



Home Medical Administration and Billing Service, LLC  
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## NEW Patient Registration Packet - Facilities

All documents within the Home Medical Administration and Billings Service must be completed in full and signed before submission for further processing. Should any information be missing, or documents not signed the patient admission will be delayed and you will be notified of absent information.

Description and/or form name
1. Authorization for Release of Medical Records
2. Chronic Care Management Consent
3. Proof of COVID vaccine(s)
4. Health Care Proxy
5. HIPAA Addendum
6. HIXNY Consent
7. Insurance card copies <i>(Please make a clear copy)</i>
8. Patient Registration
9. Medical Admission Information
10. Medication List
11. <b>Facility</b> Medical Evaluation AKA <b>3122</b>
12. <b>Facility</b> Patient <b>Face Sheet</b>
13. Photography Consent form
14. Power of Attorney
15. Treatment and Payment Acknowledgement Consent

Please make sure that all applicable documents are signed by the Power of Attorney.

The requested information is essential to your residence medical record, family member and to allow a smooth transition and visit with our providers.

*Please send only the requested documents*

**Do NOT send informational pages**