



## **Manhattan Family Practice The Medical Examination for US Immigration**

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

**Dr Albert Levy, Manhattan Family Practice**, is a designated Panel Physician for the US Citizenship and Immigration Services and conducts immigrant visa medical examinations at his office at 911 Park Avenue (at 80<sup>th</sup> Street). 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 female doctors and Nurse Practitioners who will all 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** or emailing us at [office@manhattanfamilypractice.com](mailto:office@manhattanfamilypractice.com). **The office is open from Mondays through Fridays from 9am to 5pm.** You can email us at: [office@manhattanfamilypractice.com](mailto:office@manhattanfamilypractice.com). Same day appointments are sometimes available.

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

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 and 77<sup>th</sup> Street or Lexington Avenue and 86<sup>th</sup>. There are several parking garages located along 80<sup>th</sup> Street between First Avenue and Madison Avenue.

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

The medical examination is conducted by the designated panel doctor with the assistance of his excellently trained and experienced staff. The doctor will record your complete **medical history** and perform a **physical examination**. All applicants 15 years of age and older are required to have **serologic (blood) tests** for syphilis and urine tests for Gonorrhea and Chlamydia. (Applicants under age 15 may be tested for syphilis if there is reason to suspect the possibility of infection.)

As of **October 1, 2018** all patients 2 years of age and older will be required to have a blood test for Tuberculosis. (The PPD Skin test will no longer be accepted). We are set up to perform the new blood test **Quantiferon** for TB in our office at an additional fee. We can also bill this test to your medical insurance if they cover the code (see attached fee schedule).

During the months of October through March an **influenza vaccine (flu shot)** is required and is charged separately. If you have taken the flu vaccine elsewhere, please bring proof of vaccination.

The US government requires specific **vaccinations according to your age**. These vaccinations include mumps, measles, rubella, polio, tetanus, diphtheria toxoids, pertussis, influenza type B, hepatitis B, and any other vaccinations recommended by the Advisory Committee for Immunization Practices (ACIP).

Current ACIP recommendations also include the varicella, haemophilus influenzae type B, and pneumococcal vaccines. The doctor will review your vaccination history with you to determine whether you have all the required vaccinations. Make sure you bring your vaccination records with you to your appointment if available. (Please see separate sheet for all vaccination requirements when age appropriate.)

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

- The medical examination costs **\$300** which includes the syphilis (RPR) blood test, urine (gonorrhea and chlamydia) test and all administrative fees
- For the tuberculosis **Quantiferon** test there is an additional **\$95 fee. This can be charged to your insurance\***
- If you require vaccinations, these will be charged separately and the fee schedule is attached.
- During the months of October through March an influenza vaccine is required and is charged in our office at **\$60** if no proof of immunization is provided.

*\* This blood test can be billed to your insurance but is not necessarily covered. You will be responsible to pay the laboratory bill if the charges are not covered by your particular insurance*

Payment must be made at the time of the medical examination by cash or credit card (Most credit and debit cards are accepted).

### **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 our doctors and staff and so that your appointment can be given to someone else.

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

You are required to bring:

1. **Passport or Driving License**
2. **Vaccination Records** if available
3. **Registration form**

Our office registration form is printed on page 5 of this package. You may print and fill this form out in advance and bring it with you to your appointment to save time.

### **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.

**How long will it take for the medical results to be released?**

In most cases, the medical report will be ready within 7-10 working days after your appointment date. You will be asked to collect your completed Form I-693 with the results in a sealed envelope to present to your lawyer or the INS. **Do not open the sealed envelope.**

**Other Frequently Asked Questions**

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

No, there is no need to fast before your appointment

**What happens if I do not have any immunization records?**

If you do not have your vaccination records, the doctor will advise you on the vaccines that are necessary to complete the process, depending on your age and as described separately.

**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. We will submit some tests such as **Quantiferon** and **MMR titers** to your insurance when possible. Please check with your insurance if they cover you for certain blood work as per the attached fee schedule.

**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 by a Panel Physician and for the purpose of your immigrant visa is acceptable.

**REMEMBER: Please allow 7-10 working days for the results and paperwork to be prepared. You will then be asked to collect your completed Form 1-693 with the results in a sealed envelope to give to your lawyer or the INS. Do not open the sealed envelope.**

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

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

**MANHATTAN FAMILY PRACTICE**  
**Albert Levy, M.D., FAAFP**

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**FEES FOR US IMMIGRATION EXAMINATION**  
**(in effect as of November 2<sup>nd</sup> 2020)**

**Physical Examination**

(Includes all administrative and most required laboratory fees)

**\$300.00**

**Quantiferon TB bloodtest\*(sent to patient's insurance) \$ 95.00**

*Immunizations if needed and if age appropriate:*

Influenza vaccine (required between Oct 1<sup>st</sup> - March 31<sup>st</sup>) \$ 60.00

TDAP (tetanus) \$ 60.00

MMR (Measles, Mumps and Rubella)\*\* \$ 90.00

Pneumococcal – Adult \$ 85.00

Polio (IPV) \$ 75.00

Varicella \*\*\* \$140.00

Hepatitis B \$100.00

Meningococcal MCV \$130.00

*Additional Blood tests can be billed to your insurance but are not necessarily covered. You will be responsible to pay the laboratory bill if the charges are not covered by your particular insurance.*

**\*Check with your insurance if it covers the Quantiferon blood test – CPT code: 86480**

**\*\*Please provide proof of immunizations. If not available, you can either receive the vaccines or do MMR titers through blood work to check on your immunity. Check your insurance for coverage of this blood work – CPT codes: 86735, 86765, 86762**

**\*\*\* If you have not had the Varicella (chicken pox) disease you can either receive the vaccine or do titers to check on immunity as above – CPT code: - 86787**

**ALBERT LEVY, MD**  
**MANHATTAN FAMILY PRACTICE**  
Patient Information Form

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)

## Updated USCIS Vaccination Requirements To Adjust Status To Legal Permanent Resident

Washington - U.S. Citizenship and Immigration Services (USCIS) announced a revised list of vaccines required for applicants seeking to adjust status to become legal permanent residents. The vaccinations listed below are now required, when age appropriate, in addition to those listed in the original table below.

- Rotavirus
- Hepatitis A
- Meningococcal
- Human papillomavirus
- Zoster

The requirements for these new vaccines went into effect on July 1, 2008.

| VACCINE                              | AGE             |               |                         |             |              |   |                   |
|--------------------------------------|-----------------|---------------|-------------------------|-------------|--------------|---|-------------------|
|                                      | Birth - 1 Month | 2 - 11 Months | 1- 4 Years              | 5 - 6 Years | 7 - 17 Years | 18 - 64 Years   | 65 Years or Older |
| <b>DaPT</b>                          | NO              | YES           |                         |             | NO           |   |                   |
| <b>Td</b>                            | NO              |               |                         |             | YES          |   |                   |
| <b>Hib</b>                           | NO              | YES           | NO                      |             |              |   |                   |
| <b>Polio: IPV</b>                    | NO              | YES           |                         |             | NO           |   |                   |
| <b>Measles or MR or MMR</b>          | NO              |               | YES, if born after 1956 |             |              | NO  |                   |
| <b>Mumps if MMR not used</b>         | NO              |               | YES, if born after 1956 |             |              | NO  |                   |
| <b>Rubella if MR or MMR not used</b> | NO              |               | YES, if born after 1956 |             |              | NO  |                   |
| <b>Hepatitis B</b>                   | YES             |               |                         |             | NO           |   |                   |
| <b>Varicella</b>                     | NO              |               | YES                     |             |              |   |                   |
| <b>Pneumococcal</b>                  | NO              |               |                         |             |              | YES   |                   |
| <b>Influenza</b>                     | NO              |               |                         |             |              | YES annually during fall (flu) season (March-October) |                   |

### CODES

- DaPT** = diphtheria and tetanus toxoids and pertussis vaccine,
- Td** = adult formulation tetanus and diphtheria toxoids,
- IPV** = inactivated polio vaccine (killed),
- MMR** = combined measles, mumps, rubella vaccine,
- Hib** = Haemophilus influenzae type b conjugate vaccine.