



PATIENT REGISTRATION

Please **PRINT** your answers so that our office can establish an accurate record with the information you furnish.

Patients' Name: _____ Date of Birth: _____
Last Name, First Name, Middle Name Month/ Day/Year

Male Female Other: _____ Marital Status: Single Married Widow Divorced

Ethnicity/Race: _____ Decline to specify Religion: _____ Decline to specify

Mailing Address: _____
Street Number, Apt #, and Street Name

City, State, and Zip Code

Home Phone: _____ Cellular: _____ Email Address: _____

Advanced Health Care Directive

An advance health care directive, also known as a living will, is a legal document in which a person specifies what actions would be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. If you have one in place, please provide our office with a copy.

Would you like more information? Yes No

EMERGENCY CONTACT INFORMATION

Please list below the name of someone we have your permission to contact in case of emergency.

Name of Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone: _____

INSURANCE INFORMATION

Primary Insurance Plan: _____ Social Security #: _____ HMO: Yes No

Policy Number: _____ Group Number: _____

Guarantor: Self Spouse: _____ Parent: _____ Guarantors DOB: _____

Secondary Insurance Plan: _____ HMO: Yes No

Policy Number: _____ Group Number: _____

Guarantor: Self Spouse: _____ Parent: _____ Guarantors DOB: _____

Workers' Compensation Claim #: _____

Uninsured/Private Pay



BILLING/FINANCIAL POLICIES

The following sets forth the policies of BASS Walnut Creek Urgent Medical Care. Please review this information and sign where indicated below.

INSURANCE COVERAGE

It is the responsibility of each patient to verify with their insurance if this practice and the physician you are seeing is a contracted provider. BASS and/or its representatives will make every effort to assist you but BASS will not be held accountable for understanding every insurance plan.

RESPONSIBILITY FOR PAYMENT

I understand that acceptance of my insurance information is not a guarantee of payment by my health plan until the claim has been accepted and processed. I understand that if my claim is not accepted for payment I am personally responsible for payment of medical services rendered to me. I understand that it is my responsibility to furnish BASS Medical Group, Inc. with current, accurate insurance information at the time services are rendered and/or notify us in a timely manner of any changes in coverage, which may affect the payment of services already rendered.

RESPONSIBILITY FOR CO-PAYMENTS/CO-INSURANCE/DEDUCTIBLES

I understand that I will be billed for any amounts due by me (co-payments/co-insurance amounts/deductibles) and that I have a financial responsibility to pay these amounts. I understand that I will be provided with three (3) statements for any balance due after insurance payment. I further understand that if I have not made payment prior to the third statement being mailed, the third statement will be marked as "Final Notice" and may result in my account being sent to an outside collection service if I still do not fulfill my financial obligations. I also understand that I will be responsible for any collection, interest or legal expenses associated with those collection efforts. If your insurance company demands a refund of any monies paid to us, you become financially responsible for those charges.

DELINQUENT ACCOUNTS

I understand that BASS Medical Group, Inc. assigns delinquent accounts to Professional Credit Services. In the event that my account is sent to collections, all family members will be asked to seek the care of a physician outside of this practice.

MEDICARE PATIENTS

Medicare covers one annual wellness examination *365 days from the date of last examination* with the exception of a first time physical when the patient initially enrolls in the program. I understand that if I choose to have a complete physical examination I will be responsible for payment of all charges not covered by Medicare.

APPOINTMENT CANCELLATIONS

Appointments for physical/wellness examinations are in high demand. If you cannot keep a wellness examination appointment, we require your **cancellation notice no later than 48 hours prior** to your scheduled appointment. If (1) notice is not received 48 hours prior to your scheduled appointment and if (2) we are unable to fill your time-slot, we will charge you a \$50 non-cancellation fee.

Other types of appointments require **24 hours cancellation notice**. If (1) notice is not received 24 hours prior to your scheduled appointment and if (2) we are unable to fill your time-slot, we will charge you a \$25 non-cancellation fee.

MEDICAL RECORDS

BASS Walnut Creek Urgent Medical Care. charges \$25 for the service for the photocopying/printing of medical information that you or another party requests. Charges for these services are based on a fee schedule set forth by the Patient Access to Health Record: Health & Safety Code 123100. Completion of a Medical Records Release Form is required prior to processing.

APPLICATIONS/FORMS

BASS Walnut Creek Urgent Medical Care. charges \$25 (per form) for the completion of state disability, DMV, and jury duty related paperwork.



OFFICE POLICIES

ANNUAL WELLNESS EXAM

Annual wellness/physical exams may not be a covered benefit of your health plan. *Please review your plans Evidence of Coverage for specific covered benefits OR call your health plan for verification of your coverage.* If an annual wellness/physical exam is a covered benefit, please confirm whether you may be seen *once per calendar year OR 365 days from the date of last examination.* Our office is not responsible for monitoring the length of time between wellness/physical examinations.

REFERRALS, LABORATORY, AND RADIOLOGY REQUISITIONS

Referrals, laboratory & radiology requisitions may not be a covered benefit of your health plan. Certain insurance companies require you to use designated laboratory/radiology facility or use a specialist that is in their network. *Please review your plan's Evidence of Coverage for specific covered benefits OR call your health plan for verification of your coverage.* Our office is not responsible for laboratory/radiology services not covered by a patients' insurance plan. **Under no circumstances can coding for laboratory/radiology work be changed or resubmitted after an order has been executed and completed.**

PRESCRIPTION REFILLS

In order to serve you in a more efficient manner, please contact your pharmacy **72 hours in advance** of needing a prescription refilled. If you need mail order prescriptions written, please notify the pharmacy a minimum of **10 days** in advance of the mailing date. Please note that failure to comply with recommended treatment plan will result in delay or denial of medication refill requests.

Controlled substances and antibiotic refill requests require a follow up appointment with a physician. The office is not responsible for lost/stolen controlled substance prescriptions. Replacement of a lost controlled substance prescription is under the discretion of the physician to renew the medication.

My signature below confirms that I have read & understand these policies and my financial obligations as pertains to the physicians of BASS Walnut Creek Urgent Medical Care. and their affiliates.

Signature: _____ Date: _____

Patients' Name: _____ Relationship if not patient: _____