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Mark Dome, M.M.S., P.A.

Welcome to Desert Ear, Nose & Throat Medical Group

We look forward to your upcoming visit with us at Desert Ear, Nose & Throat.

Our office is located at: [71687 Highway 111, Suite 101 in Rancho Mirage CA](#). The office is set back from Highway 111 at the intersection of Dunes View Road behind the 76 gas station.

To prepare for your visit with us, we ask that you sign up for our patient portal. This will allow you to enter your personal information and medical history. In addition, you will have access to your test results and progress notes following your office visits. Our providers and staff can view results on MyChart at Eisenhower Medical Center, however your medical history and medications do not transfer to our electronic medical record.

Below are step by step instructions on how to sign up and enter your information in our web portal. If you need assistance with the portal, please do not hesitate to contact the office at 760-340-4566 or text us at 760-387-1796 during business hours.

1. Access the email link that you received entitled: **“Welcome to your Desert Ear Nose & Throat Patient Portal”** or click here: [Desert ENT Portal](#).
2. On the login screen, you will see the phrase **“Forgot Password”** - click that link and follow the instructions to set up your password and enable logging into the portal.
3. Navigate back to the login page and enter the username and password that you just created. Your username is the email address you received the Welcome email link in step 1.
4. Once you have logged into the portal find and select the section **“My Health”**.
5. The mandatory information will have a red asterisk (*) next to it to indicate that it is a required field. Any field that does not have the red asterisk next to it is not required however you are welcome to enter your information if you wish.
6. On the bottom of each page of the paperwork you will click the button **“Save and Continue”** which will save the information that you entered and then take you to the next page. Once on the last page of the paperwork click **“Save and Continue”** once more and all the pages will be submitted back to the office.
7. There will be a section in the paperwork that asks for insurance information, please do not fill it out because the portal does not accept any insurance information. You will need to bring with you your Picture ID and Insurance Card(s) to your appointment. Please arrive 15-20 minutes ahead of your scheduled time to ensure we have adequate time to enter insurance information and gather any required signatures we may need.
8. Please submit the paperwork to the office within 72 hours after receiving the link otherwise the link expires. If needed, feel free to contact the office to have the link resent.



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Desert Ear, Nose and Throat Office Policies

We are deeply committed to the highest quality of patient care and are here to make your experience as pleasant as possible. To help with this, please review the following office policies:

- If you cannot make it to your appointment, please contact us 24 hours in advance to cancel your appointment. If you do not cancel 24 hours in advance you will be charged a no-show fee of \$30.00.
• Know your insurance plan and what your benefits are. If we are not a contracted provider with your insurance, we will ask for payment at time that services are rendered. As a courtesy, we can issue you a claim form to allow you to submit for reimbursement.
• Refill requests should be made through your pharmacy. Please allow 24-48 hours for refill requests to be processed, excluding weekends and holidays.
• If your physician has ordered tests, it is your responsibility to call our office for results. Do not assume that your tests are negative because your physician has not called you. Please allow three business days for turnaround time for your results.
• Please update our practice with any new insurance and/or demographic information.
• There is a 48-72 hour turnaround time for medical records. There will be up to a \$25.00 fee due at the time of request.
• There is a fee of up to \$25.00 charge for the first disability or social security forms and \$15.00 thereafter for additional forms.
• Authorization for release of medical information: I hereby authorize Desert Ear, Nose and Throat Medical Group to release all medical records to my insurance company to process this or any future medical claims with this office.
• Financial Policy: I understand that I am financially responsible for payment due at the time services are rendered by Desert Ear, Nose & Throat. This includes payment in full or any deductibles, co-payment and co-insurance amounts which apply at the time of services. There will be a \$36 fee for returned checks.
• If you call and leave a message for your provider, we ask that you be patient. We try to return phone calls by the end of the business day. If you are not available, the providers/staff may leave a voice message regarding your requests, results, or health information (unless you decline, see below).
• The providers and staff at Desert Ear Nose & Throat are given the authority, by the patient/guardian, to leave a message on a machine if you are not available. The message may pertain to results, health information, appointments and/or any other information that you may have discussed with your provider. If you authorize Desert Ear, Nose and Throat Medical Group to leave you a voice message or to speak to anyone other than yourself, then please initial here:
o I consent to voice messages being left regarding my health:
• If you do not wish for Desert Ear Nose and throat to leave a message on a machine or to speak with anyone other than yourself than please initial here:
o I do not consent to voice messages being left regarding my health:

Patient Name (please print)

Patient or Parent/Guardian Signature

Date



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Privacy Practices Acknowledgment Notice

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used along the following guidelines:

- Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in the treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physical certifications.

I have received, read and understood your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization and any time at: 71687 Highway 111, Suite 101, Rancho Mirage, CA 92270 to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private health information is used or disclosed to carry out treatment, payment and/or healthcare operations. I also understand that you are not required to agree with my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

Patient name (please print)

Relationship to patient

Signature of patient/guardian

Date



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Financial Interest Disclosure

Please be advised that certain physician employees of Desert Ear Nose & Throat are also owners and have a financial interest in the following facilities:

Hearing Institute of the Desert
71687 Highway 111, Suite 205
Rancho Mirage California 92270

Rancho Mirage Surgery Center
35800 Bob Hope Drive, Suite 100
Rancho Mirage, CA 92270

Eisenhower Balance Institute
71687 Highway 111, Suite 205
Rancho Mirage, CA 92270

X-Ray Computed Tomography (CT scanner)
at Desert Ear, Nose & Throat
71687 Highway 111, Suite 101
Rancho Mirage, CA 92270

You may be referred to the Hearing Institute of the Desert, Rancho Mirage Surgery Center, Eisenhower Balance Institute, or the X-Ray Computed Tomography to obtain medical services and/or equipment that each of these facilities offers. You have absolutely no obligation to obtain medical services and/or equipment from these facilities. There are medical practitioners and competing businesses other than these facilities that can provide you the same type of services and/or equipment.

Patient Name (please print)

Patient or Parent/Guardian Signature

Date

Open Payments Database

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

Patient Name (please print)

Patient or Parent/Guardian Signature

Date



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Medicare and Medicare/Medi-Cal Assignment of Benefits

- I request that payment of authorized Medicare Benefits be made either to me or on my behalf to Desert Ear, Nose & Throat for any services furnished to me by that physician or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents and information needed to determine these benefits payable to related services.
- I understand that my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance coverage is indicated in item 9 of the HCFA-1500 claim form or elsewhere on other approved claim information to the insurer or agency shown. In Medicare assigned cases the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, co-insurance and non-covered services.
- Co-insurance and deductibles are based upon the charge determination of the Medicare carrier.

Important Information for Medi-Cal Patients:

- **Desert Ear Nose & Throat (this location), is not a Medi-Cal provider. You will be responsible for your co-insurance/deductibles after Medicare's payment for services performed at this location. All co-pays and co-insurance payments are due at the time of service.**

Patient name (please print)

Medicare Number

Signature of patient/guardian

Date