

Craig D. Morgan, MD

Victor R. Kalman, DO



**Thank you for choosing Morgan Kalman Clinic**

Dear Patient,

Please download and print our patient registration packet. Everyone will need to complete the sections of the packet listed below:

- PATIENT REGISTRATION FORM
- PATIENT MEDICAL HISTORY FORM
- PATIENT FINANCIAL POLICY
- AUTHORIZATION TO RELEASE INFORMATION
- FORM FEE POLICY AND PRESCRIPTION POLICY

If you are a Medicare Patient:   MEDICARE COMPLIANCE FORM

If the primary insurance is an Automobile Claim:

AUTOMOBILE INSURANCE FORM – All questions on the form must be completed.

If the primary insurance is a Workman's Compensation Claims:

WORKMAN'S COMPENSATION FORM - All questions on the form must be completed.

*All patients will need to bring the completed registration forms on the day of your appointment. Forgetting your registration forms or submitting incomplete registration forms can cause a delay or possible rescheduling of your appointment. If a referral from your primary care doctor is necessary and your referral has not been submitted on the day of your appointment; you will need to be rescheduled to the next available opening for your doctor.*

- REMINDERS:
- Registration Forms
  - Health Insurance Card
  - Referrals
  - Co-payments
  - Non-expired Photo ID
  - X-Ray Films/CD
  - MRI Films/CD
  - CAT Scan Films/CD
  - Bone Scan/CD

It is recommended that you hand carry all x-rays, CD's, scans, medical records or lab work to your appointment. Do not rely on any facility or doctor's office to mail or FedEx this information for you as it may not arrive in time for your appointment.

**PATIENT REGISTRATION PACKET**

- |    |   |         |
|----|---|---------|
| 1. | PATIENT REGISTRATION FORM                                 | 1 PAGE  |
| 2. | PATIENT MEDICAL HISTORY FORM (front and back)             | 2 PAGES |
| 3. | AUTHORIZATION TO RELEASE INFORMATION                      | 1 PAGE  |
| 4. | PATIENT FINANCIAL POLICY                                  | 2 PAGES |
| 5. | FORM FEE – PRESCRIPTION POLICY                            | 1 PAGE  |
| 6. | ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES | 1 PAGE  |
| 7. | MEDICARE COMPLIANCE FORM (see back of Ack of NPP)         | 1 PAGE  |
| 8. | WORKMAN'S COMPENSATION FORM                               | 1 PAGE  |
| 9. | AUTOMOBILE INSURANCE FORM (see back of Workers Comp)      | 1 PAGE  |

**PLEASE ACCESS THE NOTICE OF PRIVACY PRACTICES AND READ CAREFULLY. YOU MAY ALSO PRINT A COPY FOR YOUR FILES IF YOU WISH. EACH PATIENT WILL BE REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AS PART OF THEIR REGISTRATION PACKET.**

Morgan Kalman Clinic accepts the following:   Personal checks (with a current address and telephone number)  
MasterCard                    Visa                                   Discover                            American Express

If you have any questions regarding an appointment please call our office at 302-529-5500. Prompt 1 will connect you to one of our receptionists. We are happy to provide you with a copy of our Registration Packet and Notice of Privacy Practices by calling the office (prompt 1) and requesting a copy be mailed to you.

We look forward to meeting you and providing you with the highest quality of Orthopaedic care. Our sincere gratitude for taking the time to complete your registration forms.

2501 Silverside Road  
Wilmington, DE 19810  
302-529-5500  
fax 302-529-5555

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