



**Mount
Sinai
Doctors**

Internal Medicine Associate

Physician you are seeing:	Appointment date:
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PATIENT INFORMATION

Last name:	First:	Middle Initial:	Date of Birth:
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How did you hear of us?

(Please check all that apply): Friend /Relative Employer/Coworker Brochure City MD Email ENT Facebook/twitter/Instagram
 Google/Bing/Website Radio Health fair Insurance Co. Mount Sinai Website Newspaper Postcard
 Subway/Bus/Kiosk Ad Television Walked By **Other**

PRIMARY CARE PROVIDER INFORMATION

Name:

Address:	City, State:	Zip:
Phone: ()	Fax : ()	

IN CASE OF EMERGENCY

Please notify in case of emergency- Name:	Relationship to Patient:	
<input type="checkbox"/> Check if address is the same as the patient's		
Address:	City, State:	Zip:
Home Phone: ()	Work Phone: ()	Cell Phone: ()

**NYS LAW, ALL PRESCRIPTIONS MUST BE SENT ELECTRONICALLY TO YOUR PHARMACY
PLEASE PROVIDE THE PHARMACY'S CONTACT INFORMATION:**

PHARMACY INFORMATION

Pharmacy Name:

Address:	City, State:	Zip:
Phone: ()	Fax : ()	



Mount
Sinai

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY
PRACTICES (NOPP)**

By signing below, I acknowledge that I have been provided a copy of this Notice of Privacy Practices and have therefore been advised of how health information about me may be used and disclosed by the hospitals and the facilities listed at the beginning of this notice, and how I may obtain access to and control this information.

Patient Name

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

I was not able to obtain the patient's acknowledgement of receipt of the NOPP upon registration because:

- The patient refused to sign despite good faith efforts*
- The patient was unaccompanied and not alert and oriented*
- The patient was unaccompanied and needed emergency care*
- Other, (explain): _____*

Employee Signature: _____ Employee Title: _____

Print Name: _____ Date: _____

- Acknowledgement subsequently obtained, (see above).



MOUNT SINAI ENTERPRISE INFORMATION EXCHANGE CONSENT FORM



In this consent form, you can choose whether to allow Mount Sinai Health System (MSHS) to share your medical records with your non-Mount Sinai healthcare providers and to allow MSHS to access information about care provided to you by non-Mount Sinai providers through four health information technology platforms: the Mount Sinai Health Information Exchange ("Mount Sinai HIE"), Epic Care Everywhere, Carequality, and Healthix. These platforms can help collect the medical records you have in different places where you receive healthcare services and make them available electronically and securely to the providers treating you, thereby improving the quality of your healthcare services. To learn more about this kind of sharing in New York State, ask your provider for the "Better Information Means Better Care" brochure or find it under *Resources* on the ehealth4ny.org website. Upon request, your provider will print the participating provider/information sources lists for you from the websites mentioned below.

(1) Mount Sinai HIE: Give or deny consent to allow the participants (their employees, agents or members of their medical staff) listed on the Mount Sinai HIE website mountsinaiconnect.org ("HIE Participants") to access your electronic health information maintained in the Mount Sinai HIE, including records from your other healthcare providers authorized to disclose information through the Mount Sinai HIE.

(2) Epic Care Everywhere and (3) Carequality: Give or deny consent to allow the healthcare providers, their employees, agents or members of their medical staff, listed on the Epic website at epic.com/careeverywhere and the Carequality website at carequality.org/active-sites-search to access your health information maintained in the MSHS electronic medical record systems. **Regardless of your choice on this form, a provider at another participating organization may still ask for your authorization at the point of care to access information in your Mount Sinai electronic medical record.**

(4) Healthix: Healthix is a Health Information Exchange or Qualified Entity (QE), a not-for-profit organization certified and regulated by the New York State Department of Health to collect and aggregate information about medical services you received. Give or deny consent to allow MSHS (our employees, agents or members of our medical staff) to see and obtain access to your electronic health records from your other healthcare providers authorized to disclose information through Healthix. A list of the current authorized providers can be obtained on the Healthix website at healthix.org or by calling Healthix at 877-695-4749. You can deny consent to ALL provider organizations and health plans participating in Healthix to access your electronic health information available through Healthix at the same website or phone number.

YOUR CHOICE TO GIVE OR TO DENY CONSENT MAY NOT BE THE BASIS FOR DENIAL OF HEALTH SERVICES OR HEALTH INSURANCE COVERAGE. PLEASE CAREFULLY READ THE INFORMATION ON THE ATTACHED FACT SHEET, WHICH IS PART OF THIS CONSENT FORM, BEFORE MAKING YOUR DECISION.

Your consent choice on this form will apply jointly to all four platforms. You may change your decision at any time in the future by completing a new form. **Please completely fill in only one choice out of the following 4 options:**

- I GIVE CONSENT** to all of the Participants listed on the Mount Sinai HIE website to access my health information stored in the Mount Sinai HIE, to all of the Participants listed on the Epic and Carequality websites to access all of my MSHS electronic medical records, and to all employees, agents and members of the medical staff of MSHS to access all of my electronic health information available through Healthix in connection with any of the permitted purposes described in the factsheet, including providing me any health care services and emergency care.
- I DENY CONSENT, EXCEPT IN A MEDICAL EMERGENCY,** to all of the providers listed on the Epic and Carequality websites to access my Mount Sinai electronic medical records. I also deny consent to all the Participants listed on the Mount Sinai HIE website to access my health information stored in the Mount Sinai HIE, except for information they provided themselves, and to all employees, agents and members of the medical staff of MSHS to access any of my electronic health information available through Healthix contributed by a non-Mount Sinai participant, except in a medical emergency.
- I DENY CONSENT, EVEN IN A MEDICAL EMERGENCY,** to the Participants listed on the Mount Sinai HIE website to access my electronic health information stored in the Mount Sinai HIE, except for information they provided themselves, and to all employees, agents and members of the medical staff of MSHS to access any of my electronic health information available through Healthix contributed by a non-Mount Sinai participant for any purpose. I also deny consent to the Participants listed on the Epic and Carequality websites to access my MSHS electronic medical record, but **I understand that the Epic Care Everywhere and Carequality Participants may still access my information in an emergency as allowed by applicable law.**
- I DO NOT WISH TO MAKE A DECISION AT THIS TIME.** I understand that Epic Care Everywhere and Carequality participants may be able to access information in my MSHS electronic medical record in a medical emergency as allowed by applicable law. MSHS providers may be able to access my information via Healthix in an emergency as allowed by applicable law.

My questions about this form have been answered and I have been given the choice to receive a copy of this form.

Print Name of Patient

Signature of Patient (or Patient's Legal Representative)

Patient Date of Birth

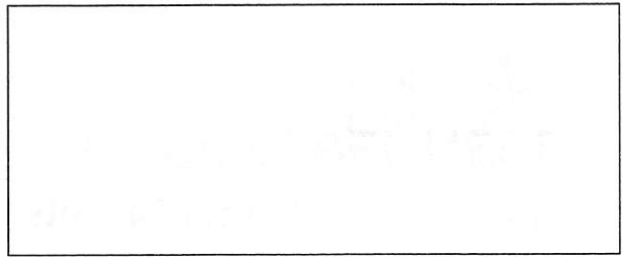
Date

Print Name of Legal Representative (if applicable)

Relationship of Legal Representative to Patient (if applicable)



AUTHORIZATIONS AND ASSIGNMENTS



1. FINANCIAL AGREEMENT/GUARANTEED OF PAYMENT (All Patients)

In consideration of services, assignment of benefits and care rendered; I agree that I am responsible for any and all charges billed by **Mount Sinai Hospital** ("Mount Sinai") with respect to such services and care unless the contract between Mount Sinai and my insurance company provides otherwise and/or unless otherwise provided by law. In the event that the requested services are not specifically authorized by my insurance company, I agree to pay for all services as agreed upon, unless otherwise provided by law.

I authorize payment of medical benefits to which I am entitled directly to Mount Sinai, to cover the cost of the care and treatment rendered to myself or my dependents in the hospital.

Upon receipt of a Mount Sinai bill, I agree to immediately pay all amounts not covered by insurance unless otherwise provided by law. If any insurance I have rejects my claim or pays part of the claim, I shall be responsible for payment of any balance as determined by Mount Sinai immediately upon learning of such coverage, unless otherwise provided by law.

2. RELEASE OF INFORMATION

In the event my insurer denies payment to Mount Sinai for services rendered to me, I hereby give my consent to have an authorized representative of Mount Sinai contact my insurer and to provide to my insurer all information and documentation regarding the services rendered to me by Mount Sinai which may be required in order for my insurer to reevaluate its decision to deny payment for such services.

I authorize Mount Sinai, my treating physician, and their respective designees to use and disclose my health information for all necessary treatment, payment and health care operations purposes. I acknowledge that my health information may include information relating to mental illness and/or AIDS/ARC/HIV and that any such information may be disclosed (including examination and copying in either hard copy or digital format) to insurers, various credit agencies and guarantors solely if needed for payment of Mount Sinai charges and/or professional charges (no clinical information will be disclosed to any credit agency).

3. MEDICARE-RELEASE OF INFORMATION & ASSIGNMENT OF BENEFITS (Medicare only Part A and Part B providers)

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration and Centers for Medicare and Medicaid Services or its intermediaries or carriers any information (including information relating to mental illness and/or AIDS/ARC/HIV) needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign benefits payable to physician (s) and/or Mount Sinai Services to the physician (s) or organizations providing the service (s)

4. INSURANCE NETWORK/PROVIDER NOTICE PURSUANT TO NYS "OUT-OF-NETWORK" LAW

I understand that Mount Sinai is a participating provider in many health plan networks, and that a list of the plans that Mount Sinai participates in can be found at <http://www.mountsinaihealth.org/about-the-health-system/insurance-info/msh>

I understand that physicians and other providers who render services at Mount Sinai may be employed by or contracted by Mount Sinai, or may be independent practitioners who are **not** employed or contracted by Mount Sinai. I further understand that physicians/providers who provide services at Mount Sinai may not participate in the same health plans as Mount Sinai, even if they are employed by or contracted by Mount Sinai.

I understand that charges for physicians'/providers' "professional services" performed at Mount Sinai are **not** included in Mount Sinai's charges, and that physicians/providers may bill for their "professional services" separately from Mount Sinai, even if they are employed by or contracted by Mount Sinai.

I understand that I can check with the physician(s) arranging for my hospital services to determine: (1) the name, practice name, mailing address and telephone number of any other physician/practice whose services will be arranged by the physician; and (2) whether the services of physicians who are employed or contracted by Mount Sinai to provide services (including anesthesiology, pathology and/or radiology) are reasonably anticipated to be provided to me.

I understand that I can determine the health plans participated in by physicians who are employed by Mount Sinai by accessing the "find a doctor" toolbar at <http://www.mountsinaihealth.org> and navigating to physicians' profiles to view their insurance participation information.

I understand that contact information for physician groups contracted by Mount Sinai (if any) to provide services at Mount Sinai is available at <http://www.mountsinaihealth.org/about-the-health-system/insurance-info/msh>

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE ITEMS.

SIGNATURE OF PATIENT OR AUTHORIZED REPRESENTATIVE

DATED

RELATIONSHIP TO PATIENT

WITNESS TO SIGNATURE



Billing Information for Patients Who Have Appointments in one of Mount Sinai's provider based practices

When you receive services in a Mount Sinai outpatient practice or clinic, depending on the services rendered, you may receive two bills. Services provided in a Mount Sinai outpatient practice or clinic will have two separate components as noted below.

- **Hospital Services:** covers the use of the room and any medical or technical services, supplies or equipment. Often referred to as a facility and/or treatment room charge.
- **Physician and Clinical Professionals:** covers your doctor's professional services, treatment or procedures

The facility and/or treatment room charge is the result of Mount Sinai's outpatient practice and clinic locations being classified as hospital outpatient departments, also called provider-based* facilities.

Provider-based billing applies to all patients, regardless of the type of insurance you have. The way your insurance covers facility and/or treatment room charges will be different, based on whether you have insurance through your employer, some other insurance company or if you are covered by Medicare.

How this affects you if you are covered by your employer health plan or other insurance (not Medicare): The way your insurance company handles these charges will vary based on your health plan. Some insurance companies may apply these charges to your annual deductible. To find out what will be covered, contact your insurance company. If you have additional questions about these charges or anticipated cost, **kindly contact one of our practice managers or one of our practice financial counselors.**

How this affects you if you have Medicare:

- The Hospital Services charge(s) will be billed to Medicare Part A.
- The Physician And other Clinical Professional charge will be billed to Medicare Part B.

You will receive two Medicare Summary Notices (MSNs): one for Part A and one for Part B:

- If you have secondary insurance, we will submit any balance to that insurance company.
- If your secondary insurance does not cover the remaining balance or if you do not have secondary insurance, the balance will be billed to you.

Medicare requires that we give you an estimate of your Part A and Part B charges if you do not have secondary insurance. These amounts may be different, depending on the services you receive. Here is an estimate of what a Medicare patient may be responsible for if there is no secondary insurance. If you have secondary insurance your responsibility will change based on your secondary coverage.

(See the practice financial counselor for additional estimates or contact the practice at _____):

Example Services	Part A Co-Ins	Part B Co-Ins	Example Services	Part A Co-Ins	Part B Co-Ins
Office visit Est level 2	\$25.09	\$5.80	Office visit Est level 3w/EKG	\$25.09	\$13.45
Office visit Est level 3	\$25.09	\$11.54	Office visit Est level 3 w/flu shot	\$25.09	\$11.54
Office visit Est level 4	\$25.09	\$17.76	Chest X-Ray	\$14.09	\$2.46

**Provider-based is a Medicare classification. It means that hospitals have met specific Medicare regulations to have their outpatient doctors' offices and clinics classified as provider based. Most large hospital systems are classified as provider based by Medicare, which results in uniform billing. Provider-based billing applies to all patients, not just Medicare patients.*

Please sign below, acknowledging that you have been made aware

Sign _____ Date _____

How Do You Describe Yourself ?



**Mount
Sinai**

We collect additional information on the background of all our patients. We would like you to tell us more about yourself so that we may review the treatment that all patients receive and make sure everyone gets the highest quality care. Your responses are not shared outside of the hospital and your information will remain private.

Please circle the options below which best describe you.

#1. WHAT IS YOUR RACE?

(Circle one or two options below. NOTE: If you select Asian, Black, or Native Hawaiian or Pacific Islander, see Question #3 to select your background.)

I	AMERICAN INDIAN OR ALASKA NATIVE
SEE BELOW	ASIAN
SEE BELOW	BLACK
SEE BELOW	NATIVE HAWAIIAN OR PACIFIC ISLANDER
W	WHITE
O	OTHER
U	UNKNOWN

#1A. WHAT IS YOUR BACKGROUND? (Select one or two options below)

ASIAN		BLACK		NATIVE HAWAIIAN OR PACIFIC ISLANDER	
AA	Asian Indian	BA	African-American	PC	Chuukese
AB	Bangladeshi	BB	Barbadian	PE	Guamanian
AF	Chinese	BD	Congolese	PM	Native Hawaiian
AG	Filipino	BJ	Ghanaian	PQ	Papua New Guinean
AK	Japanese	BN	Haitian		Other _____
AL	Korean	BP	Jamaican		
AM	Laotian	BT	Nigerian		
AZ	Pakistani	BU	Senegalese		
	Other _____		Other _____		

#2. ARE YOU SPANISH/HISPANIC/LATINO? (Circle one option below. NOTE: If you select "I AM SPANISH/HISPANIC/LATINO", see Question #2A to select your background also.)

SEE BELOW	I AM SPANISH/HISPANIC/LATINO
N	I AM NOT SPANISH/HISPANIC/LATINO
U	I DO NOT KNOW

#2A. WHAT IS YOUR BACKGROUND?

SPANISH/HISPANIC/LATINO ORIGIN (Select one or two options below)	
2	Argentinean
14	Colombian
18	Dominican
19	Ecuadorian
22	Honduran
25	Mexican
33	Puerto Rican
34	Salvadoran
	Other _____

IMA NEW PATIENT QUESTIONNAIRE

PLEASE GIVE THIS FORM TO YOUR DOCTOR AT YOUR VISIT TODAY

TODAY'S VISIT:

What are the two most important things you would like to talk about with your doctor today?

- 1. _____
- 2. _____

Do you need forms filled out or a letter?

YES

NO

PAST MEDICAL HISTORY:

*Please list your medical problems.
Use other side if needed.*

MEDICATIONS:

*Please list any medications you are taking.
Use other side if needed.*

Allergies: _____

Have you been hospitalized in the past year?

YES

NO

If yes, for what and where? _____

PAST SURGICAL HISTORY:

Please list any surgeries or procedures you have had done. Include dates, if known.

FAMILY HISTORY:

List any problems that run in the family (such as diabetes, cancers, heart disease):

PRIOR MEDICAL CARE:

Where have your previous doctors been?

To help us take better care of you, please bring any other medical records you have to your next visit.

If you have time, please answer the following questions:

GENERAL HEALTH SCREENING:

Do you currently smoke? YES NO

If yes, would you like to quit? YES NO

Over the past two weeks, have you been bothered by any of the following problems?

Little interest or pleasure in doing things: YES NO

Feeling down, depressed, or hopeless: YES NO

Are you receiving counseling or mental health services elsewhere? YES NO

If yes, for what and where? _____

Have you fallen in the past year? YES NO

In the past year, have you been afraid that you might fall? YES NO

Do you want a flu vaccine today? YES NO

Would you like to be tested for HIV? YES NO

If born 1945-1965: would you like to be tested for Hepatitis C? YES NO



The purpose of this screening questionnaire is to screen for potentially contagious infectious diseases and to protect patients as well as staff.

INFECTIOUS DISEASES SCREENING TOOL

Assigned staff should have ALL patients answer these questions:

1. Have you traveled outside the U.S. in the past 21 days (3 weeks)? If yes, where _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a close contact (household member) traveled outside the U.S. in the past 21 days (3 weeks)? If yes, where _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you had close contact with a person with Ebola/Lassa/Marburg, Middle Eastern Respiratory Virus (MERS), Measles, Mumps, Chickenpox, or any other known infectious disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you have a fever (Temp more than 100.4°F (38°C)) or feel hot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have a cough, shortness of breath, or a sore throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you vomiting or having diarrhea?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have a rash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer "yes" to question 1 or 2 AND any other question, please notify staff IMMEDIATELY for further instructions.

Your Health Information at Your Fingertips, Day or Night!

You see what your doctor sees.

SAVE TIME

Review your medications, immunizations, allergies and medical history.
Receive test results online – no waiting for a phone call or letter.

STAY IN TOUCH WITH YOUR DOCTOR

Request renewals of your medications online.

Send non-urgent messages to your Mount Sinai outpatient physician.*

*Please do not use MyMountSinaiChart to send any messages requiring urgent attention.
Contact your doctor's office or dial 911 for emergencies.

ACCESS YOUR FAMILY'S RECORDS

Link your family members' accounts to yours for convenient access to immunization records, growth charts and more.

MyMountSinaiChart



IS IT SECURE?

Your information is safe from unauthorized access because MyMountSinaiChart is password-protected and delivered via a secure connection.



HOW DO I GAIN ACCESS?

Look for an activation code in your hospital discharge packet to begin using your MyMountSinaiChart today.

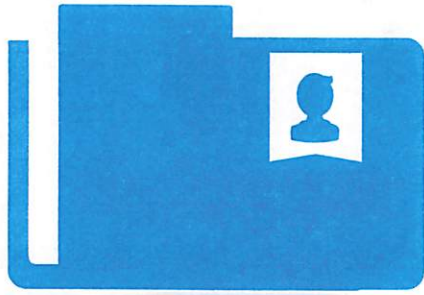


NEED SOME ASSISTANCE?

Contact us today!

Email: MyChartSupport@mountsinai.org

Telephone: 1-855-343-3470



MyMountSinaiChart provides new, convenient methods of communication with your doctor's office.

- Renew prescriptions
- Send messages to Mount Sinai outpatient providers
- View summaries of your hospital visits
- Receive discharge instructions

MyMountSinaiChart

<https://mychart.mountsinai.org>

Privacy of Your Health Care Information

Your privacy is important to us. The information you provide on this website is protected by federal laws. To learn more about how we are committed to protecting the privacy of your medical information, you can access our website at:

<http://www.mssm.edu/HIPAA>



**Mount
Sinai**

One Gustave L. Levy Place
New York, New York 10029



Quickly View Your Test Results



Renew Prescriptions Online



Contact Your Doctor's Office

MyMountSinaiChart

<https://mychart.mountsinai.org>

We welcome feedback about your care

If you have any concerns, please first contact an IMA Patient Liaison, practice manager, nurse manager or social worker.

You may receive a survey from your insurance company or the hospital requesting feedback about your care.

Patient representatives are also available to provide information regarding patients' rights as well as hospital policies and procedures. They can be reached at 212-659-8990.

You can also send any correspondence to:

The Mount Sinai Hospital - Patient Service Center

One Gustave Levy Place, Box 1515

New York, NY 10029

If we have been unable to resolve concerns, you may contact:
The New York State Department of Health: 800-804-5447
The Joint Commission: 800-994-6610

If you have any specific concerns requiring immediate attention beyond the information above, the Mount Sinai Health System has a Patient Grievance Policy that is available to you at any time. Ask any staff member how to access the policy or contact the Patient Representative at your convenience for assistance.



**Mount
Sinai
Hospital**

*Internal
Medicine
Associates*

Patient Handbook

*"We're putting **you** at the center of your care"*

Welcome to Internal Medicine Associates

At Internal Medicine Associates (IMA), we put *you* at the center of *your care*. Whether you are seeking preventive medicine to keep you well, need help managing a chronic condition, or aren't feeling well and want to be seen by a doctor, top quality, affordable, high quality care is available at IMA.

We are pleased and honored that you have chosen us to take care of your health, and will work to ensure that you receive the best possible health outcomes.

This handbook provides some helpful information about how to navigate our practice. We want you to know what we expect from you, and in return what you can expect from our team!

As you visit our practice, we invite you to share your feedback and to let us know how we are doing.

Discrimination

- Mount Sinai has **zero tolerance** for discrimination of any kind, based on race, ethnicity, gender, gender identity, sexual orientation, or any other basis.
- If you witness discrimination, notify a staff member of the clinic, so we can work to resolve any further issues.

Violence

- Mount Sinai has a **zero tolerance** policy for violence in the workplace.
- We will not allow any violent behaviors, threats of violence, or intimidation of any kind aimed towards other patients and/or staff. Should this behavior be exhibited, the patient doing so may be escorted off of the premises.
- Continued violent behaviors or an escalated event of violence may result in discharge from our facility. Should this occur, the patient would be given referrals to other providers in the area as well as access to our Emergency Room 24 hours a day, seven days a week.

Prescription Refills

- Please make every effort to discuss refill needs during your scheduled appointments.
- If you need a medication refill before your next scheduled appointment, please call the following number: Internal Medicine Associates: *212-659-8551*
- You may also request a refill electronically by using **MyChart**.
- Prescription refills may take up to 2 business days to complete. Please plan accordingly.
- Please check with your pharmacy to see when your medication is ready for pick up.
- Most prescriptions will be sent directly to your pharmacy, so you will not need to pick up the prescription in clinic.
- If you have missed an appointment and need refills, your provider may give you a prescription for enough medication to last until your next scheduled appointment. If you miss that appointment, you may not receive more medications until you are seen by your provider during a scheduled visit.

Our Mission

The mission of the Mount Sinai Health System is to provide compassionate patient care with seamless coordination and to advance medicine through unrivaled education, research and outreach in the many diverse communities we serve.

Clinic Hours

Internal Medicine Associates

17 East 102nd Street, 7th Floor

New York, NY 10029

Call Center 212-659-8551

You have phone access to a medical provider even when our offices are closed. On weekends, holidays and afterhours, there is a covering provider who will answer your calls. Our Call Center will direct your calls to the appropriate provider at 212-659-8551

Monday - Thursday: 8:30 am - 4:00 pm

Evening Clinic Appointments:

Firm D

Monday - Thursday: 4:30 pm - 7:00 pm

Saturday Clinic Appointments:

Firm B

Saturday: 9:00 am - 1:30 pm

Specialties offered at IMA

- Diabetes Education
- Pain Management
- Psychiatry
- Liver Clinic
- Behavioral Health
- Nutrition
- Renal Clinic
- IMA Women's Wellness
- MSK Musculoskeletal
- High Risk Care Coordination

Co-Payments

- Depending on what your active insurance coverage is, you may or may not have a co-payment for the services provided.
- A co-payment is due at the time of service and will be collected upon registration.
 - We only accept cash and credit card as a form of payment.

Self-Pay

- Patients without current health insurance coverage have the option to cover the cost of the visit.
 - The cost of the primary care visit does not include any lab work or vaccinations.

Financial Assistance

- If you have no active insurance coverage, financial assistance can be provided.
 - Patient financial counselors can be found in room 228 on the first floor at 17 East 102nd Street.
- ***Resource, Entitlement and Advocacy Program (REAP)***
 - REAP helps patients apply for government health insurance programs such as Medicaid, Child Health Plus, and qualified health plans through the New York State of Health insurance marketplace.
 - You can call the REAP office at 212-423-2800 M-F between 9am and 5pm to schedule an appointment.

Medical Records

- For more information about your medical record please contact Mount Sinai's Medical Records Department at 212-241-7601 or online at www.mssm.edu/hipaa.

Scheduling Appointments

- Appointments may be made, in person, at the front desk or by phone.
- Urgent care appointments may be made up to 24 hours in advance by phone.
 - To make an appointment for IMA please call our call center at 212-659-8551.

Late Arrival for Appointments

- If you arrive more than 20 minutes late for your appointment a nurse will speak to you regarding your reason for visit. It is then up to the provider if they are able to see you. If your provider cannot see you, you may be asked to reschedule your appointment. This is to alleviate wait time for all of our patients.

Late Arrival for Urgent Appointments

- If you arrive late for a designated *Urgent*, a nurse will speak to you regarding the reason for your visit. It is up to the discretion of the *Urgent* provider if you will be seen. Urgent care appointments do not have a grace period.

Forms and Letters

- Please bring all forms requiring a providers signature with you at the time of your appointment.
- Form completion can take up to 7-10 business days to complete.
- Depending on the form, an appointment may be required prior to form completion.
- Referrals to specialties should be discussed with your primary care provider.
- If your medication or procedure requires prior authorization, someone from our offices will contact you.

IMA Team Empanelment

Team-based care to better serve you

The ***Team Empanelment*** initiative is to ensure that every patient receives optimal care. By placing you at the center of your care, our providers and the care teams are able to focus more directly on your needs.

IMA is now divided into nine colored ***health care teams***:

Firm A Health Care Teams:

Blue, Red, Brown

Firm B Health Care Teams:

Orange, Pink, Purple

Firm C Health Care Teams:

Grey, Green, Yellow

Each team includes doctors, nurse practitioners, nurses, medical assistants, social workers and clerical staff. You will see a member of your team each time you come for a scheduled visit.

Services provided under the ***Team Empanelment*** are as follows:

- Scheduled appointments/ Follow-ups
- Medical forms
- Medication refills
- Labs / Blood work
- Vaccinations / Injections
- Same day ***URGENT*** visit

Reception Area Resources

IMA has several resources available for our patients while they are waiting for their provider.

Appointment Time	Patient	Status Time	Status	Provider
Time of your scheduled appointment	First three letters of last name, first letter of first name	Updated based on your status	<ul style="list-style-type: none"> • Ready for vital signs • Exam room # • Ready for nurse • Ready for Provider 	The assigned provider for your scheduled appointment.

Patient Tracker

- Located in the reception area, our patient trackers provide up to date information regarding your appointment time and status.
- Patients are prioritized by *Appointment Time*, not *Status Time*.

IMA Patient Liaisons

- Patient Liaisons are here to assist you with navigating through the IMA health system. They can be found in the reception areas of each firm.

Patient Health Bulletins

- Pamphlets provided in the waiting area containing important health information to discuss with your provider.

Reception Area Etiquette

- Please work with us to keep our clinics clean and welcoming.
- Notify a staff member if the bathroom is not fully stocked or unclean

A New Way to Communicate with your Provider

MyChart is a secure way to reach your provider on-line for non emergency questions/concerns.

What can you do with MyChart:

- View health summary and selected test results
- Request prescription refills
- Contact your doctor
- View upcoming appointments
- Health care alerts
- If you need assistance with signing up for **MyChart**, our Patient Liaisons are available.



MyChart now has an App that can be downloaded on most IOS and Android devices

Mychart.mountsinai.org

Welcome to the Internal Medicine Associates!

Who we are

We are a primary care clinic at Mount Sinai Hospital. We are a team of doctors, nurses, medical assistants, and social workers all working together to provide you with the best care possible.

Services we provide

- Check-ups
- Management of medical problems
- Referrals to specialty clinics, if needed
- Mental health, diabetes, joint problems, and hepatitis C clinics
- Nutrition counseling and much more!

How the clinic runs

At your first visit, a doctor will be assigned to you as your **primary care doctor**. All doctors are supervised by a group of senior doctors.

*** The name of the doctor on your insurance card will be of one of the senior doctors, and may be different than who is your **primary care doctor** in the clinic.

What to expect on your first 1-2 visits

- Questions about illnesses and any other concerns
- Tests/injections depending on your age
- Check up

*** We may not have time to cover everything at the first visit, but we will make a follow-up appointment in a few weeks so that we can discuss all your concerns.

At each clinic visit, you will:

1. have your blood pressure, heart rate, temperature checked
2. meet with the doctor, who will at the end of visit, step out to go over the plan with the senior physician
3. do blood work/injections, if needed
4. make a follow up appointment at the front desk

*** Please note, we try our best to schedule you with your own doctor for each visit, but due to doctor's schedules, you may sometimes see another member of the team.

Mount Sinai Enterprise Information Exchange Fact Sheet

Details about patient information in the Mount Sinai HIE, Care Everywhere and Healthix and the EIE consent process:

1. Definitions.

- “The Mount Sinai Health System” refers to:
 - Mount Sinai Beth Israel
 - Mount Sinai Brooklyn
 - Mount Sinai Doctors
 - The Mount Sinai Hospital
 - Mount Sinai Queens
 - Mount Sinai West
 - Mount Sinai St. Luke's
 - New York Eye and Ear Infirmary of Mount Sinai
 - South Nassau Communities Hospital
 - Icahn School of Medicine at Mount Sinai

- “Participants” refers to the entities listed on the websites of Mount Sinai Connect, Epic, Carequality and Healthix.

2. How Your Information Will Be Used. Consistent with New York State and Federal law, your electronic health information may be used by the Participants, to:

- Provide you with medical treatment and related services.
- Check whether you have health insurance and what it covers.
- Improve Payers and Insurers ability to meet quality and performance program requirements by having a more complete view of a patient’s clinical information.
- Provide Care Management Activities. These include assisting you in obtaining appropriate medical care, improving the quality of healthcare services provided to you, coordinating the provision of multiple health care services provided to you, or supporting you in following a plan of medical care.
- Provide Quality Improvement Activities. These include evaluating and improving the quality of medical care (and related services) provided to you and all Mount Sinai patients and Healthix members and participating organizations.
- Mount Sinai Health System will make available on the Care Everywhere and Carequality platform that you may have health information at Mount Sinai, unless the only services you receive are related to Mental Health/Psychiatric Treatment or Substance Abuse Treatment.

NOTE: The choice you make in this Consent Form does NOT allow health insurers to have access to your information for the purpose of deciding whether to give you health insurance or pay your bills.

3. What Types of Information About You Are Included. Your electronic health information may include where you have received health services, a history of illnesses or injuries you have had (like diabetes or a broken bone), test results (like X-rays or blood tests), office and progress notes by your providers, and lists of medicines you have taken. This includes information created before and after the date of this Consent Form. This information may relate to sensitive health conditions, including but not limited to:

• Alcohol or drug use problems	• Mental health conditions
• Birth control and abortion (family planning)	• HIV/AIDS
• Genetic (inherited) diseases or tests	• Sexually transmitted diseases

4. Where Health Information About You Comes From. Information about you comes from places that have provided you with medical care or health insurance (“Information Sources”). These may include hospitals, physicians, pharmacies, clinical laboratories, health insurers, the Medicaid program, and other organizations that exchange health information electronically. A complete list of current HIE Information Sources is available from Mount Sinai or your HIE Participant health care provider, as applicable. You can obtain an updated list of Information Sources at any time by checking the Mount Sinai HIE website <http://www.mountsinainconnect.org>. You can also contact the Mount Sinai HIE Privacy Officer by

writing to: HIPAA Compliance Office, Mount Sinai Health System, 1 Gustave L. Levy Place, Box 1016, New York, NY 10029 or calling: 212-241-4669. A complete list of current Healthix Information Sources is available from Healthix and can be obtained at any time by checking the Healthix website at <http://www.healthix.org> or by calling Healthix at 877-695-4749. Your information may also come from the organizations listed on the Epic website at epic.com/careeverywhere and the Carequality website at carequality.org/active-sites-search.

5. **Who May Access Information About You, If You Give Consent.** Only these people may access information about you: doctors who serve on the medical staff and other health care providers of an approved Participant, and who are involved in your medical care; health care providers who are covering or on call for an approved Participant; staff involved in quality improvement or care management activities for the approved Participant; and staff members of an approved Participant, who carry out activities permitted by this Consent Form as described above in paragraph 2.
6. **Public Health and Organ Procurement Organization Access.** Federal, state or local public health agencies and certain organ procurement organizations are authorized by law to access health information without a patient's consent for certain public health and organ transplant purposes. These entities may access your information through Healthix for these purposes without regard to whether you give consent, deny consent or do not fill out a consent form.
7. **Penalties for Improper Access to or Use of Your Information.** There are penalties for inappropriate access to or use of your electronic health information. If at any time you are concerned that someone who should not have seen or gotten access to information about you has done so via the Mount Sinai HIE, call one of the HIE Participants or Care Everywhere Providers you have approved to access your records, visit the Mount Sinai HIE website: <http://www.mountsinaiconnect.org> contact the Mount Sinai HIE Privacy Officer at the address and number above, call the NYS Department of Health at 877-690-2211, or contact the Federal Office of Civil Rights at <https://www.hhs.gov/ocr>. If your concern relates to access to your information via Healthix, call The Mount Sinai Health System at 212-241-4669; or visit Healthix's website: www.healthix.org; or call the NYS Department of Health at 518-474-4987; or follow the complaint process of the federal Office for Civil Rights at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/complaints>.
8. **Re-disclosure of Information.** Any electronic health information about you may be re-disclosed by a Participant to others only to the extent permitted by state and federal laws and regulations. This is also true for health information about you that exists in a paper form. As stated in paragraph 3 above, if you give consent, ALL of your electronic health information, including sensitive health information will be available through these health information technology platforms. Some state and federal laws provide special protections for some kinds of sensitive health information, including related to: (i) your assessment, treatment or examination of a health condition by certain providers; (ii) HIV/AIDS; (iii) mental illness; (iv) mental retardation and developmental disabilities; (v) substance abuse; and (vi) genetic testing. Their special requirements must be followed whenever people receive these kinds of sensitive health information. The Mount Sinai HIE, Healthix, and persons who access this information through these health information exchanges must comply with Federal and New York State requirements. Care Everywhere and Carequality participants must comply with Federal requirements and the requirements of their State, which may be less protective or more protective than New York State.
9. **Effective Period.** This Consent Form will remain in effect until the day you withdraw your consent or :
 - a. with respect to the Mount Sinai HIE until such time the Mount Sinai HIE ceases operation, or until 50 years after your death, whichever is later;
 - b. with respect to Healthix, until such time as Healthix ceases operation. If Healthix merges with another Qualified Entity your consent choices will remain effective with the newly merged entity; and
 - c. with respect to Care Everywhere and Carequality, until Mount Sinai Health System no longer participates in these platforms.
10. **Changing Your Consent Status.** You can change your Consent Status at any time by signing a new Consent Form and selecting a new consent choice on page 1 of the form. You can get this Consent Form from your provider or on the Mount Sinai HIE website on the "Protecting Patient Health Information" page, <http://www.mountsinai.org/ms-connect/protecting-patient-health-information>. Once completed, please give the form to your provider and he or she will update our records appropriately.

Note: Participants that access your health information through these platforms while your consent is in effect may copy or include your information in their own medical records. Even if you later decide to withdraw your consent, they are not required to return the information or remove it from their records.

Copy of Form. You are entitled to get a copy of this Consent Form after you sign it, if you so request.

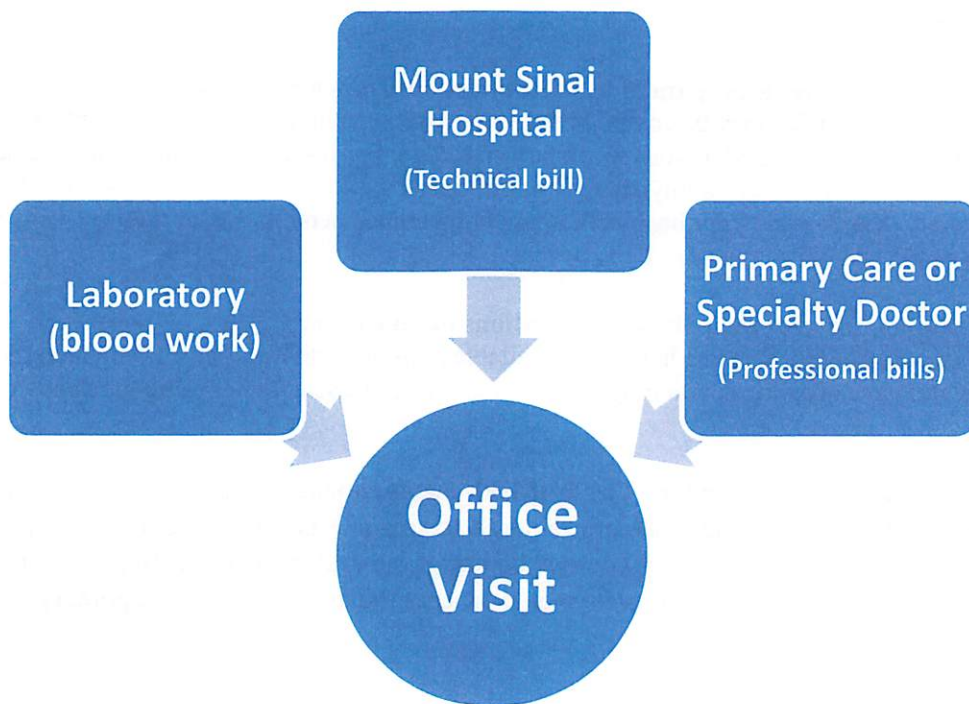
Explanation of Charges

Hospital Services

Patients seen in an outpatient setting may receive separate invoices for some services, including laboratory (e.g. blood work) services, pathology (e.g. biopsy) services, and radiology (e.g. X-ray, MRI, CT, etc) services. This outpatient bill will include charges for the use of the facility, equipment, supplies, and technical personnel. For scheduling reasons, some tests or procedures may be performed at a later date and will be billed separately from your outpatient invoice.

Physician and Clinical Professionals

Physician fees will be billed for the professional consultative and interpretation services. Some physicians and/or physician groups may send you separate invoices that include the cost of medical or surgical care as well as costs involving review and interpretation of your diagnostic tests. For example, you might receive a bill from the specialist or primary care physician who is managing your care, the pathologist who examines your biopsy, or the radiologist who reads your X-ray.



Below are frequently asked questions (FAQs) related to Provider Based Hospital Outpatient departments.

Q: What does “Provider-Based” or “Hospital-Based Outpatient” mean?

A: “Provider-Based” or “Hospital-Based Outpatient” refers to the billing process for services provided in a hospital outpatient clinic or location. This is a Medicare status for hospitals and clinics that meet specific Medicare regulations and requires that we bill Medicare in two parts (Part A and Part B).

Q. How does this affect patients?

A: Patients may receive a charge from the hospital and the doctor in a hospital outpatient clinic. If a patient has insurance, each patient’s insurance plan is unique to that patient and contracted provider. Some insurance companies may cover both hospital charges and doctor charges and some may not.

Q: What should I ask my insurance carrier?

A. Ask whether the insurance company covers facility charges in an outpatient hospital clinic. If it does, ask what percentage of the charge is covered. Additionally, verify what your hospital outpatient insurance benefits are, as they typically are applied toward a hospital deductible and coinsurance payment.

Q: How does this affect a patient who has Medicare or Medicaid?

A: In a hospital based outpatient clinic, Medicare and Medicaid patients may receive two (2) separate bills for services provided in the clinic – one from the doctor and one from the hospital. Adult Medicaid patients will pay two copayments for the office visit - \$3 for the physician service and \$3 to the hospital. Depending on the clinical service being provided, additional out-of-pocket expenses for Medicare and Medicaid patients may be incurred in the “Provider-Based” clinic.

Q: What if a Medicare or Medicaid patient has secondary insurance coverage?

A: Co-insurance and deductibles may be covered by a secondary insurance policy. Check with your benefits or insurance company for details related to your secondary coverage. For instance, you may ask whether the secondary insurance company cover facility charges or provider-based billing. If it does, ask what percentage of the charge is covered. Verify what your hospital outpatient insurance benefits are, as they typically are applied toward your deductible and coinsurance.

Q: Where can patients call with their financial questions or concerns?

A: The Hospital and the Faculty Practice have staff available to assist with questions. If you already have received services and have questions pertaining to your statement, please call the telephone number referenced on your bill.

Q: Why does the Medicare Secondary Payer (MSP) questionnaire need to be completed?

A: As a participating Medicare provider, we are required to screen Medicare patients according to the MSP rules. If it pertains, at each visit, you will be asked the MSP questions. These questions help us to confirm if Medicare or another payer should process the insurance claim as primary

Important Information about Paying for Your Care at Mount Sinai Hospital

Mount Sinai Hospital (the “Hospital”) is a participating provider in many health plan networks. You can find a list of the plans in which we participate at <http://www.mountsinaihealth.org/about-the-health-system/insurance-info/msh> . Some health plans use smaller networks for certain products they offer so it is important to check whether we participate in the specific plan you are covered by. Our list will tell you if we do not participate in all of a health plan’s products.

It is also important for you to know that the physician services you receive in the Hospital are not included in the Hospital’s charges. Physicians who provide services at the Hospital may be independent voluntary physicians, may be employed by the Hospital, may be employees of the Icahn School of Medicine at Mount Sinai, or may be contractors. Physicians bill for their services separately and may or may not participate in the same health plans as the Hospital. You should check with the physician arranging your hospital services to determine which plans that physician participates in.

Plan participation information for physicians employed by the Hospital or the Icahn School of Medicine at Mount Sinai can be found by using the pink “find a doctor” toolbar at www.mountsinaihealth.org to navigate to individual physicians’ profiles to view their insurance participation information.

You should also check with the physician arranging for your hospital services to determine whether the services of any other physicians will be required for your care. Your physician can provide you with the name, practice name, mailing address and telephone number of any physicians whose services may be needed. Your physician will also be able to tell you whether the services of any physicians employed by the Hospital are likely to be needed, such as anesthesiologists, radiologists and pathologists. As noted above, contact information for these physicians is available at www.mountsinaihealth.org. You should contact these physicians directly to find out which health plans they participate in.

Hospitals are required by law to make available information about their standard charges for the items and services they provide. This information can be obtained by calling (212) 731-3600 or writing to the Hospital’s Patient Financial Services Department at One Gustave L. Levy Place, Box. 6000, New York, NY 10029.

If you do not have health insurance, you may be eligible for assistance in paying your hospital bills. Information about financial assistance is available at www.hospitalassistance.org, or you may contact any of the following offices listed below:

- Department of Financial Counseling
5 East 102nd Street, Room D1-228
New York, NY 10029
(212) 824-7274

- **Department of Financial Counseling**
1468 Madison Avenue, Room 210
New York, NY 10029
(212) 241-4851
- **REAP**
1405-05 Madison Avenue
New York, NY 10029
(212) 423-2800



Summary of Financial Assistance Policy

The hospitals that are part of the Mount Sinai Hospitals Group, Inc. recognize that there are times when patients in need of care will have difficulty paying for the services provided. We can help you apply for financial assistance if you qualify based on your income. In addition, we can help you apply for free or low-cost insurance if you qualify.

Who qualifies for a discount?

Financial assistance is available for patients with limited incomes who don't have health insurance, or who have used up their health insurance benefits.

If you live in New York State, you can get a discount on emergency care if you meet the income limits.

If you live in New York City, you can get a discount on non-emergency, medically necessary care if you meet the income limits.

You cannot be denied emergency care or other medically necessary care because you need financial assistance.

What are the income limits?

The amount of the discount varies based on your income and the size of your family. These are the income limits:

Family Size	Maximum Family Income		
	Annual Limit	Monthly Limit	Weekly Limit
1	\$48,560	\$4,046.67	\$934.57
2	\$65,841	\$5,486.75	\$1,267.15
3	\$83,121	\$6,926.75	\$1,599.71
4	\$100,401	\$8,366.75	\$1,932.27
5	\$117,681	\$9,806.75	\$2,264.84
6	\$134,961	\$11,246.75	\$2,597.40
7	\$152,241	\$12,686.75	\$2,929.97
8	\$169,521	\$14,126.75	\$3,262.53

* Based on the 2018 Federal Poverty Guidelines

What services are covered by the hospital Financial Assistance Policy?

Hospital "Facilities" Services: All emergency services and other medically necessary services provided by the hospital itself are covered by the discount.

"Professional" Services: All emergency and other medically necessary professional services provided in the hospital facilities by providers who are employed by the hospitals are covered. Some emergency and other medically necessary professional services provided in the hospital facilities by providers who are employed by the Icahn School of Medicine at Mount Sinai may also be covered. Charge for professional services provided in the hospital facilities by private or "voluntary" providers, however, are likely not covered. To determine whether the professional services provided by your provider are covered, you can visit (Hospitalassistance.org), or you can contact the offices listed earlier in this summary.

What services are not covered by the hospital Financial Assistance Policy?

Services that are not medically necessary, like cosmetic surgery, cosmetic contact lenses and sleep study services, are not covered. Discretionary charges, like private rooms, private nurses, and television, are not covered. Services related to research are not covered.

Professional services provided by private or "voluntary" providers at hospital facilities are likely not be covered. You can talk to the providers who are not covered by the hospital's financial assistance policy to see if they offer a discount or payment plan.

How do I apply for financial assistance?

You can apply for financial assistance by completing and submitting a Financial Aid Form to the hospital at which services were rendered, at the following addresses:

Mount Sinai Beth Israel (Petrie Campus): Department of Patient Financial Counseling, 317 W 17th Street, Room 3F05 New York, NY 10003, (212) 844-1914 (p), (212) 844-1771 (f)

Mount Sinai Beth Israel (Philips Ambulatory Care Center): Department of Patient Financial Services, 10 Union Square East, Room 2030, New York, New York 10003, (212) 844-6041 (p), (212) 844-8401 (f)

Mount Sinai Beth Israel Brooklyn: 3201 Kings Highway, Room 116, Brooklyn NY 11234, (718) 951-2751 (p), (718) 951-2822 (f)

Mount Sinai Hospital (New York): Department of Financial Counseling, 17 East 102nd Street, Room D1-228, New York, New York 10029, (212) 824-7274 (p), (212) 876-7775 (f); Department of Financial Counseling, 1468 Madison Avenue, Room 210, New York, New York 10029, (212) 241-4851 (p), (212) 426-1094 (f)

Mount Sinai Queens: Crescent Condo, Suite 1D, 23-22 30th Road, Long Island City, New York 11102, (718) 267-4369 (p), (718) 726-2967 (f)

New York Eye and Ear Infirmary of Mount Sinai: First Floor, 310 East 14th Street, New York, New York 10003, (212) 979-4183 (p), (212) 353-5738 (f)

Mount Sinai West (formerly Roosevelt Hospital): Department of Patient Financial Counseling, 1000 Tenth Avenue, Room 2J, New York, New York 10019, (212) 523-7816 (p), (212) 523-8143 (f)

Mount Sinai West (HEAL Center): 1000 Tenth Avenue, Room 1B03, New York, New York 10019, (212) 523-3900 (p), (212) 636-3806 (f)

Mount Sinai St. Luke's: Department of Patient Financial Counseling, 1111 Amsterdam Avenue at 114th Street, Room 1B-105 New York, New York 10025, (212) 523-2552 (p), (212) 523-5620 (f)

Mount Sinai St. Luke's (HEAL Center): 1111 Amsterdam Avenue, Clark Building, Room 108, New York, New York 10025, (212) 523-3900 (p), (212) 523-3955 (f)

You may be screened for Medicaid eligibility and may be required to cooperate with the Medicaid representative in order to qualify for financial assistance under our policy.

What documentation do I need to provide when I apply for a discount?

Documentation requirements vary depending on your situation. Normally you will have to prove who you are, where you live, how much income you make, who your dependents are (if you're claiming any) and any child support or alimony you pay.

If you cannot provide any of these, you may still be able to apply for financial assistance. Contact the office listed on the first page of this summary.

How much do I have to pay?

The amount you have to pay may be as little as \$0 for children and pregnant women, but it depends on your income. The amount you have to pay for adults will be a percentage of what Medicare would pay for the service, but also depends on your income. If you are eligible for financial assistance, you will not be charged more than the amount the hospital generally bills for emergency services or other medically necessary care.

Our staff will give you the details about your specific discount once your application is processed.

How do I get the discount?

You have to fill out the application form. You can apply for a discount before you have an appointment, when you come to the hospital to get care, or when the bill comes in the mail. You have up to 240 days after getting your first bill from us to submit the application.

How will I know if I was approved for the discount?

We will send you a letter [within 30 days] after you submit a complete application, telling you if you have been approved and the level of discount received.

What if I get a bill while I'm waiting to hear if I can get a discount?

You cannot be required to pay a hospital bill while your application for a discount is being considered. If your application is turned down, the hospital must tell you why in writing and must provide you with a way to appeal this decision to a higher level within the hospital.

What if I'm denied a discount and think there was a mistake?

You can appeal, if you do so within 30 days of receiving our letter denying you a discount. You can only appeal if you provided incorrect information, or there has been a change in your financial status or there is another extenuating circumstance. You should submit your appeal to the office listed on the first page of this summary.

What if I get a discount but still cannot afford to pay my bill?

If you get a discount but still can't pay your bill, you may be eligible for an interest-free installment payment plan. If you're eligible for an installment payment plan, the amount you will pay each month will depend on the amount of your income.

What if I have a problem I cannot resolve with the hospital?

You may call the New York State Department of Health complaint hotline at 1-800-804-5447.

How do I obtain a copy of the hospital's financial assistance policy and application?

Copies of the hospital's financial assistance policy, this summary, and the financial assistance application form are all available on the internet at [Hospitalassistance.org]. Copies of these materials are also available in the offices listed above, and you can also request that copies of these materials be mailed to you (at no charge) by contacting the offices listed above.

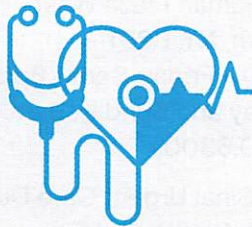
What languages are the hospital's financial assistance policy available in?

The hospital's financial assistance policy and financial assistance application is available in the following languages: [[Spanish](#) [Chinese](#) [Haitian Creole](#) [Polish](#) [Russian](#)]

- **At Mount Sinai, our goal is to make sure you receive the best care that's right for your medical condition. Depending on your condition or illness, you have several options for treatment including primary care, urgent care, and emergency care.**

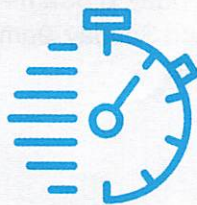
While every medical situation is different, answering the questions below can help guide you toward choosing the right level of care:

- What are my symptoms and how severe are they?
- What healthcare options are nearby and what are the hours?
- What insurances are accepted?



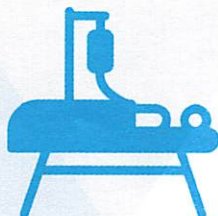
When should you see your primary care physician?

Your primary care physician gets to know you and your health needs over time, helping to promote wellness and manage chronic conditions. Unless you have an immediate need, your primary care physician is your go-to health care provider.



When should you visit an urgent care center?

Urgent care centers provide treatment for a variety of minor illnesses and injuries that need to be addressed right away. Mount Sinai and our affiliates offer convenient urgent care locations with morning, evening, and weekend hours across New York City. No appointment is necessary and walk-ins are welcome.



When should you visit the emergency department?

Serious illnesses or injuries that pose a threat to life or limb require a visit to the emergency department. The staff there is ready for any critical situation.

FIND THE RIGHT CARE FOR YOU.**▶ Primary Care**

Contact your primary care physician or call **800.637.4624** to find a doctor if you don't already have one.

▶ Mount Sinai Urgent Care

- Mount Sinai Urgent Care Inwood
5030 Broadway
New York, NY 10034
Monday – Friday, 8:30am – 8:30pm
Saturday and Sunday, 9am – 5pm
212.604.6550
- Mount Sinai Urgent Care Union Square
10 Union Square East
New York, NY 10003
Monday – Friday, 8am – 8pm
Saturday and Sunday, 9am – 5pm
212.844.6000
- Mount Sinai Urgent Care Upper West Side
638 Columbus Avenue
New York, NY 10024
Monday – Friday, 8:30am – 8:30pm
Saturday and Sunday, 9am – 5pm
212.828.3250
- Mount Sinai Express Care
1440 Madison Avenue
New York, NY 10029
Monday – Friday, 11am – 10pm
212.241.8460
- Mount Sinai Urgent Care Brooklyn Heights
300 Cadman Plaza West
Brooklyn, NY 11201
Monday – Friday, 8am – 8pm
Saturday and Sunday, 9am – 5pm
929.210.6300
- Mount Sinai Urgent Care Dumbo
110 York Street, 2nd Floor
Brooklyn, NY 11201
Monday – Friday, 8:30am – 8:30pm
Saturday and Sunday, 9am – 5pm
929.210.6110

▶ Affiliated Urgent Care

www.citymd.com
www.cureurgentcare.com
www.urgentcare181.com

▶ Emergency Care

Call 911 or visit the closest emergency room.

These guidelines are meant to assist you in making decisions about your healthcare needs. If you are unsure about what level of care you need and not experiencing an emergency, contact your primary care physician for advice. If you are experiencing a medical emergency please call 911 or report to the nearest emergency room.