



## **MANHATTAN FAMILY PRACTICE**

### **The Medical Examination for New Zealand Immigration**

#### **Who is the medical practitioner?**

**Dr Albert Levy, Manhattan Family Practice** is the appointed Panel Physician of the Department of Immigration and Citizenship (DIAC) for New Zealand. Dr Levy has been in private practice in New York City since 1986 and is listed as a **Top Doctor** in New York and America. He is well-known for his excellent caring skills and professional knowledge. He is assisted by an experienced medical staff including Nurse Practitioners and Medical Assistants who will ensure the process is carried out efficiently and professionally.

#### **How do I arrange an appointment?**

You may schedule an appointment by telephoning **212 288 7193**, Monday through Friday from 9am to 5pm. You can also email us at: [office@manhattanfamilypractice.com](mailto:office@manhattanfamilypractice.com) to schedule your appointment. Same day appointments are available on many occasions.

#### **Where do I go for the medical exam?**

The office is located at **911 Park Avenue**, on the SE corner of 80<sup>th</sup> Street and Park Avenue. The nearest subways are Lexington Avenue & 77<sup>th</sup> Street or Lexington Avenue & 86<sup>th</sup>. There are parking garages located along 80<sup>th</sup> Street. The office entrance is on 80<sup>th</sup> Street on the ground floor. For the Chest X-ray, the location is just two blocks away (Third Avenue and 80<sup>th</sup> Street)

#### **How much is the Medical examination going to cost?**

The complete adult medical examination costs **\$525 which includes a physical examination, Chest X-ray, urine and laboratory tests as well as administration fees.** (Please see separate fee schedule).

In some cases, additional blood work will be required which will incur an extra charge and which may be covered through your medical insurance.

Some applicants only require an X-Ray Examination and the total fees for this is **\$325 including the X-ray.** The fee is \$200 for children 12 years and under.

All payments must be made at the time of service and can be made by cash or credit card (Visa, MasterCard, American Express, Discover).

### **What happens if I miss my appointment or find that I need to change it?**

We ask you to ensure that cancellations or changes are made with *at least 24 hours notice* as a courtesy to the doctor and to other patients who need the appointment time. You can call 212 288 7193 or email: [office@manhattanfamilypractice.com](mailto:office@manhattanfamilypractice.com)

### **What do I need to bring to the medical examination?**

- You are required to bring your **passport** for identification purposes
- All relevant or specialist medical reports for known medical conditions if available.

You will be asked to fill in a Registration form (this is printed on page 4 and you may fill this form out in advance and bring it with you to your appointment to save time)

Once you have registered, you will need to answer the following questions:

- a) Visa type? E.g.: Visitor, Student, Family, Worker/Skills...
- b) Visa category? E.g. Child, partner, spouse, business investor...
- c) How long is your intended stay

### **What does the medical examination entail?**

Dr Levy and his excellently trained and experienced staff will make your visit as smooth as possible.

- A. First, our administrative staff will transfer all your personal information onto the Electronic Medical System and take your photograph in the office to accompany your application.
- B. The Doctors will record your complete **medical history** and perform a **physical examination**, including vital sign, urine analysis and blood testing. All applicants 15 years of age and older are required to have **blood (serologic) tests** for HIV. (Applicants under age 15 can be tested for HIV if there is reason to suspect the possibility of infection).
- C. A Chest X-ray must also be performed for those 15 years of age and older.
- D. Some applicants, depending on their visa category, may be required to have additional blood tests, including Hepatitis B and Hepatitis C, etc...
- E. Some applicants may only need a Chest X-ray

### **Where do I go for the Chest X-ray?**

The Chest X-ray is performed at a facility just two blocks away. You will be given full instructions by our staff at the time of your medical examination. No appointment is necessary for this.

**How long will it take for the medical exam to be submitted?**

As this is submitted electronically, in most cases, the medical report will be ready within 7-10 working days after your appointment date.

**Other Frequently Asked Questions**

**Do I need any immunizations/vaccinations?**

Immunizations are NOT required for this examination

**Do I need to come in fasting for the blood test?**

No, there is no need to fast before your appointment

**Are you open on Saturdays?**

All Chest X-rays are carried out only during weekdays so unfortunately we cannot offer weekend office hours.

**Do I need to reschedule if I am menstruating?**

Yes, it would be advisable NOT to come during your menstrual cycle as urine tests need to be carried out and this could affect the result.

**Do you accept my medical insurance to cover the medical examination fees?**

Unfortunately the medical examination conducted for an immigrant visa application is not covered by medical insurances. However, a receipt for the fees is given to you to try to submit to your insurance for possible reimbursement.

**Can I use the results of a recent medical examination at the time of my immigrant visa examination?**

Regretfully not. Only a medical examination conducted for the purpose of your immigrant visa is acceptable.

**How long will the examination take?**

Please allow at least one hour for all the administrative and medical tasks to be completed during your appointment. The Chest X-ray is also fairly quick and takes about half an hour.

**How can I pay?**

We accept cash or all major credit cards, such as AMEX, Visa, Mastercard, Discovery.

**Thank you for choosing Manhattan Family Practice and we look forward to helping you with this important step in the Visa process.**

**If you have further questions please do not hesitate to call us on 212 288 7193**

**(See Fee Schedule and Registration Form below)**

**Albert Levy, M.D., FAAFP  
Manhattan Family Practice**

**The following fees are in effect as of April 1<sup>st</sup> 2015**

**New Zealand Immigration Medical Examination**

**Inclusive cost for Adults :**

**Medical Examination (*for most applicants*)** **\$525.00\***  
*(Includes physical examination, urine tests, laboratory tests, Chest X-ray and administrative fees)*

**Children (12 years and under):**  
Physical Examination (no X-ray required) **\$200.00**

**Medical Examination and Chest X-ray only (no lab tests or urine tests)**  
*(this applies to certain applicants only)* **\$325.00\*\***

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\*\$450.00 is paid in our office and \$75.00 at the X-ray facility/  
\*\*\$250 is payable at our office and \$75.00 at the X-ray facility)

# MANHATTAN FAMILY PRACTICE

## Patient Registration Form NEW ZEALAND IMMIGRATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: Male / Female (circle) Marital Status: Single / Married / Divorced / Widowed

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Home Phone: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) Work Phone: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) ext: \_\_\_\_\_

Mobile Phone: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Primary Phone Number: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

### NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

We will not disclose your medical records to others without your consent or unless the law authorizes or compels us to do so. Our **Notice of Privacy Practices** describes in greater detail how your health information may be used and disclosed. (Copies are available at the reception.)

I understand that I am financially responsible for the payment of medical services received. I may be responsible for any balance not covered by my insurance and I hereby authorize Manhattan Family Practice to furnish any necessary medical or incidental information concerning my medical care and treatment to my insurance carriers.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent or Guardian if patient is a minor)