

Global Patient Services Intake Packet

Greetings,

Thank you for considering NewYork-Presbyterian Hospital (NYP) for your medical needs. The next steps in your patient care journey at the **#1 hospital in New York** is summarized below:

Intake

1

Please complete and send us a copy of:

- All the forms** in this packet
- Medical records** (in English) relevant to the diagnosis, condition or symptoms the patient is experiencing
- Patient's **passport**
- Insurance card** (front & back)

Our Review

2

A Weill Cornell Medicine or ColumbiaDoctors physician will review the patient's case and develop a projected treatment plan. We will then generate a cost estimate or review if patient's insurance covers the cost of the treatment.

Your Acceptance

3

We will provide the patient's a) projected treatment plan and b) cost estimate or insurance verification of benefits. If the patient chooses to come to NYP for care, we will require financial clearance and assign them a Patient Coordinator.

If you have any questions, please call **+1-212-746-9100** or email globalservices@nyp.org to connect with one of our Referral Liasons.

Thank you,

Global Patient Services
NewYork-Presbyterian Hospital

PATIENT INFORMATION

Title:	Patient Name (as in passport): <small>First Name</small>	Maiden or Other Name: <small>Last Name</small>	Patient Date of Birth: <small>(Month/Day/Year)</small>
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Patient Permanent Address:

Telephone (Country Code and Number):

Email:

Other Telephone (Country Code and Number):

I allow NewYork-Presbyterian Hospital (NYP) to email me and keep me informed of hospital news, latest innovative treatments, and health tips: **Yes:**

No:

- NYP will not give my email address to any third parties.
- I can unsubscribe at any time.

Fax (Country Code and Number):

Patient Gender:

- Male:
- Female:

Country of Primary Residence:

Language Preference:

Mother's Name:

Father's Name:

CASE INFORMATION

Please tell us about the treatment the patient is requesting. In the description, include the patient's diagnosis, condition or symptoms the patient is experiencing:

If you know the name of the Doctor you would like to see, please enter it here:

How will the patient pay for their medical treatment (select one)?

- International Insurance:

Please provide a copy of insurance card (front & back)
- Credit Card, Wire Transfer, Other:
- Foreign Government Sponsor:

Government Sponsor Name:

TRAVEL INFORMATION

Please check one of the following that applies to the patient regarding their immigration status in the United States of America (U.S):

- Holds or will apply for a U.S Tourist Visa:
- Holds a U.S Work Permit:
- Holds a U.S passport or Green Card:

Potential Travel Dates:

HOW DID YOU HEAR ABOUT US?

Please check all that apply and provide brief description:

- Former patient:
- Advertising:
- Agency & Broker:
- Event:
- Family, friend or other patient:
- Government:
- Insurance Company:
- Physician:
- Social Media:
- Website:
- Other:

The above information is true to the best of my knowledge. I authorize my third-party payor benefits be paid directly to the medical providers. I understand that I am financially responsible for any balance. I also authorize NewYork-Presbyterian Hospital Global Services to release any information required for my care or to process my claims. By providing e-mail addresses, I allow correspondences regarding care to be communicated via email.

Patient/Guardian signature: _____ **Date:** _____
(Month/Day/Year)

If Guardian, please enter name and your relationship to patient:

 **New York-Presbyterian**

AMAZING
THINGS
ARE
HAPPENING
HERE

 **Thank You**

Email: globalservices@nyp.org

Web address: nyp.org/globalservices

Phone number: +1 (212) 746-9100