

# 2017 Diabetes Education Classes Registration Form

1. Please complete the form below and check the box next to the class session you wish to attend and in which you would like to enroll.
2. **Submit the completed form to one of the following:**  
Mail: Catholic Health's HealthConnection  
Administrative & Regional Training Center  
144 Genesee St., 5th Floor • Buffalo, NY 14203  
Fax: (716) 706-2545  
Email: HealthConnection@chsbuffalo.org
3. **If you need payment assistance, please call (716) 601-3600 for information.**

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

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

Gender:  Male  Female

Employer Name: \_\_\_\_\_

Endocrinologist: \_\_\_\_\_ Office Location: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_ Office Location: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Please check if someone will be accompanying you.

## Insurance Information

No Insurance/Self Pay

Primary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group: \_\_\_\_\_ Plan: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber's Employer: \_\_\_\_\_

Subscriber's relationship to patient: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

*Confirmation of class registration will be mailed to you at the address you provide.*

## Insurance

As a courtesy to you, Catholic Health (Kenmore Mercy Hospital, Mercy Hospital of Buffalo, Sisters of Charity Hospital, and Sisters Hospital, St. Joseph campus) will bill your insurance company for the classes that you attend. If your insurance does not cover the cost of the class, you will receive a bill and will be responsible for applicable co-payments, co-insurance, deductibles, or for services not covered. Contact your insurance carrier to find out if they cover all or part of your cost. You may need to pay for the class and submit a receipt to your insurance carrier for reimbursement.

**Please remember to bring your photo ID and insurance card to class as a copy will be made.**

**Check the box next to the class session you wish to attend and in which you would like to enroll.**

### **Kenmore Mercy Hospital**

2950 Elmwood Ave., Community Room, Kenmore, NY 14217

- January 3, 5, & 10 @ 1 p.m.
- February 7, 9, & 14 @ 1 p.m.
- March 7, 9 & 14 @ 6 p.m.
- April 4, 6 & 11 @ 1 p.m.
- May 2, 4 & 9 @ 1 p.m.
- June 6, 8 & 13 @ 6 p.m.
- July 11, 13 & 18 @ 1 p.m.
- August 1, 3 & 8 @ 1 p.m.
- September 12, 14 & 19 @ 1 p.m.
- October 3, 5 & 10 @ 6 p.m.
- November 7, 9 & 14 @ 1 p.m.
- December 5, 7 & 12 @ 1 p.m.

### **Mercy Hospital of Buffalo**

Conference Room A, 565 Abbott Rd., Buffalo, NY 14220

- May 3 @ 8 a.m. - 5:30 p.m.
- August 5 @ 8 a.m. - 5:30 p.m.

Marian Professional Building - Lower Level 515 Abbott Rd., Buffalo, NY 14220

- January 18, 19, & 25 @ 9 a.m.
- March 14, 15, & 16 @ 9 a.m.
- June 6, 7, & 8 @ 9 a.m.
- October 10, 11, & 12 @ 9 a.m.

### **Sisters of Charity Hospital**

2157 Main St., Buffalo, NY 14214

- January 9, 10, & 17 @ 9 a.m.
- February 6, 7 & 8 @ 9 a.m.
- March 6 & 7 @ 8 a.m.
- May 15, 16 & 17 @ 9 a.m.
- September 11, 12 & 13 @ 9 a.m.
- November 6, 7 & 8 @ 9 a.m.

### **Sisters of Charity Hospital, St. Joseph Campus**

2605 Harlem Rd., Cheektowaga, NY 14225

- January 16, 18 & 23 @ 8:30 a.m.
- March 13, 15 & 20 @ 8:30 a.m.
- April 24, 26 & May 1 @ 6 p.m.
- June 5, 6 & 12 @ 1 p.m.
- August 14, 16 & 21 @ 1 p.m.
- September 25, 27 & October 2 @ 6 p.m.
- October 16, 18 & 23 @ 8:30 a.m.
- November 27, 29 & December 4 @ 6 p.m.