

Ronald P. Ciccone, M.D., P.C. – Medical Director
Integrative Family Medicine
900 Haddon Avenue – Suite 136
Collingswood, NJ 08108
Phone: (856) 869-3126
Fax: (856) 833-2050

Dear Patient,

Thank you for your recent interest in the practice of Ronald P. Ciccone, MD, PC, Integrative Family Medicine, in Collingswood, NJ.

In order to complete the registration process in a timely manner, we are enclosing forms and a mailing label. **Please complete these forms and mail back to us as soon as possible. We will then call you to schedule your appointment.**

We must receive a photocopy of the front and back of your insurance cards along with the enclosed forms in this packet.

Please plan to arrive 10-15 minutes prior to your scheduled appointment to allow time for completing your chart and copying your insurance information. Timeliness is important to ensure that it will not be necessary to reschedule your initial visit. Also, finding a parking space is sometimes challenging, so please allow a few additional minutes for parking. There are parking lots on both sides of Haddon Avenue and street parking is also available.

If you are unable to keep your appointment, please give the office *at least 24 hours notice.* If notice is not given, you may receive a bill for the missed appointment.

We look forward to meeting with you and participating in your health care needs. Please call us if you have any questions.

Sincerely,

Ronald P. Ciccone, M.D., P.C.
Medical Director
Integrative Family Medicine

Integrative Family Medicine Practice

Ron Ciccone, MD, PC

Diplomate of the American Board of Integrative Holistic Medicine

900 Haddon Avenue, Suite 136, Collingswood, NJ 08108
(856) 869-3126



Foundation in Traditional Family Medicine

Born and raised in the Philadelphia area, I trained locally and graduated Magna Cum Laude in Biology from St Joseph's University. I earned my Medical Degree at Hahnemann University School of Medicine and completed a **traditional** three year Family Practice Residency at Delaware County Memorial Hospital in Drexel Hill, Pa., serving as Chief Resident in my last year of training. For over **thirty years**, I have been practicing Family Medicine and Integrating Alternative Care.

Mainstream Meets Alternative

I have a broad-based knowledge of Alternative/Complementary Health Care and am receptive to listening to your treatment and preventative care suggestions. I will do my best to integrate your suggestions where possible with mainstream allopathic medicine. I do not pretend to be an expert in any one field of alternative health care, however, I network with Wholistic Practitioners and will provide referrals where and when they seem appropriate.

Health Focused Philosophy

My philosophy is to blend alternative/complementary care with mainstream allopathic medicine only if I am convinced of the safety of the treatment/preventative option and **ONLY** if the plan does not deny mainstream care essential to the health of the individual.

Sampling of Services Provided

(As Your Primary M.D. or in Consult)

Supplement and Herb Counseling

Intravenous Vitamins

Predictive Genomic Testing

Cancer Support Alternatives

Chelation Therapy

Homeopathic Injections for Pain

Integrative Weight Management Program

Featuring Clinical Expertise In:

Integrative Health Care: IHC combines the best ideas and practices of Mainstream and Alternative medicine to stimulate the body's own healing potentials. It neither rejects mainstream medicine nor uncritically promotes alternative practices, but integrates the most appropriate from both.

Chelation & Intravenous Supplementation:

Chelation therapy is a safe treatment to improve blood flow without surgery, in areas like the heart, carotid arteries and legs. It uses a substance called EDTA to bind metal toxins and ions (like calcium) that are then cleansed from the body through the urine. Vitamin/Mineral mixtures used alone or with EDTA, enhance immunity and improve fatigue and chronic diseases like fibromyalgia and arthritis.

Predictive Genomics - Personal Genetic Testing:

Variations in certain genes predispose us to certain diseases and cancers and these differences can be measured. We can not change our genes, but we can target custom therapy (by specifically modifying diet, lifestyle, environmental triggers, and using supplements) to prevent the genes from expressing the disease and its symptoms.

Neurotransmitters: Nerve fibers do not connect—they communicate by chemicals that are present in the spaces between them. When these chemicals, called neurotransmitters are unbalanced, anxiety, depression, ADHD, weight gain and other problems can occur. Natural amino acid neurotransmitter precursors can be used to correct these imbalances in the body.

Diplomate



American Board of
Integrative Holistic Medicine

For appointments please call

(856) 869-3126



*Integrative Family Medicine
Patients*

Due to the nature of our practice,
many of our patients have known
chemical sensitivities.

We kindly ask that you refrain
from wearing fragrances
(perfume, cologne, etc.) when
you come into this office.

Thank you for your consideration of
your fellow patients.

Ronald P. Ciccone, M.D., P.C.

Integrative Family Medicine

900 Haddon Avenue, Suite 136

Collingswood, NJ 08108

Phone: 856-869-3126

Fax: 856-833-2050

1. CONSENT TO TREATMENT

I consent to be treated by Integrative Family Medicine. While I am a patient, I permit my doctor(s), staff, volunteers and all persons caring for me to treat me in ways they judge to be beneficial to me.

I understand that this care may include laboratory tests, diagnostic procedures, examinations, medical treatment, administration of drugs and specialist consultation. I understand that no guarantees have been made to me about the outcome of this care.

2. RELEASE OF INFORMATION

I hereby authorize release of any information acquired in the course of my examination or treatment which may be needed for the payment of hospital/professional charges, to include history obtained, x-ray and physical findings, prognosis and diagnosis (including psychiatric, alcohol and drug abuse, acquired immunodeficiency syndrome (AIDS) and or tests and their results relative to infection with h u m a n immunodeficiency virus (HIV). I also authorize release of information to any family/referring consulting physician requesting it for my follow-up care.

3. PERSONAL VALUES

I understand that the Integrative Family Medicine and its staff are not responsible for the loss of or damage to any money, articles or personal property if these items shall be with me while on the premises. I accept full responsibility for any items that I have in my possession.

4. BILLING INFORMATION

I understand that I will receive a bill for services in the event of hospitalization or treatment rendered by the hospital. In addition, I may also receive a separate bill(s) from the treating physician as well as from other physicians in specialty areas such as anesthesiology, cardiology, neurology, radiology and the emergency room. I also understand that all professional services rendered are charged to the patient. Necessary forms will be completed to expedite insurance claims. The patient is responsible for all fees, regardless of insurance coverage. I acknowledge that interest or a fee at the provider's current rate may be charged on all balances owing to the provider that are past due.

SIGNATURES

Patient

Date

Patient unable to sign because: _____

Person authorized to sign for patient

Relationship to patient

Date

Witness

Date

Ronald P. Ciccone, M.D., P.C.
Integrative Family Medicine

Appointment Cancellation Policy

Dear Patients:

We would like to explain our Center policy so that you may understand and respect it.

Our services can best be described as low volume and high quality. We schedule our patients in such a way that they receive maximum care. Each and every appointment space is important, and as a courtesy to all, we do not overbook to compensate for those who might forget or not show.

Our policy is necessary to maintain the high professional standards we practice. Missed or canceled appointment spaces deprive another patient of being treated and make the economics of our office very difficult.

OUR POLICY IS:

- **A missed appointment:** Established Patient (no communication prior to the missed appointment)- \$35
- **A missed appointment:** New Patient (no communication prior to the missed appointment)- \$70

An appointment which is rescheduled to a different time on the **same day- No Charge**

An appointment which is rescheduled or canceled at least **24 hours in advance- No Charge**

Patients are financially responsible to pay fees prior to scheduling their next appointment.

Ronald P. Ciccone, M.D., P.C.
Integrative Family Medicine

Medical Information Release Form:

(HIPAA RELEASE FORM)

Name: _____ Date: __/__/__

By signing below, I have acknowledge that I have received the Notice of Privacy. This notice describes how medical information about me may be used and disclosed, and how I can get access to this information.

I authorize the release of information inclusive of diagnosis, records and claims information.

Excluded information (if any): _____

This information may be release to:

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

The below individuals are authorized to pick up any written prescriptions, medication samples or supplements on my behalf:

Messages

Please call: _____

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

Signed: _____ Date: __/__/__

Ronald P. Ciccone, M.D., P.C.
Integrative Family Medicine
Financial policy

Thank you for choosing Integrative Family Medicine for your health care needs. Please review and sign the following **Financial Policy**. Your signature indicates you understand and agree to abide by this policy. This policy must be signed by all patients

Insurance: If you use health insurance- it is a contract between you and your insurance carrier. It is your responsibility to know the terms contained in your policy regarding coverage, co-pays, co-insurance, deductibles, and non-covered service. If you have any questions about your insurance you will need to contact your carrier directly. Current insurance cards must be presented once per year and when there is a change of information. **Initial:** _____

Referrals: If a referral is required by your plan for a specialist or diagnostic test, be sure to ask us for it a minimum of 48 business hours before your appointment. You need to provide us with the provider's name, provider NPI#, fax#, location and reason for the appointment. **Initial:** _____

Pre-authorizations: A minimum of 72 business hours is required in order for our office to obtain pre-certifications. Our office will not pre-cert out of network diagnostic services. (Insurance companies simply deny these requests consistently) **Initial:** _____

Supplements: Please keep receipts after each purchase if you need to track out of pocket expenses for tax reasons. We can no longer give out receipts for previous purchases. We will provide a letter stating that we medically recommend certain supplements. **Initial:** _____

Outstanding Balances: If you have questions about your statement, please call billing at (732) 267-5368 **Initial:** _____

Self-Pays: All self-pay visits must be paid at the time of your visit. If you keep track out of pocket expenses for tax purposes or Flexible Spending accounts, please be sure to request a receipt/super bill every visit/purchase. **Initial:** _____

Missed appointments: There is a missed appointment charge of \$35 assessed if you do not provide 24 hours' notice. **Initial:** _____

Refills: Please call before you are out of medicine. Please allow at least 24 business hours for all refills Prior authorizations for medications take a minimum of 72 hours. **Initial:** _____

Motor Vehicle Claims: We will not bill your motor vehicle insurance company, if you do not have a copy of your motor vehicle insurance card, claim # and a contact name at your automobile insurance company. Motor vehicle claims must be paid in full at the time of service, if this info is not available at the time of your visit. **Initial:** _____

Miscellaneous Fee:
\$20 short-term disability, FMLA, Leave of absence form completion.
\$25 returned checks \$20 minimum- medical letters, miscellaneous
Medical records \$1 per page up to 100 pages
Flexible Spending/Reimbursement letter \$10.00 Minimum **Initial:** _____

Patient Name: _____

Patient/Guardian Signature: _____

Date: ___/___/___

Ronald P. Ciccone M.D.

Medical Director, Integrative Family Medicine

900 Haddon Avenue, Suite 136, Collingswood, NJ 08108

Phone: (856) 869-3126

(Please Print)

Patient Information

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone # () _____ Cell # () _____

Birthdate _____ SS# _____ E-mail _____

Male () Female () Married () Single () Occupation: _____ Referred by: _____

Primary Care Physician _____ Phone Number () _____

Employer _____ Employer Phone: () _____

Employer Address _____

Emergency Contact _____ Emergency Phone: () _____

Pharmacy _____ Pharmacy Phone: () _____

(Please Print)

Primary Insurance Information

Insurance Company _____ Phone () _____

Street Address _____

City _____ State _____ Zip _____

Policy Holders Last Name _____ First _____ MI _____

Date of Birth of Policy Holder _____ Relationship to Patient _____

ID or Policy Number _____ Group Name or Number _____

Policy Holder's Social Security Number _____

(Please Print)

Secondary Insurance Information

Insurance Company _____ Phone () _____

Street Address _____

City _____ State _____ Zip _____

Policy Holders Last Name _____ First _____ MI _____

Policy Holder's Date of Birth _____ Relationship to Patient _____

ID or Policy Number _____ Group Name or Number _____

Policy Holder's Social Security Number _____

- 1. I hereby authorize direct payment of medical benefits to Ronald P Ciccone MD for services rendered. I understand that I am financially responsible for any balance not covered by my insurance.
- 2. I hereby authorize Ronald P Ciccone MD to release any medical or incidental information that may be necessary for medical care or in processing applications for financial benefit.
- 3. I certify that the information given by me in applying for payment is correct and request that payment of authorized benefits be made on my behalf.

NEW PATIENT PACKET RECEIVED []

Patient Signature _____ Date _____

Guardian Signature _____ Date _____

(If Patient Under 18 Years of Age)

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Integrative Family Medicine

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Collingswood, New Jersey 08108

Phone: (856) 869-3126
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Family History

Patient Name: _____ Date: _____

	AGE	IF LIVING, STATE OF HEALTH	IF DECEASED, CAUSE OF DEATH	AGE
FATHER				
MOTHER				
SISTER/S				
BROTHER/S				

Family History Details

	YES	NO	RELATION		YES	NO	RELATION
ALCOHOLISM				LIVER PROBLEMS			
ALLERGIES / HAYFEVER				NERVOUS DISEASE			
ARTHRITIS				RHEUMATIC FEVER			
ASTHMA				SEIZURES			
BLEEDING DISEASE				STOMACH PROBLEMS			
BLOOD DISEASE				STROKE			
CANCER				SUICIDE			
CONVULSIONS				TUBERCULOSIS			
DIABETES				THYROID PROBLEMS			
DRUG ADDICTION				VENEREAL DISEASE			
GOITER				WEIGHT GAIN/LOSS			
GOUT				OTHER			
HEART PROBLEMS				OTHER			
HIGH BLOOD PRESSURE							
KIDNEY PROBLEMS							
LEUKEMIA							

Medical Symptoms Questionnaire

Name _____

Date _____

Rate each of the following symptoms based upon your typical health profile for the past 30 days.

- Point Scale*
- 0 - *Never or almost never* have the symptoms
 - 1 - *Occasionally* have it, effect is *not severe*
 - 2 - *Occasionally* have it, effect is *severe*
 - 3 - *Frequently* have it, effect is *not severe*
 - 4 - *Frequently* have it, effect is *severe*

HEAD

- _____ Headaches
- _____ Faintness
- _____ Dizziness
- _____ Insomnia

Total _____

EYES

- _____ Watery or itchy eyes
- _____ Swollen, reddened or sticky eyelids
- _____ Bags or dark circles under eyes
- _____ Blurred or tunnel vision
(does not include near or far-sightedness)

Total _____

EARS

- _____ Itchy ears
- _____ Earaches, ear infections
- _____ Drainage from ear
- _____ Ringing in ears, hearing loss

Total _____

NOSE

- _____ Stuffy nose
- _____ Sinus problems
- _____ Hay fever
- _____ Sneezing attacks
- _____ Excessive mucus formation

Total _____

MOUTH / THROAT

- _____ Chronic coughing
- _____ Gagging, frequent need to clear throat
- _____ Sore throat, hoarseness, loss of voice
- _____ Swollen or discolored tongue, gums, lips
- _____ Canker sores

Total _____

SKIN

- _____ Acne
- _____ Hives, rashes, dry skin
- _____ Hair loss
- _____ Flushing, hot flashes
- _____ Excessive sweating

Total _____

HEART

- _____ Irregular or skipped heartbeat
- _____ Rapid or pounding heartbeat
- _____ Chest pain

Total _____

(PLEASE COMPLETE 2ND SIDE OF FORM)

LUNGS
_____ Chest congestion
_____ Asthma, bronchitis
_____ Shortness of breath
_____ Difficulty breathing
Total _____

DIGESTIVE TRACT
_____ Nausea, vomiting
_____ Diarrhea
_____ Constipation
_____ Bloating feeling
_____ Belching, passing gas
_____ Heartburn
_____ Intestinal / stomach pain
Total _____

JOINTS / MUSCLES
_____ Pain or aches in joints
_____ Arthritis
_____ Stiffness or limitation of movement
_____ Pain or aches in muscles
_____ Feeling of weakness or tiredness
Total _____

WEIGHT
_____ Binge eating / drinking
_____ Craving certain foods
_____ Excessive weight
_____ Compulsive eating
_____ Water retention
_____ Underweight
Total _____

ENERGY / ACTIVITY
_____ Fatigue, sluggishness
_____ Apathy, lethargy
_____ Hyperactivity
_____ Restlessness
Total _____

MIND
_____ Poor memory
_____ Confusion, poor comprehension
_____ Poor concentration
_____ Poor physical coordination
_____ Difficulty in making decisions
_____ Stuttering or stammering
_____ Slurred speech
_____ Learning disabilities
Total _____

EMOTIONS
_____ Mood swings
_____ Anxiety, fear, nervousness
_____ Anger, irritability, aggressiveness
_____ Depression
Total _____

OTHER
_____ Frequent illness
_____ Frequent or urgent urination
_____ Genital itch or discharge
Total _____

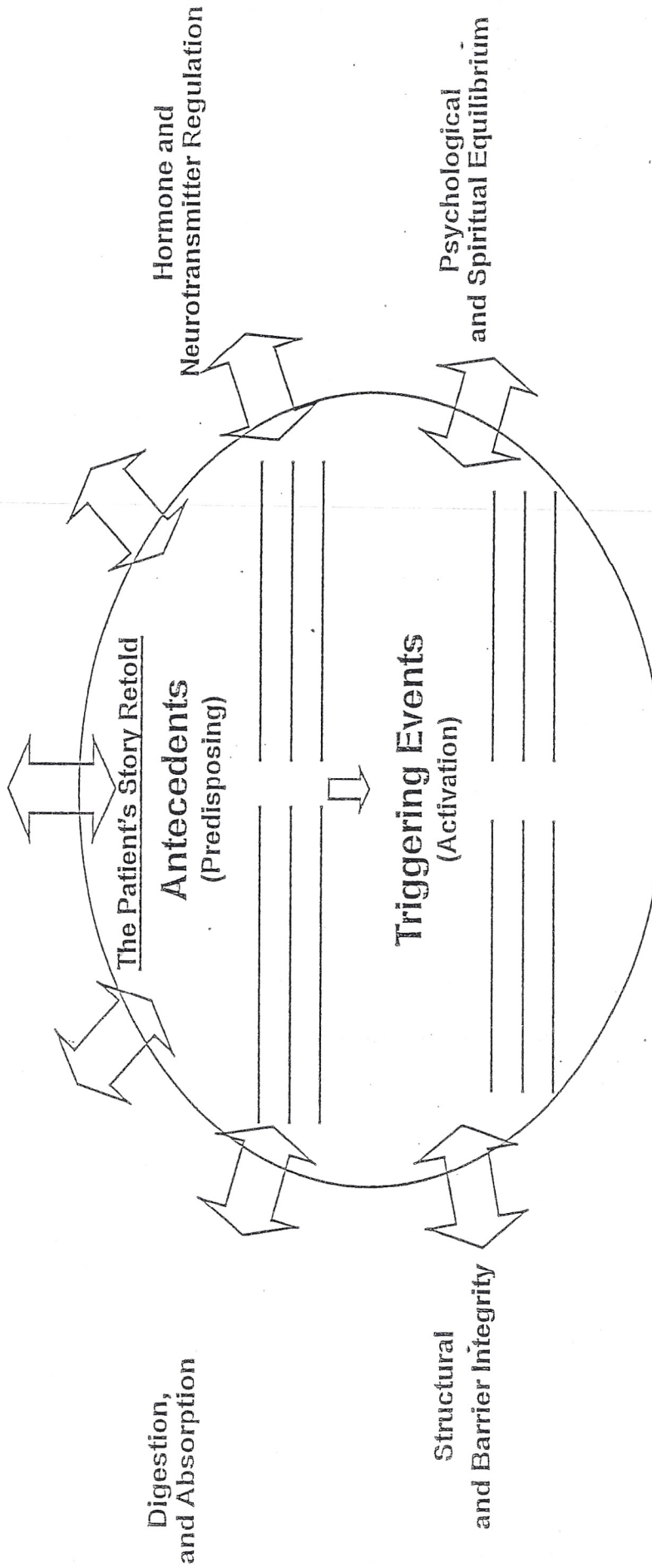
GRAND TOTAL _____

FUNCTIONAL MEDICINE MATRIX MODEL

Immune Surveillance
and Inflammatory Process

Oxidative/Reductive
Homeodynamics

Detoxification and
Biotransformation



Digestion,
and Absorption

Structural
and Barrier Integrity

The Patient's Story Retold
Antecedents
(Predisposing)

Triggering Events
(Activation)

Psychological
and Spiritual Equilibrium

Hormone and
Neurotransmitter Regulation

Nutrition Status	Exercise	Sleep	Beliefs & Self-Care	Relationships

Date: _____ Name: _____ Age: _____ Sex: _____ Diagnoses: _____

Directions to Integrative Family Medicine at Lourdes Wellness Center

Ronald P. Ciccone, M.D.

Station House Building, 900 Haddon Ave., Suite 136, Collingswood NJ 08108

Phone: (856) 869-3126

Fax: (856) 833-2050

*For parking - go to the driveway next to the building and proceed into the lot, or park in one of the two lots across the street. Parking is also available on Haddon Avenue (some areas are metered until 6:00 p.m.)

- From Ben Franklin Bridge: Get into left-hand lane and follow signs for Routes 130/30; take 130 South exit; stay on 130 South until you get to Haddon Avenue (past Dunkin' Donuts and Radio Shack on the right); make a right turn and another quick right-hand turn (under overpass) and follow Haddon Avenue into Collingswood appx. two miles. You'll pass Foster Funeral Home and several banks on the right. We are located in the Station House Building (5 story, red brick building) on the right side. *For parking, see above.
- From Walt Whitman Bridge: once over the bridge, follow directions from Route 130 North below.
- From Interstate 295 Northbound: Take 295 North to Exit 29 for Route 30 West (White Horse Pike). Continue on this road until you get to Cuthbert Blvd. (Jiffy Lube on right) and make a right; continue to Haddon Ave. (Wawa on far right and KFC on left) and make a left turn. Continue on Haddon Ave. appx. 4 blocks to Station House Bldg. (5 story red brick bldg. on left side). *For parking, see above.
- From Interstate 295 Southbound: Take Exit 29 for Route 30 (White Horse Pike) – Collingswood. At the end of the exit ramp, turn left. After a very short distance, you will be at the junction of Route 30 (White Horse Pike). Make a right turn onto Route 30 West. Continue on this road until you get to Cuthbert Blvd. (Jiffy Lube on right) and make a right; continue to Haddon Ave. (Wawa on far right and KFC on left) and make a left turn. Continue on Haddon Ave. appx. 4 blocks to Station House Bldg. (5 story red brick bldg. on left side). *For parking, see above.
- From Route 130 Northbound: Take 130 North until you cross over the Black Horse Pike (Route 168); shortly after you cross Route 168, you will pass an gas station on the right; the next traffic light is Collings Ave. , make a right onto Collings Ave. Continue on Collings Ave. until you reach Haddon Ave. (you can only go right or left at this point). Make a right onto Haddon Ave. You will pass Fosters Funeral Home and several banks on your right. We are located in the Station House Building (5 story, red brick building on the right side). *For parking, see above.
- From Route 130 Southbound: Take Route 130 South past the junction of Route 38/70/30 (formerly the Airport Circle); stay on this road until you get to Dunkin' Donuts and Radio Shack on the right; make a right turn and another quick right-hand turn (under overpass) and follow Haddon Avenue into Collingswood appx. two miles. You will go through the business district and also pass Foster Funeral Home and several banks on the right. We are located in the Station House Building (5 story, red brick building on the right side). *For parking, see above.
- From NJ Turnpike – Southbound: Take Exit 4, at the exit follow the signs for Camden. Take Route 73 North (for about one mile and stay on your right) to Route 38 West. Take Route 38 West following signs for Camden. You will pass the Cherry Hill Mall on your right. Shortly after the mall, take the second Cuthbert Blvd. Exit (Collingswood/Oaklyn). You are now on Cuthbert Blvd. Continue on Cuthbert Blvd. to Haddon Ave. (Wawa on the left, KFC on far right). Make right turn onto Haddon Ave. and go down appx. 4 blocks to Station House Bldg. (5 story red brick bldg. on left side). *For parking, see above.