

BERKS DIABETES MANAGEMENT, LLC

Ralph M. Cincinnati, CRNP

David C. Deibert, M. D.

1030 Reed Ave., Suite 116, Wyomissing, PA 19610 Phone: (610) 373-7743 Fax: (610) 378-9337

WELCOME TO OUR OFFICE

Dear _____, your appointment is scheduled for: _____.

It is with pleasure that we welcome you as a new patient. You need to remain in contact with your personal family physician or internist for the treatment of all medical conditions not related to diabetes.

Enclosed is a patient registration and health history form. **PLEASE COMPLETE BOTH FORMS AND BRING THEM WITH YOU FOR YOUR INITIAL VISIT.** Do not mail the forms. We also ask that you bring all your current medications. If you have had any recent laboratory testing, please have your physician send a copy of the results to our office prior to your appointment. Also, bring your medical insurance cards with you. If you are diabetic, please bring any records of blood sugars done at home.

The initial office visit includes a comprehensive health history, complete physical examination and consultation. This visit will usually last one hour. We participate with most insurances common to this area. Our staff will screen you for insurances when you call to schedule your appointment. We do not accept state insurance plans. Please keep in mind that our overhead costs are fixed and when patients don't keep their appointments, our costs are the same. Please try to give at least 48 hours notice if you are unable to keep your appointment.

**NEW PATIENTS WHO DO NOT SHOW UP FOR THEIR INITIAL APPOINTMENT
WILL NOT BE RESCHEDULED
AND A \$50 "NO SHOW" FEE WILL BE CHARGED**

Be assured we will give you our best advice, expertise, and medical care. We look forward to participating in your medical care.

Very Sincerely,

Ralph Cincinnati, CRNP

David C. Deibert, M.D.

***Please arrive 15 minutes prior to your visit for registration
Remember to bring in your photo identification and insurance cards***

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Directions to Our Office

From the Pottsville Area:

1. Take PA 61 South and take the ramp onto US 222 South
2. Take US 422 West to Lebanon/Lancaster Exit
3. Stay on 422 West to Lebanon/Lancaster and go past the Berkshire Mall
4. Take the State Hill Road Exit and go to the right, make a right on State Hill Road
5. Continue to the second traffic light which is Spring Street
6. Make a left on Spring Street
7. Go a short distance and turn right at the Wyomissing Corporate Campus sign
8. We are located in the one-story building to the left, directly under the 1030 sign

From the Allentown Area:

1. Take PA 222 South
2. Take the exit onto US 222 South/ US 422 West toward Lancaster/Lebanon
3. Take US 422 West Lancaster/Lebanon exit
4. Stay on 422 West to Lebanon/Lancaster and go past the Berkshire Mall
5. Take the State Hill Road Exit and go to the right, make a right on State Hill Road
6. Continue to the second traffic light which is Spring Street
7. Make a left on Spring Street
8. Go a short distance and turn right at the Wyomissing Corporate Campus sign
9. We are located in the one-story building to the left, directly under the 1030 sign

From the Pottstown Area:

1. Take US 422 West (bypass)
2. Take the N Wyomissing Blvd. exit
3. Go straight on N Wyomissing Blvd. thru one traffic light and one stop sign
4. Continue to the T at Spring St. Turn left at Spring St.
5. Go a short distance and turn left at the Wyomissing Corporate Campus sign
6. We are located in the one-story building to the left, directly under the 1030 sign

From the Morgantown Area:

1. Take the Morgantown Expressway North
2. Take exit 11B to merge onto US 422 West towards Reading
3. Take the N Wyomissing Blvd. exit
4. Go straight on N Wyomissing Blvd. thru one traffic light and one stop sign
5. Continue to the T at Spring St. Turn left at Spring St.
6. Go a short distance and turn left at the Wyomissing Corporate Campus sign
7. We are located in the one-story building to the left, directly under the 1030 sign

From the Lebanon Area:

1. Take US 422 East towards Pottstown and take the State Hill Road exit
2. Take the ramp and turn left onto State Hill Road
3. At the next traffic light turn left onto Spring Street
4. Go a short distance and turn right at the Wyomissing Corporate Campus sign
5. We are located in the one-story building to the left, directly under the 1030 sign

From the Lancaster Area:

1. Take US 222 North to Reading and then take the State Hill Road Exit
2. Take the ramp and turn left onto State Hill Road
3. At the next traffic light turn left onto Spring Street
4. Go a short distance and turn right at the Wyomissing Corporate Campus sign
5. We are located in the one-story building to the left, directly under the 1030 sign

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Patient Registration Form

Patient Name _____ Home Phone _____
Street _____
City _____ State _____ Zip Code _____
Date of Birth _____ Social Security _____ Sex: M/F
E-mail Address _____ Marital Status: Single Married Widowed
Cell Phone _____ Employer's Name _____
Family Physician _____ Phone _____
Address _____

Primary Insurance Name of Insurance Company _____

Name of Insured (subscriber) _____ Relationship _____

Insured's Date of Birth _____

Name of Employer _____

Identification or Agreement Number _____ Group # _____

Secondary Insurance _____ *No Secondary Insurance*

Name of Insurance Company _____

Name of Insured (subscriber) _____ Relationship _____

Insured's Date of Birth _____ Name of Employer _____

Identification or Agreement Number _____ Group # _____

Assignment of Benefits to Physician

I authorize the release of any medical information necessary to process my health benefit claims when assignment is taken by Berks Diabetes Management, LLC.

Furthermore, I authorize payment of health insurance benefits directly to Berks Diabetes Management, LLC when assignment is taken for services rendered.

My signature below will remain in effect from this date unless withdrawn in writing by myself.
. ***I understand I am responsible for payment of all fees not covered by insurance (i.e.: deductibles, co-insurance, co-pays, and any non-covered services, etc.) This is our office billing policy.***

Signature of Patient (parent or guardian)

Date

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PATIENT HISTORY FORM

Name _____ Age _____ Date _____

Occupation _____ Spouse's name _____

Name and Address of the referring doctor:

Briefly describe your endocrine problem in your own words:

ALLERGIES: (list any medications to which you have had an allergic reaction)

MEDICATIONS: (list all prescribed medication that you are taking - include dosage and frequency)

SURGERY: (list any operations you have had)

OTHER HOSPITALIZATIONS: (list any other hospitalizations you have had, e.g. heart attack, stomach ulcer or stroke, etc.)

FAMILY HISTORY: Do you have any blood relative who has/ had: (circle the appropriate answers)

Diabetes High Cholesterol Kidney disease Thyroid disease

Heart disease Cancer High Blood Pressure Stroke

HABITS: Do you smoke YES / NO How many cigarettes per day?

Do you drink alcohol? YES / NO How much?

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