, Video & Publish

About Photographs & Video recording

As part of your medical record the Sinus & Nasal Institute of Florida, P.A will use selected sinus CT images, MRI images, digital photographs and/or video of your medical condition for our electronic medical record. These will help identify you more readily so that your care can be improved when it is carried out by phone. Occasionally, we may videotape portions of your physical examination or surgery. This may be used for comparison at future visits to measure change in your condition.

Rarely, however, your images may be helpful to teach other physicians or assist us with clinical research in which case we would like your permission to reprint or reuse your images/video. At no time would you be identified by name if this should be helpful to our mission. Please be aware, when in the past we have used patient images for the purpose of education or research there has been no royalties paid to us. If that were to change, we intend to inform you of any potential financial benefit.

Permission:

In connection with the medical services that I am receiving from the staff at the Sinus & Nasal Institute of Florida, P.A. I consent that digital photographs and/or video may be taken of me, my imaging studies (CT or MRI Scans) or parts of my physical examination under the following conditions:

- 1) The photographs and/or video may be taken by my physician and/or an assistant of my physician.
- 2) I understand that I will be identified by name in the electronic medical record where this information is stored. Should any of this information be used for purposes of education or research any identifying information, other than that which is an integral part of the photograph or video itself, will be removed.
- 3) The photographs, or prints and the video or any copies will be used for medical records.

By signing here and not at the bottom of the page I am indicating that I do not want my photographs, videos, imaging studies made available for medical education BUT I DO grant permission for my images to be part of the medical record:

_____ X _____ X
Date Patient Guardian Signature

By signing at the bottom of this page I grant permission for the above as well as the following:

- 4) Some photographs, or prints and the video may be used for medical research or educational purposes. Should your images be helpful for medical education or research you will be notified before it is used to check for any objections as long as you have maintained your contact information with us as up to date. If it is printed material for education or research you will also be given a copy of the material. These images may be published and republished, either separately or in connection with each other in professional journals or medical books and used for any other lawful purpose that SNI may deem appropriate.
- 5) I understand that the photographs and/or video may be modified or retouched in any way by SNI.
- 6) I understand that the photographs and/or video used for purposes of medical education are and will remain the exclusive property of SNI and I will have no right, title or interest in them. Again, any identifying information, other than that which is an integral part of the photograph or video itself, will be removed.

_____ X _____ X
Date Patient Guardian Signature



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Seeing SNI Physicians "Out-of-Network" & Assignment of Benefits

Currently we have contractual agreements with seven insurers. **We accept: Blue Cross/Blue Shield, Cigna, Evolutions, Great West, Coventry/First Health, United Healthcare and Medicare.** As stated in our Financial Policy Brochure, this list is subject to change without notification. It is your responsibility to check with your insurer to determine if **your policy has an agreement with SNI Physicians.** If you do not have an insurance that we have an agreement with, please check to see if you have out-of-network benefits.

There are three options for patients who do not have insurance coverage for our services:

1. Out-Of-Network Benefits : Variables affecting this type of coverage include:

- A. Patient's deductible, co-payment, co-insurance
- B. Level of out-of-network level of coverage
- C. PLEASE SEE OUR SNI FINANCIAL POLICY BROCHURE FOR MORE DETAILS

2. Request Permission from your Insurer for "Out-Of-Network Coverage"

Patients **without** "out-of-network" benefits can sometimes obtain permission for an evaluation when a referring otolaryngologist and/or their primary doctor writes your insurance company with a "Letter of Necessity" on your behalf.

A. Elements for Physicians to include in the "Letter of Permission for Out-of-Network Evaluation and Care"

- Patient name and insurance information (guarantor information if it applies)
- Describe the complexity of the patient's condition and diagnoses
- Include a statement as to why you believe we may be better suited to handle the patient's healthcare problems. (Additional factual information regarding our center and the credentials of our director is available on our website www.sniflmd.com or in our enclosed brochure).

- B. Patients are also encouraged to write their own letter to the insurer indicating why they believe they may need the services of Dr. Lanza and The Sinus & Nasal Institute of Florida. The letter should include similar information described above. Occasionally requesting that your insurance company assign a case manager to your health care issues can be of benefit.

3. Out-of-Pocket Payment

- A. Payment is anticipated at the time services are rendered.
- B. **Payment plans** for individuals can be established in advance.

ASSIGNMENT OF INSURANCE BENEFITS

In consideration of all health care services rendered or about to be rendered to me or the patient named below by Drs. Lanza, Solyar and/or the healthcare providers of the Sinus & Nasal Institute of Florida, P.A., I hereby assign to SNI all rights, title, and interest in any third-party benefits due from any and all insurance policies and/or responsible third-party payers in an amount not to exceed SNI's regular and customary charges for the health care services rendered. I authorize such benefits to be paid directly to SNI. I agree to cooperate with SNI and/or its agents in their efforts to secure payments from my insurance carriers, third-party payers, and other third parties. I consent to any request for review or appeal by SNI to challenge a determination of benefits made by a third-party payer. Except as required by law, I assume responsibility for determining in advance whether the services provided to me are covered by my insurance or other third-party payer.

By signing below, I am indicating that I have reviewed and consent to the terms described above:

Date _____ Patient X Guardian Signature _____ X Page 7 of 7



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Notice of Privacy Practices

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Sinus & Nasal Institute of Florida, P.A.. (SNI) is dedicated to maintaining the privacy of your health information. This Privacy Notice is being provided to you as a requirement of a federal law, the Health Insurance Portability and Accountability Act (HIPAA). This Notice of Privacy Practices describes how SNI may use and disclose your protected health information (PHI) in order to carry out treatment, payment and health care operations and for other purposes permitted or required by law. It also describes your right to access and control your PHI. Your "PHI" means any written or oral information about you including demographic data that can be used to identify you, created or received by your health care provider, which relates to your past, present, or future physical or mental health condition.

Use and Disclosure of Health Information

SNI may use your PHI for the purposes of providing treatment, obtaining payment for treatment and conduction of health care operations. Your PHI may be used or disclosed only for these purposes unless we have obtained your authorization or the use or disclosure is permitted or required by the HIPAA regulations or other law. Disclosures of your PHI for the purposes described in this Privacy Notice may be made in writing, orally, or by electronic means.

1. Treatment.

We will use and disclose your protected healthcare information to provide, coordinate, or manage your health care and related services, including coordination and management with third parties for treatment purposes. Here are some examples of how we may use or disclose your PHI for treatment:

- A. We may disclose your PHI to a laboratory or diagnostic center to order tests.
- B. We may disclose your PHI to other physicians who may be treating you or who are consulting with us regarding your care.
- C. We may disclose your PHI to those who may be involved in your care after you leave here, such as family members or your personal representative.

2. Payment.

We will use your PHI to obtain payment for the services we provide to you. We may also disclose your PHI to another provider involved in your care for their payment activities. Here are some examples of how we may use or disclose your PHI for payment: We may communicate with your health insurance company to get approval for the services we render, to verify your health insurance coverage, to verify that particular services are covered under your insurance plan, and to demonstrate medical necessity.

3. Health Care Operations.

We may use and disclose your PHI to facilitate our own health care operations and to provide quality care to all of our patients. Health care operations include such activities as: quality assessment and improvement; employee review activities; conduction or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance reviews; business planning and development; and business management and general administrative activities. In certain situations, we may also disclose your PHI to another provider or health plan for their health care operations. Here are some examples of how we may use or disclose your PHI for health care operations:

- A. We may use your PHI to review our treatment and services and to evaluate the performance of our staff in caring for you.
- B. We may combine PHI about many patients to decide what additional services we should offer, what services are not needed, and whether certain new treatments are effective.
- C. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes.



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D. We may also use or disclose your PHI in the course of maintenance and management of our electronic health information systems.

4. Other Uses and Disclosures.

As part of the functions above, we may use or disclose your PHI to provide you with appointment reminders, to inform you of treatment alternatives, or to provide you with information about other health-related benefits and services which may be of interest to you.

Uses and Disclosures of PHI Permitted Without Authorization or Opportunity for the Individual to Object

The Federal privacy rules allow us to use or disclose your PHI without your authorization and without your having the opportunity to object to such use or disclosure in certain circumstances, including:

1. When Required By Law. We will disclose your PHI when we are required to do so by federal, state, or local law.

2. For Public Health Reasons. We may disclose your PHI as permitted or required by law for the following public health reasons:

- a. For the prevention, control, or reporting of disease, injury or disability;
- b. For the reporting of vital events such as birth or death;
- c. For public health surveillance, investigations, or interventions;
- d. For purposes related to the quality, safety, or effectiveness of FDA-regulated products or activities, including;
- e. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition;
- f. Under certain limited circumstances, to report to employer information about an individual who is a member of the employer's workforce.

3. To Report Abuse, Neglect, or Domestic Violence. We may notify government authorities if we believe a patient is a victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically authorized or required by law, or when the patient agrees to the disclosure.

4. For Health Oversight Activities. We may disclose your PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight.

5. For Judicial or Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order. We may disclose your PHI in response to a subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal if we have received satisfactory assurances that you have been notified of the request or that an effort has been made to secure a protective order.

6. For Law Enforcement Purposes. We may disclose your PHI to a law enforcement official for law enforcement purposes, including:

- a. Wound or physical injury reporting, as required by law.
- b. In compliance with, and as limited by the relevant requirements of a court order or court-ordered warrant, a subpoena, summons, or similar process.
- c. Identification or location of a suspect, fugitive, material witness, or missing person.
- d. Under certain limited circumstances when you are the victim of a crime.
- e. Alerting law enforcement of the death of an individual where there is suspicion that the death may have resulted from criminal conduct.
- f. Reporting criminal conduct that occurred on the premises of the provider.
- g. In an emergency to report a crime.



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7. To Avert a Serious Threat to Health or Safety. We may, consistent with applicable law and standards of ethical conduct, use or disclose your PHI if we believe, in good faith, that such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or that of the public.

8. For Specialized Government Functions. We may use or disclose your PHI, as authorized or required by law, to facilitate specified government functions related to military and veterans activities; national security and intelligence activities; protective services for the President and others; medical suitability determinations; correctional institutions and other law enforcement custodial situations.

9. For Workers' Compensation. We may use and disclose your protected health information, as necessary, to comply with workers' compensation laws or similar programs.

Uses & Disclosures of PHI Permitted without Authorization Required but with an Opportunity for the Individual to Object

We may disclose your PHI to a friend or family member who is involved in your medical care or payment for care. You may object to these disclosures. If you do not object to these disclosures, or we determine in the exercise of our professional judgment that it is in your best interest for us to disclose information that is directly relevant to the person's involvement with your care, we may disclose your PHI.

Uses and Disclosures of PHI which You Authorize

Other than the uses and disclosures described above, we will not use or disclose your PHI without your written authorization. Authorizations are for specific uses of your PHI, and once you give us authorization, any disclosures we make will be limited to those consistent with the terms of the authorization. You may revoke your authorization, by submitting a revocation in writing, at any time, except to the extent that we have already taken action in reliance upon your authorization.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

1. The Right to Request Restriction of Uses and Disclosures. You have the right to request that we not use or disclose certain parts of your PHI for the purposes of treatment, payment, or healthcare operations. You also have the right to request that we do not disclose your PHI to friends or family members who may be involved in your care, or for notification purposes as described earlier in this notice. Your request must be made in writing and must state the specific restriction requested and the individuals to whom the restriction applies. We are not required to agree to a restriction you may request. We will notify you if we do not agree to your restriction request. If we do agree to the restriction request, we will not use or disclose your PHI in violation of the agreed upon restriction, unless necessary for the provision of emergency treatment. We may terminate our agreement to a restriction if you agree to the termination in writing; if you agree to the termination orally and the oral agreement is documented, or if we notify you of termination of the agreement and the termination applies only to PHI created or received by us after you receive the notice of termination of the restriction. Request for restrictions must be made in writing to the Privacy Officer.

2. The Right to Request Confidential Communications. You have the right to request that you receive communications of PHI from us by alternative means or at alternative locations. We must accommodate reasonable request of this nature. Requests for confidential communications must be made in writing to the Privacy Officer.

3. The Right to Inspect and Copy PHI. You have the right to inspect and obtain a copy of your PHI that is maintained in a designated record set for as long as we maintain the PHI. The designated record set is a collection of records maintained by us, which contains medical and billing information used in the course of your care, and any other information used to make decisions about you. By law, you do not have a right to access psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding; and PHI



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Notice of Privacy Practices

Effective April 14, 2003

which is subject to a law which prohibits access to PHI. We may deny your request to inspect or copy your PHI if, in our professional judgment, we determine that the access requested is likely to endanger you or another person. You have a right to request a review of a denial of access. If you request a copy of your information, we may charge you a fee for the costs of copying, mailing, or other costs incurred by us as a result of complying with your request. Requests for access to your PHI must be made in writing to the Privacy Officer.

4. The Right to Amend PHI. You have the right to request that we amend your protected health information in a designated record set for as long as we maintain that information. In certain cases we may deny your request. If we deny your request you will be notified in writing, and you will have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement of disagreement and if we do so we will provide a copy of our rebuttal to you. Requests for amendment of PHI must be made in writing to the Privacy Officer, and must include a reason to support the requested amendments.

5. The Right to Receive an Accounting of Disclosures of PHI. You have the right to request an accounting of disclosures of your PHI made by us. This right applies to disclosures made by us except for disclosures: to carry out treatment, payment, or health care operations as described in this Notice or incidental to such use; to you or your personal representatives; pursuant to your authorization; or for certain other disclosures we are permitted to make without your authorization. Requests for disclosure of accounting must specify a time period sought for the accounting, with the maximum time period being six years prior to the date of the request. We are not required to provide accounting for disclosures made before April 14, 2003. We will provide the first disclosure accounting you request during any 12-month period without charge. Subsequent disclosure accounting request will be subject to a reasonable cost-based fee.

6. The Right to Obtain a Paper Copy of this Notice. Upon request, we will provide a paper copy of this notice. We are required by law to maintain the privacy of your health information and to provide you with this Privacy Notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of the Notice currently in effect. We reserve the right to change the terms of this Notice and to make any new provisions effective for all PHI that we maintain. If we change the Notice, we will provide a copy of the revised notice through in-person contact.

7. You have the right to express complaints to us and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. If you wish to complain to us, please do so in writing, and direct your complaint to the Privacy Officer. You will not be penalized for filing a complaint.

Contact Information

For further information about this Notice or if you have privacy issues, or if you believe that your privacy rights have been violated, please contact our Privacy Officer at the contact information at the top of the page.



Sinus & Nasal Institute of Florida, P.A.

Financial Policy Summary

SNI is committed to excellence in patient care and providing you with the best patient care experience possible. In order to make sure that your experience at SNI is as smooth as possible, please familiarize yourself with our financial policy brochure. Below is a summary of important points found in the financial policy brochure. Please read and sign in the space provided below.

- A patient's health insurance policy is a contract between the patient and their health insurance company. It is the patient's responsibility to check what is covered under their policy.
- At SNI, all co-pays and deductibles are due at the time of treatment, along with a valid referral from the patient's primary care provider, if the insurance plan requires it.
- Outstanding balances older than 90 days, that are determined to be the patient's responsibility will be sent to a collections agency.
- For out of network insurance plans - patients (or their guarantors) are responsible for payment of their first office visit in full. We may consider to accept assignment of insurance benefits after the second SNI visit if the terms are acceptable to us.
- For self-pay patients - payment is expected at the time of service unless other financial arrangements have been made prior to the patient's visit. Financial assistance may be provided to eligible patients.
- The fee for a bounced check is \$25.00 - \$40.00 or 5% whichever amount is greater, and the patient will lose the privilege to write checks in our office.
- We ask that the patient call to cancel their appointment at least 24 hours in advance. If insufficient notice prior to cancellation is given, patients may be responsible for cancellation fees as outlined below, unless waived by a physician:

Missed New Patient Appointments : \$50.00

Missed Follow-up Appointments : \$25.00

Missed Allergy Testing Appointments : \$50.00


Missed Sublingual Immunotherapy Appointment : Any patient who fails to pick up a sublingual immunotherapy vial within 3 months after it has already been made will be required to pay a fee of \$50.00 in order to schedule a follow-up office visit.

- Medical records copies: There is no charge for one set of medical records. Additional records requests will be charged \$15.00 per request.
- Completion of forms fees: \$10.00-\$25.00 depending on the form.
- Financial counseling is available and our billing department is happy to answer your questions

I acknowledge receipt of the **SNI Financial Policy Brochure**, and this **Financial Policy Summary**, and that a copy of this summary shall remain in my chart. By signing below, I have read & understand any financial responsibilities described above in this **Financial Policy Summary**. Also I authorize healthcare providers at the Sinus & Nasal Institute of Florida, P.A. to release any information with regard to my treatment for insurance purposes. I also authorize to release my information to other physicians or institutions as necessary for my treatment. I understand that any information given with regard to my treatment shall remain CONFIDENTIAL and will be released only as necessary as it relates to my care or treatment.

Patient Name: _____ Name Guarantor _____
(PRINT) (PRINT if not patient)

Signature of Patient & / Guarantor **X** _____ / **X** _____ Date _____





SINUS & NASAL INSTITUTE OF FLORIDA, P.A.

DATE OF APPOINTMENT: _____

INITIAL OFFICE VISIT SINUS/NASAL QUESTIONNAIRE

TODAY'S DATE: _____

Name: _____ Birth Date: _____ / _____ / _____ Age: _____
 Last First MI Month Day Year

Please answer all the questions to the best of your ability and return this completed form to us prior to your office visit either by mail or by faxing it to 727-573-0076. If you have additional information to add, please write in the margins.

If there were only one symptom we could help you with, which would you have us relieve? _____
 How long have you had this symptom? _____

HISTORY OF PRESENT ILLNESS

Below is a list of symptoms of chronic nasal and sinus problems. CIRCLE ONE ANSWER FOR EACH SYMPTOM. Please mark an answer for current symptoms and past symptoms that are directly related to why you are seeing us.

- 0 = **Do not have** this symptom
 1 = Symptom **does not limit** my physical, social or work activity
 2 = Symptom **mildly limits** my physical, social or work activity
 3 = Symptom **moderately limits** my physical, social or work activity
 4 = Symptom **severely limits** my physical, social or work activity

SYMPTOM

SYMPTOM

Nasal/sinus infections	0	1	2	3	4		Nasal bleeding	0	1	2	3	4
Nasal stuffiness/congestion	0	1	2	3	4		Altered smell/taste	0	1	2	3	4
Facial swelling	0	1	2	3	4		Fever	0	1	2	3	4
Headache	0	1	2	3	4		Fatigue	0	1	2	3	4
Facial pain or pressure	0	1	2	3	4		Ear fullness /Ear clicking	0	1	2	3	4
Dental pain	0	1	2	3	4		Bad breath	0	1	2	3	4
Discolored nasal drainage	0	1	2	3	4		Worsening asthma	0	1	2	3	4
Post-nasal drainage	0	1	2	3	4		Cough	0	1	2	3	4
Other (specify)	0	1	2	3	4		Other (specify)	0	1	2	3	4

How long have you had this symptom?	Sinus Infection	Facial Pressure, Pain, Headache	Nasal Blockage, Stuffiness	Runny Nose/ Post-nasal drip	Nasal Bleeding	Altered Smell	Asthma
Do not have/have not had this symptom							
Less than 3 months							
More than 3 months but less than 1 year							
1 to 2 years							
More than 2 years							
Since childhood							
Other							

How has the symptom changed over time?	Sinus Infection	Facial Pressure, Pain, Headache	Nasal Congestion, Stuffiness	Runny Nose/ Post-nasal drip	Nasal Bleeding	Altered Smell	Asthma
Better than in the past							
No change							
Worse than in the past							
How frequently do you have these symptoms?	Sinus Infection	Facial Pressure, Pain, Headache	Nasal Congestion, Stuffiness	Runny Nose/ Post-nasal drip	Nasal Bleeding	Altered Smell	Asthma
never							
this is the first episode							
3 times/ year or fewer							
4-6 times /year							
monthly							
weekly							
daily							
constantly							
Which best describes your experience with the following therapies for each problem? 0 = Never used 1 = No relief 2 = Some relief but difficulty tolerating 3 = Some partial or temporary relief 4 = Significant relief Enter the number in the boxes below	Sinus Infection	Facial Pressure, Pain, Headache	Nasal Congestion, Stuffiness	Nasal Discharge		Altered Smell	Asthma
Antibiotics							
Anti-fungal therapy (Sporanox, Vfend, Ampho B)							
Anti-histamines (Benadryl, Claritin, Allegra, Zyrtec)							
Decongestants (Sudafed, Entex, etc.)							
Topical nasal steroid sprays (Nasacort, Rhinocort, Flonase, Nasonex)							
Steroids - by mouth or injection (Medrol or Prednisone)							
Over-the-counter nose sprays (e.g. Afrin)							
Aspirin/Tylenol/Anti-inflammatory							
Prescription pain medications (Codeine, Percocet)							
Antibiotic nasal/sinus irrigations							

DO YOU HAVE ANY OF THE FOLLOWING?

RECURRENT or CHRONIC NASAL/SINUS INFECTIONS

___ no ___ yes ___ yes, this is my main complaint
(if "no" go to the next section Nasal Discharge/Drainage)

To the best of your recollection, please list all the antibiotics you have taken for nasal/sinus infections: _____

Which describes the **longest** period of time you were on continuous, uninterrupted antibiotic therapy?

- ___ less than 10 days
- ___ 10 days to less than 2 weeks
- ___ 2 weeks to less than 1 month
- ___ 1 to 2 months
- ___ more than 2 months
- ___ can't recall

NASAL DISCHARGE/DRAINAGE, POST-NASAL DRIP or RUNNY NOSE

___ no ___ yes ___ yes, this is my main complaint
(if "no" go to the next section Nasal Bleeding)

Please describe when you first developed these symptoms: _____

Does the drainage appear mostly after eating? ___ no ___ yes ___ not sure

Have you had your typical drainage today? ___ no ___ yes

In which direction does the drainage usually pass?

- ___ forward, out of my nose
- ___ backwards into my throat
- ___ both forwards and backwards

Which side of your nose is most affected?

- ___ right
- ___ left
- ___ both

Is the drainage usually discolored or clear?

- ___ discolored
- ___ clear
- ___ sometimes discolored, sometimes clear

Please check all which best describe the typical appearance of your drainage:

- ___ clear
- ___ yellow
- ___ green
- ___ brown
- ___ opaque white
- ___ blood-tinged
- ___ black
- ___ orange

Is the drainage thin and water-like, ___ thin ___ thick ___ both
or thicker like mucus?

If **thin**, does it have a salty taste? ___ no ___ yes ___ not sure

If **thin**, does it appear after bending, lifting, or straining? ___ no ___ yes ___ not sure

NASAL BLEEDING

___ no ___ yes ___ yes, this is my main complaint
(if "no" go to the next section Nasal Congestion or Blockage)

Please describe when you first developed these symptoms: _____

Please describe the typical amount of blood that is present.

- ___ occasional streaking on tissues
- ___ daily streaking on tissues
- ___ occasional blood clots
- ___ intermittent bouts of heavy bleeding

Have you had nasal bleeding today? ___ no ___ yes

Which side of your nose is most affected? ___ right ___ left ___ both

Do you cough up blood? ___ no ___ yes

Do you have bleeding most often in winter? ___ no ___ yes

Does your nose bleed after nose blowing? ___ no ___ yes

Does bleeding occur with nasal spray use? ___ no ___ yes

How has your nasal bleeding been treated? _____

NASAL CONGESTION or BLOCKAGE (STUFFINESS)

___ no ___ yes ___ yes, this is my main complaint
(if "no" go to the next section Smell or Taste Changes)

Do you have this blockage/congestion now? ___ no ___ yes

Which side of your nose is **most often** affected? ___ right ___ left
___ both/alternating

Is the congestion/blockage worsened by:

- lying down? ___ no ___ yes ___ not sure
- alcohol consumption? ___ no ___ yes ___ not sure
- tobacco smoke? ___ no ___ yes ___ not sure
- pollution? ___ no ___ yes ___ not sure
- perfumes? ___ no ___ yes ___ not sure
- other environmental irritants (please specify) ___ no ___ yes ___ not sure

SMELL or TASTE CHANGES

___ no ___ yes ___ yes, this is my main complaint
 (if "no" go to the next section Facial Pain/Pressure or Headache)

Which best describes the change in your taste/smell:

___ diminished sense of taste ___ loss of taste ___ detect bad taste
 ___ diminished sense of smell ___ loss of smell ___ detect bad odor
 ___ burning tongue sensation

If you have loss of smell,
 does your sense of smell ever improve? ___ no ___ yes
 Do you detect an odor that other people cannot? ___ no ___ yes
 Please describe when you first developed these symptoms: _____

Do you have decreased or absent sense of smell today? ___ no ___ yes
 Do(es) your **smell/taste** symptom(s):
worsen with sinus/nasal infection? ___ no ___ yes ___ not sure
improve with medications/treatment? ___ no ___ yes ___ not sure

FACIAL PAIN/PRESSURE or HEADACHE

___ no ___ yes ___ yes, this is my main complaint
 (if "no" go to the next section Radiology History)

Please describe when you first developed headache/sinus pain: _____

On which side is your pain more prominent? ___ right
 ___ left
 ___ both

Where is your facial pain/headache most marked?

___ at the inner angle of the eye ___ in the cheeks
 ___ around the eye ___ in the back of your head
 ___ on the forehead or eyebrow ___ on your upper teeth
 ___ behind your eyes ___ on your temple
 ___ other (please describe) _____

What is the most appropriate description of this facial pain/headache?

___ pressure ___ fullness/heaviness
 ___ throbbing ___ sharp/stabbing
 ___ dull ache ___ cannot be described
 ___ other (please describe) _____

Do you have any facial pain/headache now? ___ no ___ yes

If **yes**, please rate your **current discomfort**

0 1 2 3 4 5 6 7 8 9 10

no pain

worst pain possible

Does your facial pain/headache **worsen** with:

airplane flight (headache pain only, not ear pain) ___ no ___ yes ___ not sure
 sinus infections ___ no ___ yes ___ not sure
 changes in weather ___ no ___ yes ___ not sure
 position of your head ___ no ___ yes ___ not sure
 certain foods ___ no ___ yes ___ not sure
 alcohol consumption ___ no ___ yes ___ not sure
 tobacco smoke ___ no ___ yes ___ not sure
 pollution ___ no ___ yes ___ not sure
 perfumes ___ no ___ yes ___ not sure
 Menstrual cycle ___ N/A ___ no ___ yes ___ not sure
 (other irritants) ___ no ___ yes ___ not sure

If yes, please specify _____

Is your discomfort associated with:

nausea and/or vomiting? ___ no ___ yes ___ not sure
 nasal congestion/stuffiness? ___ no ___ yes ___ not sure
 Have you been diagnosed by another physician ___ no ___ yes

with **migraine headaches**?

If yes, how have you been treated for migraines? _____

How frequently do you have migraine headaches?

___ daily
 ___ weekly
 ___ monthly
 ___ annually

Can you distinguish your migraine headache
 from sinus-related pain? ___ no ___ yes

Do you have a family history of migraines? ___ no ___ yes ___ not sure

RADIOLOGY HISTORY

Have you had prior sinus CT scans? ___ no ___ yes

Was your last sinus CT scan made after ___ no ___ yes ___ no surgery
 previous sinus surgery (ies)?

Have you had a chest xray in last 2 years ___ no ___ yes

**Please bring a copy of prior CT scans with you to your initial office visit.*

(For purposes related to the initial visit, the CT scan report is not as valuable
 as the actual scans.)

Past Medical History

Do you HAVE or HAVE YOU BEEN TREATED FOR any of the following? (check all that apply)

<input type="checkbox"/> arthritis	<input type="checkbox"/> hepatitis	<input type="checkbox"/> high blood pressure	<input type="checkbox"/> glaucoma	<input type="checkbox"/> osteoporosis
<input type="checkbox"/> asthma	<input type="checkbox"/> heart disease	<input type="checkbox"/> bleeding disorder	<input type="checkbox"/> peptic ulcer disease	<input type="checkbox"/> fibromyalgia
<input type="checkbox"/> gastritis	<input type="checkbox"/> tuberculosis (TB)	<input type="checkbox"/> depression	<input type="checkbox"/> immunodeficiency	<input type="checkbox"/> blood thinners
<input type="checkbox"/> diabetes	<input type="checkbox"/> mitral valve prolapse	<input type="checkbox"/> kidney disease	<input type="checkbox"/> thyroid disease	<input type="checkbox"/> acid reflux
<input type="checkbox"/> seizures	<input type="checkbox"/> meningitis	<input type="checkbox"/> cataracts	<input type="checkbox"/> shingles	
<input type="checkbox"/> other (specify) _____				

Do you take **aspirin** or any other **anti-inflammatory medication** on a regular basis?

☐ no ☐ yes

Have you had head injury associated with loss of consciousness?

☐ no ☐ yes

Have you been seen by a neurologist for any reason?

☐ no ☐ yes

If **yes**, please check all that apply: ☐ headache ☐ atypical facial pain ☐ seizures ☐ head injury ☐ other _____

For the following, list in chronological orders all prior surgical procedures including office polypectomies and sinus washouts-lavage.

HOSPITALIZATIONS ☐ none

Date	Procedure/reason	Hospital
_____	_____	_____
_____	_____	_____

SURGERIES ☐ none

Date	Procedure/reason	Hospital
_____	_____	_____
_____	_____	_____

SINUS or NASAL SURGERY/PROCEDURES ☐ none

Date	Procedure/reason	Hospital
_____	_____	_____
_____	_____	_____

****Please obtain a copy of your previous Operative report(s) & Pathology reports to bring to your appointment.***

TRAUMA/BROKEN BONES? ☐ no ☐ yes, (specify) _____

Have you ever broken your nose? ☐ no ☐ yes, (specify and date) _____

RECENT IMMUNIZATIONS: ☐ none ☐ tetanus ☐ flu ☐ hepatitis ☐ other (specify): _____

TRANSFUSION of BLOOD PRODUCTS: ☐ none ☐ yes (specify) _____

List **CURRENT MEDICATIONS** (list all meds including aspirin-containing products and all nasal sprays.)

Name	Dose	Frequency	Name	Dose	Frequency

ALLERGIES:

Are you allergic or sensitive to any **medications**? ___ no ___ yes

If yes, please list below - including aspirin-containing products:

Medication allergy/sensitivity **Type of reaction**

Do you have symptoms of environmental allergies (listed below)? ___ no ___ yes

(If "no" go on to the next page on Asthma.)

If yes, do you have any of these allergy symptoms? (check all that apply)

___ sneezing fits ___ itchy throat ___ runny nose
 ___ itchy nose ___ itchy eyes
 ___ runny/watery eyes ___ itchy ears ___ clogged ears
 ___ scratchy roof of mouth

Do these symptoms seem to occur with any foods?

___ no ___ yes ___ not sure

Are your symptoms constant or intermittent? _____

How long have you had these symptoms?

___ less than or equal to 1 year
 ___ more than a year but less than or equal to 2 years
 ___ more than 2 years but less than or equal to 5 years
 ___ more than 5 years but less than or equal to 10 years
 ___ more than 10 years

When are your allergy symptoms most apparent ?(check all that apply)

___ winter ___ spring
 ___ summer ___ fall ___ all year

Pollen Allergy Symptoms (check all that apply)

___ Worse outdoors
 ___ Worse on windy days
 ___ Worse on clear days
 ___ Worse outdoors 7 to 11 am
 ___ Worse with change of temperature
 ___ Worse in warm or cool air
 ___ Better indoors

Dust Allergy Symptoms

___ Worse indoors
 ___ Better outdoors
 ___ Worse 30 minutes after retiring
 ___ Worse in cold weather
 ___ Worse when sleeping
 ___ Worse when dusting

Mold Allergy Symptoms

___ Worse outdoors from 4 to 9 pm
 ___ Worse on cool evenings
 ___ Worse in low, damp place
 ___ Worse when mowing/play in grass
 ___ Worse on windy days

Do you have pets? Please check all that apply

___ Dog ___ inside ___ outside
 ___ Cat ___ inside ___ outside
 ___ Birds
 ___ Gerbils, hamsters, mice, etc.

Are symptoms worse around pets?

___ yes ___ no ___ not sure

Feather pillows? ___ Yes ___ No

Age of pillows _____

Age of mattress _____

What type of home do you live in?

___ Single house ___ Duplex
 ___ Apartment ___ Hotel
 ___ Trailer

Age of dwelling _____

Have you ever been tested for allergy? ☐ no ☐ yes ☐ not sure
If yes who was the physician testing _____
If tested, were you found to have allergy?
☐ no ☐ yes ☐ borderline ☐ not sure
If you tested positive for allergy, please list your allergies: ☐ can't recall

How long ago was your allergy test? ☐ less than 6 months
☐ 6 months to less than one year
☐ 1 year to less than 2 years
☐ 2 years to less than 5 years
☐ 5 or more years

Were you allergy tested by blood test or skin test?
☐ blood ☐ skin ☐ can't recall

Have you received shots for allergies? ☐ no ☐ yes ☐ not sure

If yes, how long have you been receiving them? ☐ less than one year
☐ more than one year
☐ no longer receiving

Do you believe the allergy shots helped your condition?
☐ no ☐ yes ☐ not sure

If you are no longer receiving shots, about when was your last allergy shot?
☐ less than or equal to 1 year
☐ more than a year but less than or equal to 2 years
☐ more than 2 years but less than or equal to 5 years
☐ more than 5 years but less than or equal to 10 years
☐ more than 10 years

For how long did you receive shots? ☐ less than or equal to 1 year
☐ more than 1 year

Any adverse reactions in the past with testing or treatment? ☐ Yes ☐ No
If yes, please list reactions

What medications relieve your allergy symptoms?

*** Please bring a copy of your allergy test results to your appointment.**

ASTHMA

☐ no ☐ yes
☐ yes, this is my main complaint
(if "no" go to the next section **Family History**)

Does your **asthma** flare up in association with:
discolored nasal drainage/discharge?
☐ no ☐ yes ☐ not sure
nasal congestion?
☐ no ☐ yes ☐ not sure
nasal sinus infections?
☐ no ☐ yes ☐ not sure
exercise or temperature changes?
☐ no ☐ yes ☐ not sure

How many asthma attacks have you had during the past year?
0 1 2 3 4 5 6
more than 6

How many emergency visits (to the hospital or doctor's office) did you have for your asthma during the past year?
0 1 2 3 4 more than 4

How many times were you hospitalized overnight for your asthma during the past year?
0 1 2 3 4 more than 4

How many times did you have a breathing tube inserted to help you breath for your asthma (intubated) during the past year?
0 1 2 3 4 more than 4

How many courses of oral steroids (prednisone /medrol) have you taken for your asthma during the past year?
0 1 2 3 4 more than 4
daily/every other day

ASTHMA (Cont)

Have you had spirometry (breathing tests) to assess your asthma?
☐ no ☐ yes
** Please bring the results of any prior breathing test for our records.*

Which medications have you used during the past year for asthma?
☐ Atrovent
☐ Oxygen therapy
☐ Intal/Tilade/Cromolyn
☐ Oral/Steroids/Medrol/Prednisone
☐ Proventil/Alupent/Ventolin/
Metaprel/Albuterol
☐ Beclovent/Aerobid/Vanceril
☐ Symbicort/Advair
☐ Theophylline/Theodur/Uniphyl
☐ other (specify): _____

How often have you used asthma inhalers during the past year?
☐ daily ☐ weekly
☐ monthly ☐ rarely
☐ never

How many times did you use theophylline (Theodur/Slobid) during the past year?
0 1 2 3 4
more than 4 times **daily**

Did your symptoms of asthma first appear before your sinus/ nasal complaints?
☐ no ☐ yes

☐ they appeared at same time

FAMILY HISTORY

Please check all that apply to **your family members**:

	Diabetes	High Blood Pressure	Heart disease	Stroke	Mental	Cancer	Allergy
Mother	_____	_____	_____	_____	_____	_____	_____
Father	_____	_____	_____	_____	_____	_____	_____
Daughter	_____	_____	_____	_____	_____	_____	_____
Son	_____	_____	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____	_____	_____
Brother	_____	_____	_____	_____	_____	_____	_____
Sister	_____	_____	_____	_____	_____	_____	_____

___ cystic fibrosis ___ asthma ___ immunodeficiency ___ bleeding disorder ___ fertility problems ___ Other disease (Specify): _____

SOCIAL HISTORY

Current occupation: _____

Have you had a recent change in your home or work environment? ___ no ___ yes

If yes, please describe: _____

Do you smoke or have you ever smoked tobacco on a regular basis? ___ no ___ yes

If yes, how much do/did you smoke? _____ packs/day

How many years have/did you smoke(d)? _____ years

If you have stopped smoking, _____ years ago
how long ago did you stop?

Do you drink alcohol? ___ no ___ yes

If yes, how much do you typically drink? _____ per day/ per week

Did/Do you ever use cocaine? ___ no ___ yes

Have you ever abused any addictive substances? ___ no ___ yes

If yes, what drug(s) were used? _____

When did you last use this/these drug(s)? _____

REVIEW OF SYSTEMS: The following is a list of health care problems/symptoms. Please mark 0-4 below to indicate the severity of each separate problem. After you mark 0-4, you should circle the * if you are being treated by another doctor for that particular problem.

0 this is not a problem

1 this is a symptom but does not affect my quality of life

2 this is a symptom and does affect my quality of life

3 this is a symptom and worsens my quality of life

4 I am not sure if this is a symptom

* I am currently being treated by another doctor for this problem

<u>Ears:</u>							<u>Mouth/Throat:</u>							<u>General:</u>							<u>Nervous System</u>						
Ringing	0	1	2	3	4	*	Dryness	0	1	2	3	4	*	Nausea	0	1	2	3	4	*	Numbness	0	1	2	3	4	*
Dizziness	0	1	2	3	4	*	Difficulty swallowing	0	1	2	3	4	*	Weight gain	0	1	2	3	4	*	Tingling	0	1	2	3	4	*
Vertigo	0	1	2	3	4	*	Pain on swallowing	0	1	2	3	4	*	Weight loss	0	1	2	3	4	*	Fainting	0	1	2	3	4	*
Ear pain	0	1	2	3	4	*	Hoarseness	0	1	2	3	4	*	Fever	0	1	2	3	4	*	Weakness	0	1	2	3	4	*
Ear drainage	0	1	2	3	4	*	Drooling	0	1	2	3	4	*	Chills	0	1	2	3	4	*	Tremor	0	1	2	3	4	*
Hearing loss	0	1	2	3	4	*	Choking on solid/liquids	0	1	2	3	4	*	Night sweats	0	1	2	3	4	*							
<u>GI Tract</u>							Lumps in neck							Fatigue							<u>Eyes</u>						
Indigestion	0	1	2	3	4	*	<u>Sleep Disturbance</u>							<u>Cardiovascular</u>							Decreased vision						
Heartburn	0	1	2	3	4	*	Loud snoring	0	1	2	3	4	*	Murmur	0	1	2	3	4	*	Double vision	0	1	2	3	4	*
Vomiting	0	1	2	3	4	*	Daytime sleepiness	0	1	2	3	4	*	Palpitations	0	1	2	3	4	*	Clouded vision	0	1	2	3	4	*
Changed Stool	0	1	2	3	4	*	Difficulty falling asleep	0	1	2	3	4	*	Chest pain/pressure	0	1	2	3	4	*	Eye Pain	0	1	2	3	4	*
Diarrhea	0	1	2	3	4	*	Difficulty staying asleep	0	1	2	3	4	*	<u>Pulmonary</u>							Abnormal tearing	0	1	2	3	4	*
Constipation	0	1	2	3	4	*	Stoppage of breathing	0	1	2	3	4	*	Shortness of breath	0	1	2	3	4	*	<u>Endocrine</u>						
Abdominal pain	0	1	2	3	4	*	Arise not feeling rested	0	1	2	3	4	*	Wheezing	0	1	2	3	4	*	Heat/cold intolerance	0	1	2	3	4	*
<u>Hematology</u>							<u>Urinary tract</u>							Chest tightness							Excessive thirst						
Easy bruising	0	1	2	3	4	*	Burning	0	1	2	3	4	*	Productive cough	0	1	2	3	4	*	Irregular menses	0	1	2	3	4	*
Prolonged bleeding	0	1	2	3	4	*	Frequency	0	1	2	3	4	*	Pulmonary emboli	0	1	2	3	4	*	<u>Psychological</u>						
Transfusions	0	1	2	3	4	*	Color change	0	1	2	3	4	*	<u>Rheumatology</u>							Depression	0	1	2	3	4	*
Blood clots/ emboli	0	1	2	3	4	*	Interstitial cystitis	0	1	2	3	4	*	Joint pain	0	1	2	3	4	*	Anxiety/ Claustrophobia	0	1	2	3	4	*
													Sore tendons/muscles	0	1	2	3	4	*	Schizophrenia	0	1	2	3	4	*	

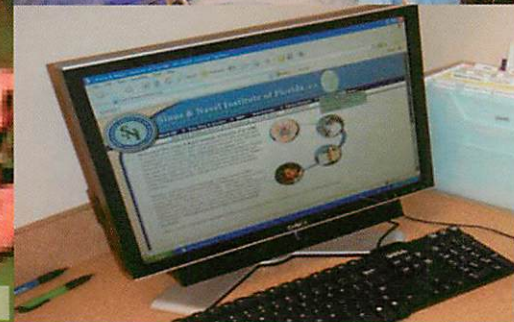
I have completed this 9 page questionnaire accurately and to the best of my ability:

X_____

Date _____



EXCELLENCE IN
PATIENT CARE,
EDUCATION, &
RESEARCH



Our Mission & Philosophy



We are dedicated to excellence in patient care, medical education and research of nasal, sinus, orbital and skull base disorders. It is our philosophy to give you the same advice and care that we would offer to our own family members. While medical research and education are important to our successful management of patients' health, our first priority is to render outstanding care to you. We hope to make your healthcare experience with the Sinus & Nasal Institute of Florida, P.A. (SNI) a very positive one. Whether you have nasal blockage, sinusitis, inhalant allergies, cerebrospinal fluid drainage, exophthalmos, or a sinus cancer, we make every effort to give you the most up-to-date care with diagnostic and therapeutic technology. While our innovative medical treatments are often sufficient by themselves to alleviate your sinus & nasal inflammation or blockage, we also offer minimally invasive surgical techniques, including nasal endoscopy to manage a variety of related healthcare problems (see page 2).

Teaching at SNI & Our Rhinology/Skull Base Fellowship

We are involved in teaching our patients as well as other healthcare professionals. We hope to help our patients learn about their health and for them to become involved in their own care. Please take advantage of our teaching resources including our leaflets which have important medical information. These handouts are given at office appointments and are available for you to download from our website at www.sniflmd.com. Access to some handouts is limited to SNI patients and it requires that you logon with your name and our password.

Drs. Lanza & Solyar host 1 of approximately 25 rhinology/skull base fellowship training programs in the country. Our SNI fellow is a fully trained, board eligible or board certified, otolaryngologist who is spending an additional year of subspecialty training with Drs. Lanza and Solyar. The fellow is not a medical student, intern or an ENT resident. Each fellow has already completed all these phases of education and he/she could very well have chosen to be in practice as an otolaryngologist-head & neck surgeon somewhere in your community. The fellow actively participates in all phases of every patient's care including your office visits and surgery if needed. In August of 2012, Dr. Lanza will be training his 22nd Rhinology & Skull Base fellow. Many prior fellows have themselves achieved international recognition and they are teaching, or have taught, at prestigious medical centers in the U.S. and abroad (incl. Lahey Clinic, Mayo Clinic, PENN, Pusan Univ. (Korea), Samsung Univ. (Seoul), Stanford, Thomas Jefferson Univ., Univ. of Alberta, Univ. of Florida, Univ. of Michigan, Univ. of North Carolina, Univ. of Oregon, Univ. TX-Southwestern, Univ. TX Houston, & Univ. Utah).

From time to time we have visitors to SNI, but they are only permitted to observe our patient care. This includes pre-medical students, medical students, residents, and visiting physicians. ***Again, the first goal of this Institute is to render each patient outstanding care; the second goal is to teach other physicians to do the same.***

Research at SNI

Part of our pursuit of excellence is to evaluate our care through an active quality assessment and improvement program but also our team is certified to conduct clinical research. Over the past 7 years the physicians at the Sinus & Nasal Institute of Florida have presented their findings at national meetings on sinus infections associated with *Methicillin Resistant Staph. Aureus* (MRSA), *Fusarium* fungus, and *Atypical Mycobacterium* sinusitis. Our physicians have co-authored papers on skull base surgery specifically related to sinus cancers like squamous cell carcinoma, melanoma, esthesioneuroblastoma and how pituitary tumors affect sense of smell. Recently, Dr. Lanza presented a culmination of his work on inverted papilloma to the American Rhinologic Society as the 8th Invited David W. Kennedy Lecturer. Dr. Lanza is the editor of a textbook on frontal sinus disorders. In total, 135 peer-reviewed publications, articles and book chapters were authored by either Dr. Solyar & Dr. Lanza during their careers.

About Your Privacy

All SNI staff are informed regarding the importance of your privacy and your patient information is handled in compliance with the Health Insurance Portability and Accountability Act (HIPAA) guidelines. All SNI staff are involved in each patients' care while they assist our physicians. This includes our licensed practical nurse, business manager, receptionist, and ancillary office staff.



Examples of Health Care Problems Diagnosed & Treated at SNI

Nasal Obstruction

Deviated septum
Turbinate enlargement
Nasal valve obstruction
Septal perforation
Choanal atresia

Nasal & Sinus Inflammation

Recalcitrant sinusitis (all forms inc. fungal)
Nasal polyps, antro-choanal polyps
Rhinitis—allergic and non-allergic
Mucocoeles
Loss of sense of smell
Post-nasal drip and cough
Discolored nasal discharge
Sinus related facial pain and pressure
Granulomatous Disease—e.g. Wegener's
Cystic Fibrosis associated sinusitis

Orbital Disease (Eyes)

Exophthalmos (bulging eye) 2^o Graves' disease
Compressive optic neuropathy
Selected orbital tumors (eg. hemangioma)
Abnormal tearing (epiphora) 2^o to tear duct blockage
Silent sinus syndrome assoc. enophthalmos
Tear duct malignancy

Nasal & Sinus Trauma

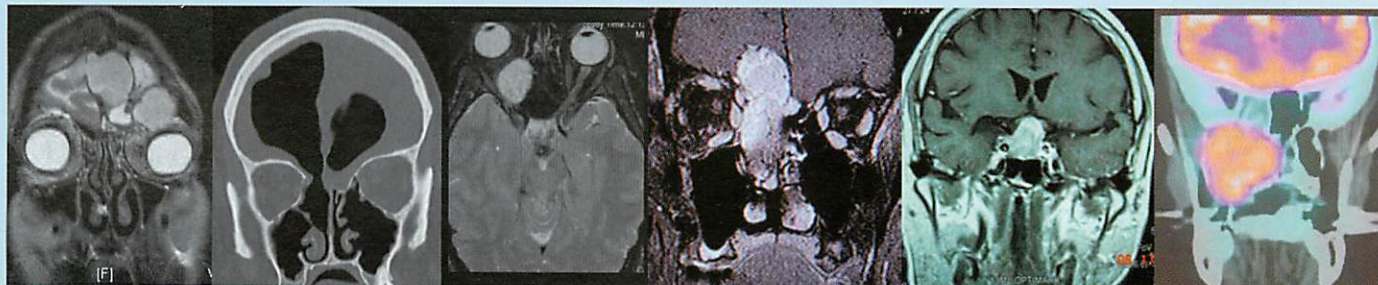
Nasal fracture
Failed prior sinus surgery with scarring
Cerebrospinal fluid fistula (inc. spontaneous)
Bleeding (inc. hereditary telangiectasia)

Benign Nasal & Sinus Tumors

Encephaloceles
Inverted papilloma/Cylindric cell papilloma
Osteoma/ Fibro-osseous lesions
Juvenile nasopharyngeal angiofibroma
Extra-dural meningioma
Hemangiopericytoma
Hemangioma of Pregnancy
Clival Chordoma

Malignancy of Sinuses

Squamous cell carcinoma
Adeno- & Adenoid Cystic carcinoma
Esthesioneuroblastoma
Melanoma
Chondrosarcoma
Ameloblastic carcinoma
Plasmacytoma / Lymphoma
Spindle cell carcinoma
Nasopharyngeal carcinoma



Coronal MRI post-traumatic multiple frontal sinus mucocoeles

Coronal CT pneumocephalus after routine sinus surgery performed at an outside facility

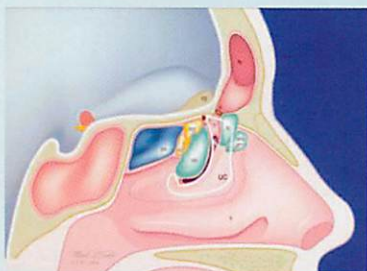
Axial MRI Orbital Hemangioma

Coronal MRI Ethmoid Esthesioneuroblastoma

Coronal MRI Pituitary Adenoma

PET/CT Maxillary Adenoid Cystic Carcinoma

Before Your Initial Appointment



Prior to your initial appointment we will mail you a healthcare packet or you may download it online from our website at www.sniflmd.com. Please call our office for assistance with how to do this (727-573-0074). Carefully review all of our consent forms before signing them. These include consent for us to give you care, understanding your financial responsibility, understanding our "on-call coverage", permission to photograph and permission to evaluate your health record periodically for quality assessment and improvement (QA&I) purposes. Again we abide by HIPAA guidelines and maintain your privacy throughout this process. If you have questions our staff can be helpful.

Before your first appointment please obtain a copy of all your relevant health information including a CD of CT or MRI scans. Also please fill out our new patient health questionnaire which is a very important tool for our physicians. Although the questionnaire is an important aspect of our history taking, it is by no means the only way we learn about you and your health. Please return all of this information to us prior to your appointment date. Should you require follow-up evaluations, each time you return, you will be asked to fill out a 2 page questionnaire. During your first appointment you will meet our Rhinology & Skull Base Fellow and our Director, Dr. Don Lanza.

Insurances Accepted & Out-of Network Care

We have agreements to provide care for those patients who have health insurance with: *Blue Cross/ Blue Shield of Florida (Inc. All Plans), Cigna, Evolutions, Great West, Medicare (inc. Railroad Medicare), and Coventry Health Care and First Health Network*. As of March 2013 we anticipate participation with *United Healthcare*. **This list is subject to change and you should confirm this information prior to scheduling your appointment. Many of our patients see us through their out-of-network benefits or with a "gap extension" from their HMO. The hospital, anesthesia team and pathology services utilized by SNI typically accept most insurances even though SNI does not.** We offer to submit the insurance charges for you regardless of whether or not we participate with your insurance.

There are 3 options for patients who do not have insurance coverage for our services:

1. Use "Out-Of-Network Benefits" if available through your insurance

2. Request Permission for "Out-Of-Network Coverage"

Patients **without** "out-of-network" benefits can sometimes obtain permission for an evaluation when a referring otolaryngologist and/or their primary doctor writes your insurance company with "Letter of Necessity" on your behalf. The letter should include the following information:

Patient name and insurance information (guarantor information if it applies)

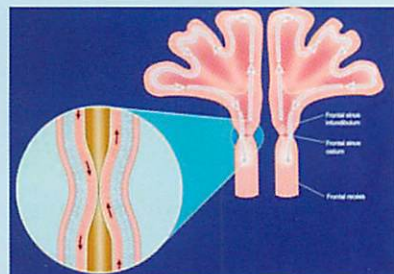
Describe the complexity of the patient's condition and diagnoses

Include a statement as to why you believe we may be better suited to handle the patient's healthcare problems.

3. Out-of-Pocket Payment

a. Payment is anticipated at the time services are rendered.

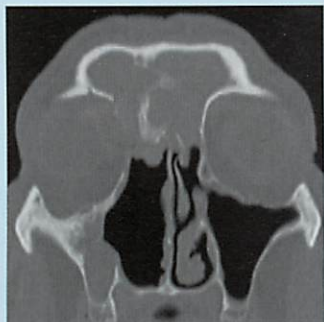
b. Payment plans for individuals can be established in advance.



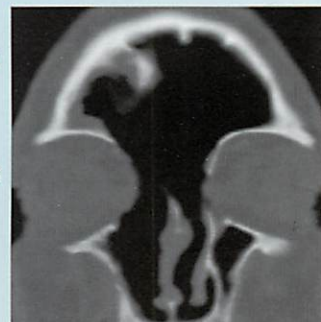
Are we on time for appointments?

We make every effort to be timely with your scheduled appointment. When we do occasionally run behind we do ask your understanding. **Our first priority, is helping each person with their individual needs** and this can be challenging to appropriately schedule for. For example, your individual needs may be difficult

to assess by our schedulers. Alternately, new problems may arise for you between the time you scheduled your appointment and the day you are seen. This introduces some uncertainty to the length of time needed for your appointment and therefore at times our office may run behind. We do not willfully overbook our schedule. Sometimes patients arrive late for their appointment due to extenuating circumstances (e.g. their flight to their appointment is delayed). Rarely, we are called upon for an emergency which can cause us to dramatically change our schedules at short notice. To help us do our best job, please call us if you are running late for your appointment or if you cannot keep your appointment.



Pre-op CT Frontal Sinus Inverted Papilloma



Post-op CT Draf III for Frontal Sinus for IP

What you can expect at your appointment



1. Watch 12 minute new patient video to introduce you to our office staff and their roles
2. Meet healthcare professional to:

Review medical questionnaire

Measure your weight, blood pressure, pulse, temperature and oxygen saturation.

Obtain your medical history & perform an ears, nose & throat physical examination

For patients with long standing nasal/sinus problems this typically includes a nasal endoscopy and possibly sinus culture. In order to facilitate your nasal examination, we ask your permission to spray your nose with a decongestant similar to over-the-counter brands like Afrin® and a topical anesthetic spray (Lidocaine), which will numb the lining of your nose. Either a flexible and/or a rigid endoscope is used. The endoscopic exam yields useful information regarding the nature and extent of disease present in the nasal cavity and the drainage paths of the paranasal sinuses. The CT and MRI scans give complimentary information but they do not replace the value of nasal endoscopy.

3. Assessment & Recommendations: Once our healthcare professional has completed an evaluation, he/she will advise you of your diagnosis, prognosis, and treatment options. Our treatment recommendations are based upon your medical history, diagnosis, available medical evidence/guidelines, your cost of care, and our clinical experience.

He/she will notify you if additional testing or physician consultation is recommended. If at any time, our instructions are unclear to you, please tell us. Often times, at the conclusion of your appointment you will be given written information related to your visit. Please read this information as it contains important health information and will reinforce our instructions. If you misplace this information, typically you can obtain it from our website at www.sniflmd.com.

4. Check-out: Future Appointment/Test/Procedure scheduling, Fee

Collection. You will be given a copy of our treatment recommendations in writing.



Your Test Results

If medical tests are ordered for you (eg. sinus culture, CT scan, blood work) and you have not heard the results within one week, please call our office to obtain your results. You may reach us during regular business hours at: 727-573-0074 or if you live out-of-state at call our toll free (877)-SNIFL-MD between 8:30 am – 4:30 pm Monday through Friday. If you have any additional concerns please notify us.

Patient Portal & Email Correspondence

Effective in early 2013, we will utilize our E-Clinicalworks™ patient portal for some communications. The patient portal will be available for you to view your medical records, to request prescription refills and to check your appointment times, as well as your laboratory test results. We will have limited email communication available through this system. In order to subscribe to this system we require your written permission and your personal email address to send you the links. We will not give out your email address but may use it for appointment reminders to you.

Physician Hospital Affiliations

Currently our physicians perform the vast majority of their hospital based surgery at St. Anthony's Hospital which is part of the large not-for-profit health system called Baycare. St. Anthony's is a 350 bed facility located near downtown St Petersburg, FL. Occasionally SNI doctors work from All Children's Hospital which is affiliated with Johns Hopkins Medical Institutes. Our director, Dr. Lanza also has consulting privileges at Bayfront Hospital and Palms of Pasadena.

Conflict of Interest—Disclosure

As of October 2011, SNI physicians and staff **DO NOT have any significant commercial financial relationships** that could influence our commitment or responsibility to our patients. While we do accept sample medications from pharmaceutical companies for the purpose of assisting our uninsured patients and for facilitating initial care, we do not accept meals or gifts from companies that could influence our recommendations. Availability of samples does not influence our treatment recommendations for you (see **Assessment & Recommendations** above). Dr. Lanza is a member of an advisory panel for Merck involved in the development of an allergy treatment. We have no vested interest in product development as of January 2013. We do have professional and educational association with St Anthony's Hospital for patient care and towards improving care in the region. We are independent participants in a Baycare developed Clinically Integrated Network to facilitate our patient care within their health system. Should any of this change, disclosure will be made available at our reception area.



MRI Clival Chondrosarcoma

Driving Instructions

From the North & East (Tampa, Leesburg, Orlando, Daytona)

From Orlando head west on I-4 towards Tampa/St Petersburg and follow signs to I-275 South (St. Petersburg). **From Leesburg** Take I-75 south to I-275 South (St. Petersburg). Once you cross the Howard Frankland Bridge exit I-275 (exit 32) heading south on 4th Street North. At the second traffic light turn right onto Koger Blvd. N. Travel to the end of this road. At the stop sign you will see our building directly in front of you. Turn left onto 94th Ave. North. Make an immediate right turn into our driveway at 550 94th Ave. N.

From South (Downtown St. Petersburg, Sarasota, Naples, Miami)

From **Sarasota or South** take I-75 north towards Tampa/ St. Petersburg and exit onto I-275 North towards St Petersburg. While heading north on I-275 take exit 28 (Pinellas Park, Seminole & Gandy, [SR 694](#)) Veer to the right off of the exit ramp onto Gandy Blvd (also known as [SR 694](#)) heading east. At the 1st traffic light (Frontage Road) turn right & then a make quick left turn onto 94th Ave. N. Drive a bit more than ¼ of a mile past the next traffic intersection (Dr. Martin Luther King, Jr. St. North aka 9th Street N) & turn right into our driveway at 550 94th Ave. N.

From the Northwest (Clearwater, Tarpon Springs, New Port Richey)

From Clearwater take Country Road 611 south (aka McMullen Booth Rd N) across the Bayside Bridge to Ulmerton Road (RTE 688). Turn left (head east) onto Ulmerton Road (RTE 688). From Ulmerton Road (RTE 688), once you pass the Rally Gas Station at the corner of 34th St N on the right, veer to the right onto Roosevelt Boulevard (EAST 686 to SOUTH I-275). The right lane is an "exit only" lane. Travel to 3rd traffic light and turn right onto Dr. Martin Luther King, Jr. St. North (also known as Pinellas County Road 803 & 9th St. N.). Go south to the 5th traffic light and turn left onto 94th Ave. N. (BP gas station is on left corner) Just a bit more than ¼ of a mile turn right into our driveway at 550 94th Ave. N.

From West (Largo)

From **Largo** head east on Ulmerton Road (RTE 688). From Ulmerton Road (RTE 688), once you pass the Rally Gas Station at the corner of 34th St N on the right, veer to the right onto Roosevelt Boulevard (EAST 686 to SOUTH I-275). The right lane is an "exit only" lane. Travel to 3rd traffic light and turn right onto Dr. Martin Luther King, Jr. St. North (also known as Pinellas County Road 803 & 9th St. N.). Go south to the 5th traffic light and turn left onto 94th Ave. N. (BP gas station is on left corner) Just a bit more than ¼ of a mile turn right into our driveway at 550 94th Ave. N.



Air Travel

Two international airports are located within 12 miles of our facility. These are Tampa International Airport and St. Petersburg-Clearwater International Airport. The much larger of the two is Tampa International Airport and it has the most frequent and convenient flights. However, the St. Petersburg-Clearwater Airport maybe especially worthwhile for some patients from the Midwest and Canada. Our website has links to both of these airports and to several discount airlines that service locations in the Midwest and Canada. Both airports are a 10-15 minute taxi drive from SNI when the travel occurs outside of rush hour.



Hotel Information

As the Tampa Bay area is a destination for many vacationers there are many area hotels. Although we are not located near the beaches some of our patients choose to stay on the Gulf of Mexico while visiting us. There is one hotel within walking distance to our facility. Below are hotels listed in order of proximity to SNI are the following hotels

Comfort Inn & Suites

875-94th Avenue, North, St. Petersburg, Florida, USA,
33702 (727) 563-9100

La Quinta Inn & Suites St. Petersburg

6638 4th Street North, St. Petersburg, (727) 525-1800

St. Petersburg Marriott Clearwater

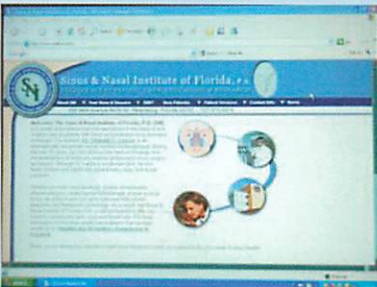
12600 Roosevelt Boulevard St. Petersburg, FL 33716
(727) 572-7800

Hilton Hotel

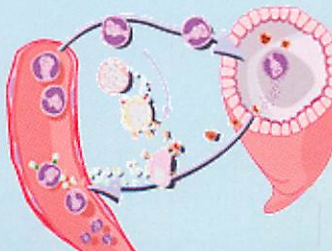
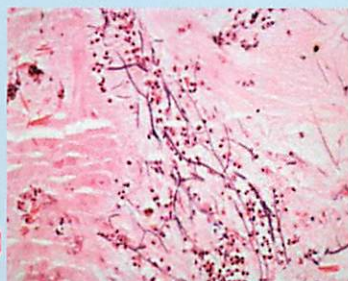
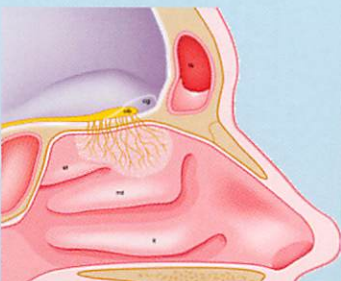
950 Lake Carillon Drive, St Petersburg, FL 33716 Tele-
phone: (727) 540-0050



Our website: www.sniflmd.com



We have very helpful information on our website so that you may better understand common nasal and sinus disorders such as upper respiratory tract infections and nose-bleeds. New patients can request a SNI appointment online, as well as learn about what to bring to their first appointment and what to expect during an evaluation of their sinus passages. Existing SNI patients can log onto our password protected area for more educational information on sinus and nasal disorders. For those patients who might travel to us by airplane, there is useful flight and lodging information under the drop down menu called contact info. There is additional information on the background of our Director, Donald C. Lanza, MD and his publications on this website. All this and much more is just a click away on your computer at www.sniflmd.com.



About Our Doctors



Donald C Lanza, MD, MS is a board certified ears, nose, and throat physician who is internationally recognized as a subspecialist called a "Rhinologist & Skull Base Surgeon". Dr. Lanza sub-specializes in managing difficult health challenges affecting the nose, sinuses, orbits and the skull base. He is an innovator of minimally invasive surgical techniques and has introduced or aided in the development of nearly a dozen surgical techniques. Dr. Lanza has more than 20 years experience with refractory sinusitis and complicated frontal and sphenoid sinus disease. He is among the first in the nation to present work on minimally invasive trans-nasal management of cerebrospinal fluid fistulas, orbital problems, and sinus/skull base tumors such as inverted papilloma, sinus cancers, and other skull base tumors. Related to his educational background, clinical experience and innovation, Dr. Lanza was quoted by both the *NY Times* and the *Wall Street Journal* for his expert opinion on treatment of sinus diseases. He and one of his patients were the subject of a *Tampa Tribune* news article regarding curative minimally invasive surgery for a rare sinus cancer. Related to his success as a surgeon, Donald C. Lanza, MD has been listed in "*Best Doctors in America*" continually since 1994 and in "*Top Doctors in America for Cancer*" since 2006. In 2011 he was acknowledged by Castle & Connelly as being ranked nationally among the top 1% within his specialty according to his peers. His work on sinusitis has been referenced by the *Food & Drug Administration*. Dr. Lanza has over 125 publications with nearly 100 in the peer-reviewed literature. As an educator, Dr. Lanza has been invited to 6 continents and 24 countries to present hundreds of lectures. Dr. Lanza has been the course director for more than 30 continuing medical education programs including one held in St Petersburg, FL (2010) and he was the host for 2 international meetings on nasal and sinus disorders. He is a winner of the prestigious "*Golden Head Mirror Award*" for meritorious teaching and the "*Life Time Achievement Award*" for his contributions to the American Rhinologic Society. Additionally, he was awarded as the "Otolaryngology Teacher of the Year" by the residents in 1998 at the University of Pennsylvania and again at the Cleveland Clinic Foundation in 2004. In 2009, he received the "Distinguished Service Award" from the AAO-HNS to acknowledge his commitment to that organization. Administratively, Dr. Don Lanza is past-president of the *American Rhinologic Society* (2002-3) and sat on the Board of Directors for the *American Academy of Otolaryngology-Head & Neck Surgery* (2007-2011). He was an invited guest examiner for the American Board of Otolaryngology in 2008. Since establishing the Sinus & Nasal Institute of Florida in 2004, Dr. Lanza served on the Board of Directors for St. Anthony's Hospital Foundation and is currently the division head of otolaryngology for St. Anthony's Hospital (2010-2012).



Alla Solyar, MD is a board certified otolaryngologist with subspecialty training in Rhinology and Skull Base Surgery. She is committed to evidence based, compassionate care. Alla Y. Solyar, MD was born in Moscow, Russia and moved with her family to United States in 1990. Dr. Solyar, is fluent in Russian. She was raised since her early teens in the Bronx, NY. She is a graduate of Brandeis University (*magna cum laude* & Phi Beta Kappa) and completed her medical school and residency training at Albert Einstein College of Medicine. At Einstein she won 1st place in a resident research competition with great endorsements from highly regarded faculty. Dr. Solyar completed her Rhinology & Fellowship training at the Sinus & Nasal Institute of Florida in 2011. While at the SNI, Dr. Solyar published commentary on "*Pedicled Nasoseptal Flaps*" which was acknowledged as important for the literature by leading Rhinologists. Her presentation "*Hyposmia & Pituitary Adenoma*" to the American Rhinologic Society in April 2011 was well received. Dr. Solyar's artistic talents facilitated the preparation for our manuscript on "*Nasal & Paranasal Sinus Anatomy & Embryology*" and her published works on "*Atypical Mycobacterium Detection in Refractory Chronic Rhinosinusitis*" and "*Rhinosporidiosis*" help guide patient care. Subsequent to her fellowship at SNI, Dr. Solyar returned to the Northeast to practice otolaryngology for 1 year. There she continued to treat patients with sinus and nasal disorders and further developed her interest in managing allergy for her patients. She is an active member of the *American Academy of Otolaryngic Allergy*. Sublingual immunotherapy is a specific area of her research interest for management of inhalant allergies and chronic rhinosinusitis.



Sinus & Nasal Institute of Florida, P.A.

550 94th Avenue North
St Petersburg, Florida 33702
(O) 727-573-0074
(F) 727-573-0076
Out-of-State 877-SNIFLMD
Hours: 8:30 am –4:00 pm , Monday through Friday



Sinus & Nasal Institute of Florida, P.A.



Financial Policies*



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Background

During the first 10 years of SNI patient care there has been a significant decline in private/commercial insurance payments for surgical services, yet the cost to maintain the SNI practice along with administrative requirements has increased. Unfortunately, private/commercial and government sponsored insurances are holding patients increasingly responsible for out-of-pocket costs to prevent over utilization of health services and to diminish their costs. As might be expected, during this transition in healthcare, SNI has seen patient indebtedness to this practice increase. This is related, in great part, to our poor economy which is reflected to SNI as an increased number of patients who are underemployed, unemployed, underinsured or impoverished. As a



point of pride and good will to our patients, SNI has never previously sent a patient to a collections agency. Discouragingly, a small but substantial, financially capable, segment of our patient population has taken advantage of our previous policy of not sending patients to a collection agency. In order for this unique, subspecialty practice to remain viable in this evolving healthcare environment, it is very important that each patient understand and abide by their financial responsibility for the services that we render. Thus, this new set of policies was created and becomes effective May 15th, 2014 delineating patient financial responsibilities for SNI healthcare.



We continue our unwavering commitment to providing each patient with the best possible care **regardless of your ability** to pay but we will take action for those who **do not assume their responsibility to pay** for our healthcare services. The timing and amount of each patient's out-of-pocket payment for SNI services will vary depending if a patient has health insurance, or which type of insurance they have and whether or not SNI has an agreement with their health insurance plan.

For Patients with Insurance Coverage

A patient's health insurance policy is a contract between the patient and their health insurance company. It is the patient's responsibility to check that:

1. their existing health insurance plan lists SNI providers as participating
2. the SNI office has received the patient's complete & accurate health insurance information prior to the first appointment
3. he/she understands the terms of their own insurance coverage. This includes but is not limited to knowing:

- A. if a referral is required from the primary care MD prior to being seen by an SNI specialist
- B. what is the co-payment to be seen by a specialist
- C. what is the deductible
- D. what is the co-insurance
- E. where services can be performed (egs. for lab tests- Quest, LabCorp, Baycare)
- F. what services are covered (nasal endoscopy, hearing tests, allergy testing, etc. See **Billing & Services**)

Insurances Accepted By SNI: BCBS of Florida, CIGNA, Coventry, First-Health, Evolutions, Great West, Medicare, and United Healthcare.

We do not have an agreement with Medicaid, or any health insurance plans created by the Affordable Care Act. This list of insurances is subject to change without notice.





Depending upon the patient's Health Insurance plan, the out-of-pocket responsibility can be described as a copayment (copay), coinsurance and/or deductible. These are typically applied to your out-of-pocket maximum responsibility. Each plan is different.

- **Copay** is a payment defined in the insurance policy and paid by the insured person each time a medical service is

rendered. Both Copays & Coinsurance do contribute towards any policy out-of-pocket maximums.

- **Coinsurance** is a percentage payment after the deductible is met up to a certain limit. It must be paid before any policy benefit is payable by an insurance company.
- **Deductible** is the amount of expenses that must be paid out of pocket before an insurer will pay any expenses.

At SNI, all co-pays and deductibles are due at time of treatment, along with a valid referral from the patient's primary care provider, if the insurance plan requires it. If the patient does not make the copayment, we may have to reschedule the appointment. Prior to any scheduled surgery deductibles and coinsurance will be collected in full. Any outstanding balances will be billed to the patient (guarantor) after we receive an explanation of benefits (EOB) from the health insurance detailing the patient's (or guarantor's) financial responsibility under their insurance agreement. Once the determination is made by the patient's insurance, the remaining SNI charges are transferred to the patient's responsibility and are due upon receipt of an SNI statement. Outstanding balances older than 90 days, that are determined to be the patient's responsibility will be sent to a collections agency. If the patient requires treatment(s) that is/ (are) not thought medically necessary by their health insurance, or is not a covered service with their insurance carrier, patients (or their guarantors) are responsible for payment. (please see below **Fees & Services Provided**). In the event that the patient's insurance coverage changes to a plan where we are not participating providers, SNI services will become the patient's out-of-pocket responsibility.

What prior authorizations mean: Some insurance plans require prior authorization for certain services. Which services require authorizations vary according to an individual's insurance policy. Even when pre-certification / pre-determination authorizations are granted to perform a service, like surgery, the insurance companies assert that this does not guarantee payment to SNI. It means that the insurance company finds the service medically necessary but it does not mean that it is covered by the patient's individual policy. If, after SNI care was rendered, the patient's policy does not cover a specific service, even though it was pre-authorized, insurance payment to SNI can be denied. This unfortunately makes the service the out-of-pocket responsibility of the patient.

This is an important example of why each patient should check with their insurance regarding covered services.

Medicare

SNI accepts Medicare assignment which means that we agree to accept Medicare's prices on services provided to the patient. Patients are responsible for the deductible, any non-covered services specified by Medicare, and the 20% co-insurance. The 20% co-insurance can be billed to a secondary insurance if the patient has one. If the secondary insurance does not cover the balance, or if the patient does not have a secondary or supplemental insurance, the balance is billed directly to the patient. SNI does not have an agreement with all secondary insurances and the patient is responsible to check with their secondary insurance if SNI services are covered. The physician and clinical services are billed to Medicare Part B. Most Medicare patients who have secondary insurance will have no out-of-pocket expense at SNI.

Out of Network Insurance Plans

Patients (or their guarantors) are responsible for payment of their first office visit in full. We may consider to accept assignment of insurance benefits after the second SNI visit if the terms are acceptable to us, otherwise the fees will be an out-of-pocket expense to the patient. Should SNI accept assignment from the patient's insurance company, the patient will be responsible for payment if the insurance carrier authorizes and certifies care but fails to pay as agreed upon. We typically will not accept insurance plans UCR (Usual, Customary & Rates) since they are often payments below the Medicare price. As a courtesy to our patients, SNI will send a bill to that insurance carrier on the patient's behalf.

Self-Pay Patients

Payment is expected at the time of service unless other financial arrangements have been made prior to the patient's visit. All arrangements made for services will require an agreement signed by both patient and SNI administrative staff. Failure to adhere to practice policy will result in the account being sent to a collection agency. SNI provides financial assistance on a sliding scale to patients who do not have insurance at family income levels up to four times the Federal Poverty Guidelines and to all patients if there are exceptional circumstances.

Eligibility for SNI Financial Assistance /Charity Care:

1. Patient must be a resident of Florida.
2. Patient's income is at or below 400% of the Federal Income Poverty Guidelines.
3. Patient must provide proof of income (income includes gross wages, rental income, gross income from self employment, public assistance, social security, unemployment compensation, strike benefits, alimony, child support, military family allotments, pensions, veteran's benefits, etc.)
4. Sources of income apply to all applicable family members. Family members include patient's spouse and patient's children under the age of eighteen living at home.



Fees, Usual & Customary Charges

Most SNI charges are at the 75%^{ile} of usual and customary charges for Florida outside Dade & Broward County. To reduce any financial barriers to SNI care, our most commonly relied upon in-office procedure, nasal endoscopy (CPT code 31231), is already reduced in price and is set below the 50%^{ile} for usual and customary charges. Charges for services provided are subject to change without notice.



Billing & Types of Services Provided

An SNI patient statement frequently includes more than one charge for services given during an office visit. One charge is for the evaluation and management code (E&M codes) services which is for the routine history and physical examination. The other is for a procedure like fiber-optic endoscopy to evaluate the sinus passages and throat. The procedure is low risk, typically performed with anesthetic spray, requires specialized equipment and permits vivid direct view of areas typically hidden from routine examination. Health insurance companies often call this service a "surgery" using current procedural terminology (CPT codes). In fact, many codes that otolaryngologists use to describe the in-office services or in-office procedures are found in the "surgery" section of the CPT code book. This does not mean that the patient had an operation. CPT codes that relate commonly to ENT visits may include but are not limited to nasal endoscopy, sinus debridement or biopsy, sense of smell testing, allergy skin testing, breathing tests, ear wax removal and hearing test. Some services may be performed more than once, for example allergy skin testing is charged per scratch/prick test. The number of skin tests performed can greatly affect the charge from a few dollars to hundreds of dollars. Hearing tests is another example, multiple different tests can be performed and there will be a charge for each test.



Number:	01608034780
Claim Received:	06/09/10
PROCEDURE	
DATE OF SERVICE	CODE
21/10-05/21/10	82272
21/10-05/21/10	94010
21/10-05/21/10	94375
21/10-05/21/10	93000
21/10-05/21/10	VENIPUNCTURE

A patient's insurance company may cover the care rendered for "surgical" codes differently than for office visits. Therefore, the insurance "explanation of benefits" may reflect that the service was paid as a surgical procedure, with deductible and co-insurance guidelines applied. We encourage all of our patients to check with their insurance company and verify their benefits, since some insurance policies force patients to pay for these services like endoscopy as part of their deductible and not as an office visit. If a patient has a concern regarding what our charge for a service is, it is the patient's responsibility to ask prior to the service being performed.

Again, patients (or their guarantor) remain liable for payment of all medical services that are not covered by their insurance. Patients also are responsible for payment if their insurance carrier authorizes and certifies care but fails to pay as agreed upon.

Surgery

If the SNI physician recommends surgery, the patient (and or their guarantor) should speak with our SNI Surgery Coordinators. Patients with significant medical conditions, like previous heart surgery or blood thinners, are asked to obtain medical clearance from a cardiologist or internist before their scheduled surgery. The Surgery Coordinator can answer specific questions about the surgery scheduling process, discuss the paperwork and tests involved, and complete all pre-certification/authorization if required by the patient's insurance company. The Surgery Coordinator will request a pre-surgical deposit, the amount of which depends on the patient's coverage and deductible amount. Typically we require 100% of any outstanding deductible prior to surgery. This payment is due no later than 3 days prior to surgery otherwise the patient's surgery may be postponed or cancelled. In circumstances of well documented financial hardship a payment plan can be instituted.



Many insurance plans require prior authorization (sometimes called pre-certification) for services such as "inpatient surgery" as opposed to "out-patient surgery". When Sinus & Nasal Institute of Florida P.A. schedules these services, we check with the patient's insurance company. If they do not approve the service, we notify the patient before the service takes place. Patients who decide to proceed with the service are responsible for payment. Due to variability between insurers and insurance policies **the patient must also check** with the insurance company for an explanation of their benefits for the proposed surgery and need for authorizations.

Again, pre-certification / pre-determination/ pre-authorizations from the patients insurance company to perform a service does not guarantee payment. It means that the insurance company finds the service medically necessary. The charges will be processed according to the patient's policy. If the policy does not cover a specific service, it will be denied even with prior authorization.

At the Hospital

When the SNI physician places you under "observation" status overnight in the hospital after surgery, this means our clinical staff will





monitor you. Your observation period is considered outpatient even though you sleep in the hospital. The time period will be used to determine if you can be sent home or need to be admitted as a hospital inpatient. Observation status includes medically reasonable and necessary services such as ongoing short term treatments, assessments and close monitoring, tests and certain procedures. Observation

status for 24-48 hours is generally covered by healthcare plans. If it extends beyond that, the patient or their guarantor may be financially liable for the additional care. Insurance companies require that we bill all observation status care as outpatient services. If you have questions about how your healthcare plan treats observation services and whether these are covered as outpatient care, please contact your insurance company.

If you are a Medicare subscriber, observation status is not considered a hospitalization and does not affect your Medicare Part A benefits. No hospital days are used, and the Part A deductible is not required. This also means that observation status does not count toward the three day qualifying stay requirement for admission to a skilled nursing facility. Observation status is covered by Medicare Part B. There is an annual deductible and co-insurance for these services which may increase your out of pocket expenses. In addition, you should know that while you are in the hospital during an outpatient observation period, Medicare does not pay for "self administered drugs" such as oral medications, eye drops, creams, ear drops, ointments, inhalers, suppositories, and insulin – even if a nurse administers them to you. If you have questions about observations status services covered by Medicare, please call 1.800.MEDICARE (1.800.633.4227).

If you are a Medicare subscriber but don't have supplemental/secondary insurance you will need an estimate of what your Part A and Part B charges will be. These amounts may be different, depending on the services you receive. Our Surgery Scheduler /billing personnel can assist with this.

Post-operative care

Some post operative services are considered part of the surgical procedure and therefore are not billed separately, such as after thyroidectomy or tonsillectomy. This does not apply to every service or every surgical procedure. Some surgical procedures, such as endoscopic sinus surgery which is commonly performed by SN1 physicians, do not have a post operative period as defined by Medicare and as such all services after the procedure are billed separately. Post-op visits typically have a charge for endoscopic debridement (CPT code 31237) for at least 2 visits.

Returned Checks

If the bank returns a patient's (or guarantor's) unpaid check for any reason, such as insufficient funds or closed account, the patient (or their guarantor) will be charged a service fee of \$25.00 - \$40.00 or 5% whichever amount is greater, and the patient will lose the privilege to write checks in our office. Payment must be made prior to the patient's return to the office.

Appointment Cancellation Fees / No Show Policy Fees

We understand that occasionally a patient may run into a situation where they can not make their appointment. We ask that the patient call to cancel their appointment at least 24 hours in advance, which allows us the ability to use that time for another patient. If authorization is required by the patient's health insurance plan and is not provided, the patient will be asked to either reschedule their appointment or pay for their visit at the time of service. Patients may be responsible for **cancellation fees** (see below) for their appointment if we have to reschedule without the necessary approvals within 24 hours of their scheduled appointment.

Missed New Patient Appointments : Any new patient who fails to keep an appointment or who cancels or reschedules an appointment less than 24 hours prior to their appointment will be required to pay a fee of \$50.00 in order to schedule a new office visit. For Monday appointments, cancellations must be made by noon on the preceding Friday.

Missed Follow-up Appointments : Any patient who fails to keep a follow-up appointment will be required to pay a fee of \$25.00 in order to schedule a follow-up office visit. If there are three missed appointments, the patient may lose their ability to schedule future appointments with us.

Missed Allergy Testing Appointments : Any patient who fails to keep an allergy test appointment will be required to pay a fee of \$50.00 in order to schedule a follow-up office visit.

Missed Sublingual Immunotherapy Appointment : Any patient who fails pick up a sublingual immunotherapy vial within 3 months after it has already been made will be required to pay a fee of \$50.00 in order to schedule a follow-up office visit.

We will give the patient a Reminder Call &/or EMAIL reminder 24 hours in advance of their scheduled appointment. All fees are payable on or before the next office visit with the SNI physician or within 30 days of receipt of a billing statement from our practice for that fee, whichever is earlier. This cancellation fee is not covered by insurance. The SNI physician may waive the "no-show" fee for good cause shown. Please contact office manager to make a request to waive the fee.

Medical Records Fee We are willing to assist patients who require copies of their records. Due to the time and print-



ing involved, we can offer one set of records at no charge. If additional copies of the record are requested there will be a fee of \$15.00 per request. (Fee is subject to change)

Completion of Forms Fees The Physicians are often asked to complete a variety of forms outside of their visit. Completing a form requires time from the Physician's day to review the chart and complete the forms accurately. Therefore, we do charge a nominal fee for this service. The fee can range from \$10.00-\$25.00 depending on the forms, which must be paid prior to the forms being filled out.



Payment & Collections

Patients may make payment to Sinus & Nasal Institute of Florida, P.A. in a variety of ways:

- Cash, check or money order
- All major credit cards
- Electronic checks
- 3-month payment plan

Notice of Balance on Account- In an effort to reduce the cost of mailing billing statements we will notify patients of their balance due at time of service. It gives patients the opportunity to pay on the account while they are in the office.

Patient's financial responsibility with Balance Due for > 90 days. If a patient's financial responsibility (balance) remains unpaid after 90 days, the account will be referred to a collection agency. Unfortunately, patients may be dismissed from the practice if they fail to meet their financial responsibilities and/or we must use a collection agency to bring their account up-to-date. If it is necessary to turn the account over to collections and the patient wishes to return to the practice, they (or their guarantor) will be responsible for all charges, including those incurred to collect the amount owed, i.e. collections agent's fees. The patient's account must be paid in full before they are permitted to return to the office. If a patient is having financial difficulty, a payment plan option exists. (See Below **Financial Counseling Available & Billing Questions**)



New or Established patient? Per AMA coding guidelines a new patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

Other Source of Payment If the patient's employer or some other entity is paying for their medical services, please be advised that should the employer or other entity not reimburse SNI for the services rendered the patient, parent and or guardian are liable for payment.

Estimates, Deposits and Refunds

Our financial counselor(s) is/are trained to prepare estimates for our patients if they have a financial responsibility to pay SNI out-of-pocket. These are only estimates and may not represent the full scope of charges that are actually incurred. If the deposit turns out being more than the patient's final bill, the patient (or payee) will be refunded once the insurance balance has been settled. If there was no insurance involved, we will also refund money once all charges have been finalized. The insurance claim process can take several months in certain circumstance and this can delay the return of appropriate refunds from the initial time of service.

Children & Custody

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult is responsible for payment of the account, according to the policy outlined on the previous pages. If a legal guardian or parent is unable to accompany the minor a letter giving that person authorization to make medical decisions on behalf of the patient must be provided and notarized.



Why we collect social security numbers and use social security numbers:

Insurance and health benefit eligibility; classification of accounts; customer identification and verification; credit worthiness; customer billing and payments; payroll and human resource functions; benefit processing, tax reporting, and other lawful purpose necessary to conduct SNI business. Social Security numbers are NOT public records, but may be released to other governmental or commercial entities as required by law in Section 119.071(5), Florida Statutes.

What Patients Can Do to Assure a Smooth Billing Process?

Patients have several responsibilities to assure that the billing process goes smoothly. Those responsibilities include:

- When making an appointment and when arriving for an appointment, providing the most recent insurance cards, picture ID and making sure that we have the patient's correct address.
- Understanding your insurance benefits, limitations and procedures. Contact your insurance company prior to your health visit so you are familiar with its requirements.
- Confirming with your insurance company that Sinus & Nasal Institute of Florida, P.A. health system is a contracted provider of services for your plan.



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- Being prepared to make payment prior to service if your insurance company requires a co-pay or out-of-pocket expense. Services may be postponed if payment is not made.

Financial Counseling Available & Billing Questions

Any questions regarding billing must be directed to the billing department.

Please do not ask other staff members (ex. front desk staff, nurses, physicians

etc.) regarding the billing of your services. Information provided from sources outside the billing department is not applicable.



If you have an insurance plan that is not contracted with Sinus & Nasal Institute of Florida, P.A., or if you do not have a Medicare secondary insurance that we accept, or if you do not have insurance ("a self-pay patient"), you may be asked to speak with one of our financial counselors prior to scheduling your appointment. He or she will prepare an estimated cost of services for you and will request a deposit covering half of those expenses. If you are unable to pay the deposit, he or she can discuss whether you are eligible for a payment plan. If you have any questions about this or other parts of this financial policy please direct them only to our billing staff and not other personnel in our office.



* Information contained within this "Financial Policies" document supersedes published SNI policies prior to May 15th, 2014 and are subject to change without written notification.