



Adult Neurology

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www.neurobergen.com

PLEASE READ THIS ENTIRE LETTER-IT CONTAINS IMPORTANT INFORMATION REGARDING YOUR UPCOMING VISIT

Dear new Neurology Group of Bergen County patient:

We would like to take this opportunity to welcome you to the Neurology Group of Bergen County, P.A. We would also like to thank you for choosing us to assist in meeting your medical needs. Neurology Group of Bergen County, P.A., was organized in 1976. Today the practice has grown to a complement 14 physicians. Our practice specializes in adult and pediatric neurology. Beyond the usual consultation and treatment provided by a neurology practice, we provide services in pain management and biofeedback. Our physicians also participate in clinical drug trials that are designed to support the development of new medications and treatments.

OUR PRACTICE

Dr. Hugo N. Lijtmaer is the Managing Partner for the practice. He is assisted by David Contento our administrator. Julia DiNardo is our Clinical Manager, and Debby Petrosky serves as the Manager of our Billing Department. Our office is open from 8:30 a.m. to 5:15 p.m., Monday through Friday. When we are not in the office there is always a physician on call to address serious medical emergencies. During the hours 8:30 a.m. to 5:15 p.m. our phones are staffed by a switchboard operator. You may reach her by calling (201) 444-0868. She will direct your call to the appropriate staff member to answer your questions. For our Pediatric Division, you may call direct to (201) 251-9020. While our physicians strive to answer your calls as quickly as possible, it may be necessary for one of our doctors to return your phone call later in the day.

MATERIALS INCLUDED WITH THIS PACKAGE

We have included materials with this package to provide you with additional information concerning our policies and procedures. We have also included forms for you to complete prior to your appointment. **Completing these forms and bringing them with you to your appointment will help to reduce congestion and delays when you come in.**

IDENTITY THEFT PROTECTION (FEDERAL RED FLAG RULES)

Because of New Federal Regulations regarding identity theft **YOU MUST BRING A CURRENT DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED PHOTO ID AND A CURRENT INSURANCE CARD WITH YOU TO YOUR VISIT.** If your current photo identification does not include your residential address please bring a utility bill or other correspondence that shows your address. If you do not have a photo ID you may have your picture taken when you come in for your initial appointment.

○ **PATIENT REGISTRATION FORM**

When you scheduled your appointment our appointment scheduler requested that you provide some basic information concerning your address, date of birth, and the like. You may not have been able to provide all of the necessary information during the scheduling call. The information that you did provide is pre printed on your registration form. Any items that were not completed during the call have been highlighted in yellow. We request that you please double check the information that you did provide and complete the highlighted items. We have included a registration and history form for you to complete. If you will bring this form to the office at the time of your appointment it would be appreciated. Please print and use black ink when completing these forms.

○ **PATIENT HISTORY FORM**

Before our physicians begin treating you it is important that they have a basic profile of your medical history. We have designed a form that you can complete prior to your visit. It is important that you complete the form in its entirety and that you are as accurate as possible. It is very important that you take the time to list each medication that you take including both the amount that you take and how often you take it. If necessary you can type or write out a separate list but please remember to include all of the information.

○ **HIPAA PRIVACY PRACTICES AND AUTHORIZATION FORM**

Federal Regulations known as the Health Information Accountability and Portability Act requires that we protect you from the unauthorized dissemination of your personal health care information. In order to carefully define to whom and in what form you will permit information to be released, we must have your written authorization. Please review the enclosed HIPAA Privacy Notice and authorization form. If you have any questions please contact us. Please sign and bring the authorization form with you to your appointment. On the day of your appointment you will also be asked to sign an acknowledgment that you have received and read the privacy notice.

○ **FINANCIAL SERVICES GUIDELINES**

Please take a moment to review the attached Financial Services Guidelines. If you have any questions regarding the Guidelines, you may speak with anyone in our Billing Department or you may call Debby directly at ext. 257.

We would like your visit to Neurology Group of Bergen County, P.A. to be as helpful as possible especially at a time when your health is an issue. Thank you for your cooperation and please keep in mind we always welcome your suggestions or any comments you may have. You may visit our web site at: www.neurobergen.com.

Sincerely yours,

The Physicians and Staff
Neurology Group of Bergen County, P.A.