



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 1989 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, Physician Assistants 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 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 80th Street and Park Avenue. The nearest subways are Lexington Avenue & 77th Street or Lexington Avenue & 86th. There are parking garages located along 80th Street. The office entrance is on 80th Street on the ground floor. For the Chest X-ray, the location is just two blocks away (Third Avenue and 80th Street)

How much is the Medical examination going to cost?

The adult medical examination costs **\$525 which includes a physical examination, Chest X-ray, urine and certain laboratory tests (urine dipstick, HIV and RPR serology) as well as administration fees.**

The fee is \$200 for children 11 years and under.

In some cases, **additional blood work** (including Hepatitis B & C, Hemaglobin A1C, Basic Metabolic Panel and CBC) will be required by New Zealand Immigration. These tests are not covered by our fee but are submitted to the laboratory for separate patient billing. *These may be covered by your medical insurance.*

Some applicants only require an X-Ray Examination and the total fees for this is **\$325 including the X-ray**. 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

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.
- Health Insurance Card for additional billing if necessary

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 signs, 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 12 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. Your medical insurance may be used to cover separate laboratory fees for additional bloodwork if required.

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 1st 2018

New Zealand Immigration Medical Examination

Inclusive cost for Adults:

Medical Examination (*for most applicants*) **\$525.00***

*(Includes physical examination, urine tests, HIV serologic tests**, Chest X-ray and administrative fees)*

Children (11 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 at our office and \$75.00 is paid separately at the X-ray facility**

**** Any additional bloodwork requested by NZ Immigration will be each patient's responsibility and a bill will be sent directly from the laboratory. These may be covered by your health insurance**

***** \$250 is payable at our office and \$75.00 is paid separately 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)