

EMERSON HEALTH SURGERY HEALTH HISTORY FORM

Name \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Preferred Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Referred by: \_\_\_\_\_ Primary Care: \_\_\_\_\_  
 Pharmacy/pharmacy address: \_\_\_\_\_  
 What is the Reason for your visit today? \_\_\_\_\_  
 What would you like to get out of your visit today? \_\_\_\_\_

**ALLERGIES TO MEDICATION/FOOD/LATEX/ADHESIVES?** [ ] YES [ ] NO      **REACTIONS TO ANESTHESIA?**[ ] YES [ ] NO  
 Substance: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Substance: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Substance: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 Substance: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 HAVE YOU HAD AN ADVERSE REACTION TO IV CONTRAST: [ ] YES [ ] NO  
 Have you had any history of MRSA? -MRSA stands for Methicillin-resistant Staphylococcus aureus. [It is a type of bacteria that is resistant to several antibiotics](#) [ ] NO [ ] YES When: \_\_\_\_\_

**PLEASE LIST CURRENT MEDICATIONS:** Please include dosages and over the counter medication, vitamins or supplements.  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_  
**DO YOU ROUTINELY TAKE BLOOD THINNERS (Aspirin, Coumadin/Warfarin, Pradaxa) AND/OR Anti-Inflammatories (Aleve, Ibuprofen)** [ ] NO [ ] YES If yes please list \_\_\_\_\_ Last dose: \_\_\_\_\_  
 Do You have a history of a bleeding disorder? [ ] NO [ ] YES: \_\_\_\_\_

**PAST/CURRENT MEDICAL HISTORY:** *Please list current and prior medical history, even those controlled or corrected by medication.*  
 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
**SURGICAL HISTORY:** Please list prior surgeries with approximate dates, no matter how long ago  
 1. \_\_\_\_\_ Year: \_\_\_\_\_ Reason: \_\_\_\_\_  
 2. \_\_\_\_\_ Year: \_\_\_\_\_ Reason: \_\_\_\_\_  
 3. \_\_\_\_\_ Year: \_\_\_\_\_ Reason: \_\_\_\_\_  
 4. \_\_\_\_\_ Year: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Have you ever had a Colonoscopy? [ ] NO [ ] YES If Yes, when: \_\_\_\_\_  
**Have you ever had polyps or abnormalities addressed during a Colonoscopy?** [ ] NO [ ] Yes

**FAMILY HISTORY:**  
 Is there any family history of The Following? Cancer: [ ] No [ ] Yes Type ( if not listed) \_\_\_\_\_  
 Colon Cancer: [ ] NO [ ] YES Relationship: \_\_\_\_\_ Age Diagnosed \_\_\_\_\_  
 Breast Cancer: [ ] NO [ ] YES Relationship: \_\_\_\_\_ Age Diagnosed \_\_\_\_\_  
 Ovarian Cancer: [ ] NO [ ] YES Relationship: \_\_\_\_\_ Age Diagnosed \_\_\_\_\_  
 Colitis: [ ] NO [ ] YES Relationship: \_\_\_\_\_ Age Diagnosed \_\_\_\_\_  
 Heart Disease: [ ] NO [ ] YES Relationship: \_\_\_\_\_ Age Diagnosed \_\_\_\_\_

**SOCIAL HISTORY:** Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Smoking: [ ] Never Smoked [ ] Smoked in the past: packs per day? \_\_\_\_ How many years? \_\_\_\_ When did you quit?  
 [ ] Currently smoking Packs/amount per Day? \_\_\_\_\_ Cigarette Cigars Vape/e-cigarette other \_\_\_\_\_  
 Do you drink alcohol? [ ] YES [ ] NO Alcohol intake: *Occasional socially* Amount: \_\_ per day \_\_ per week \_\_ per month  
 Recreational Drug use? [ ] YES [ ] NO Exercise? [ ] YES [ ] NO If yes how often: \_\_\_\_\_  
 Living Situation: [ ] Live alone [ ] Live with spouse or significant other [ ] Live with a Child [ ] Live with Parent  
 [ ] Live in facility/group Home

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient Representative to patient: (minor or unable to sign): \_\_\_\_\_ Date: \_\_\_\_\_  
 Relationship of patient representative to patient: \_\_\_\_\_  
 Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### **What is “balance billing” (sometimes called “surprise billing”)?**

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### **You are protected from balance billing for:**

#### **Emergency services**

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Additionally, Massachusetts law protects you from being balance billed when receiving covered services from an out-of-network provider:

- When you did not receive advance notice that the provider was out-of-network;
- When the medically necessary, covered services are not available in-network; or
- At an in-network facility and you did not have a reasonable opportunity to choose an in-network provider.

These protections apply to patients with coverage through a health maintenance organization (“HMO”) or a preferred provider organization (“PPO”) and only require you to pay the amount required for in-network services.

### **Certain services at an in-network hospital or ambulatory surgical center**

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

Massachusetts law also protects you from balance billing when receiving emergency services if you have HMO coverage; and, if you have PPO coverage and did not have a reasonable opportunity to utilize a preferred provider.

### **When balance billing isn't allowed, you also have the following protections:**

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed**, you may contact:

- The Centers for Medicare & Medicaid Services (CMS) at (800) 985-3059, Website: <https://www.cms.gov/nosurprises>
- The Massachusetts Attorney General's office at (888) 830-6277, or online at <https://www.mass.gov/how-to/file-a-health-care-complaint>
- The Massachusetts Division of Insurance, Consumer Services Unit at (617) 521-779, or online at <https://www.mass.gov/how-to/filing-an-insurance-complaint>

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