Pacific Women's Center

PATIENT INFORMATION

Name:_____
Last *First* *M.I.*

Address: _____
Street *City* *State* *ZIP*

Telephone: _____
Home *Mobile* *Work*

Email: _____

Date of Birth: _____ **Sex:**: M ☐ F ☐ **Soc. Sec#:** _____-_____-_____

Marital Status: Single____ Married____ Divorced_____ Widowed_____

Patient Race: White___ Hispanic___ Asian___ Black or African American___

American Indian/Alaskan Native___ Native Hawaiian___ Other Pacific Islander___ Other___

Ethnicity: Hispanic ☐ Non-Hispanic ☐ **Preferred Language:** English____ Spanish___ Other_____

Emergency Contact: _____
Name *Relationship* *Phone#*

Emergency Contact Address: _____

Pharmacy Name & Location: _____ **Pharmacy Phone#:** _____

Employment Status: Full Time ☐ Part Time ☐ Self Employed ☐ Not Employed ☐

Employer Name: _____

Employer Address: _____
Street *City* *State* *ZIP*

INSURANCE INFORMATION

Please Check One: ☐ Self-Pay (no Insurance) ☐ Employer Plan

☐ Individual/Family Plan (Broker) ☐ Covered CA

Insurance Carrier: _____ **Policy#:** _____

Plan Type: ☐ PPO ☐ EPO ☐ HMO HMO Group Name: _____

Primary Policy Holder: _____
Last Name *First Name* *Soc. Sec#*

_____
Date of Birth *Telephone*

Address: _____
Street *City* *State* *ZIP*

Relationship to Patient (parent, spouse, etc.) _____

Pacific Women's Center
Financial Agreement

Overview of Financial Responsibilities

Initial Here

Pacific Women's Center Responsibilities: To submit claims to insurance, and statements to the patient/responsible party based on the information made available to us. To provide patients with the network and billing information that is available to us.

Patient/Parent/Guardian Responsibilities: To understand their own insurance network and benefits. To assure that office is provided with the most current information known about their insurance, and to inform us of any changes in insurance or demographics (address, phone numbers, etc). To pay within 30 days any balances assigned to patient responsibility (e.g., co-pay, deductible, and co-insurance).

Patient Information:

_____ _____

Patient Name Date of Birth

Detailed Policies

Initial Here

Patients must understand their own network, plan benefits, and plan limitations. Your health insurance is an agreement between you and your insurance. All charges are ultimately your responsibility, whether you have insurance or not. Not all services are covered under all plans, regardless of whether our doctors consider the care medically necessary. Because there are so many plans, it is not possible for us to know the specific details of your coverage. By making a copy of your card, it does not confirm that we are part of your Network. We always do our best, but failure of our office staff to identify out-of-network plans does not waive your responsibility for payment of services rendered. We are In-Network with most traditional PPO plans. **We are not in network with certain HMO's** such as Blue Cross Covered California or Blue Cross HMO Individual and Family Plans purchased through a broker, Covered CA website or directly from the carrier. Our recommendation is to call your insurance about a week before your appointment and ask if your plan's network includes our office, and what patient cost-sharing may be applied. You authorize your insurance to pay us directly.

Patient's Type of Insurance Plan: **Check Here if Self-Pay (e.g., no insurance)** ☐

Insurance Company:_____**Subscriber Number/ID#:**

_____

Medicare (if applicable, check one):

Traditional Medicare ☐ Medicare Advantage PPO ☐ Medicare Advantage HMO ☐

Commercial Plan (select all that apply):

Traditional PPO ☐ Narrow/Select PPO ☐ POS EPO HMO ☐

Method of Purchase (check only one):

Employer/Group ☐ Sponsored Individual/Ins. ☐ Co./Broker ☐ CoveredCA.com ☐

(If you are unclear about your type of plan, we recommend calling the Member Service number on the back of your card.)

Initial Here

Bring patient's Insurance Card to every visit. Patients with insurance are responsible for ensuring that our insurance records and other information are up to date. Patients who have not presented a valid, active insurance card will be considered self-pay/cash-pay – and they must pay a minimum of $50 visit fee at arrival. Patients will have full responsibility for charges if we cannot process a claim due to inaccurate or obsolete information. If your insurance changes, you must notify us immediately (even if you do not yet have your card); delays caused by patients can result in the claim being uncollectible from insurance, resulting in patient having full responsibility for all charges.

Pacific Women's Center

Financial Agreement

Initial Here

Obstetrical Care Payments: When your initial appointment has been scheduled, we will research your insurance coverage (if applicable). If paying cash, a payment schedule will be prepared for the payments that will be requested at each of your visits. This payment schedule is expected to be honored by you at each of your visits.

Initial Here

Co-Pay, Self-Pay, and Cosmetic services are due at the time of service. There is a $5 billing fee for all Co-Payments that must be billed after the date of service. In some cases, we will also ask for coinsurance or deductible prior to treatment.

Initial Here

All procedures and lab services have fees, in addition to the visit fee. Co-pay is usually for office visit only, and does not typically cover procedures. Estimates for medical procedures can be provided by our billing team, but procedures will need to be rescheduled for another day. Labs, may be required, and may be done by independent sources to complete a diagnosis. We are not responsible for those charges; contact those facilities for billing questions.

Initial Here

Bills are due upon receipt. We are required to collect co-pay, deductible, and co-insurance. We may charge interest as allowed by law for any delinquent payment. We exhaust efforts to resolve balances prior to use of a collection agency; however, additional fees may accrue from collections activity. Returned checks will be assessed a $35 fee.

Initial Here

Appointment Cancellation Fees. We make numerous efforts to remind you of appointments. Out of courtesy to other patients that need appointments, please notify us if you need to cancel at least one full business day prior. To encourage early notice, the following fees will apply for late cancellation or no-show: $50 for a regular appointment; $75 for medical procedure or surgery.

Initial Here

Your health information is protected. We must release patient health information to complete medical operations (e.g., to pharmacies, labs, insurance, other physicians, etc.) Any other release requires your written consent. Our Notice of Privacy Practices is available to you. We may leave a detailed message on your home or cell phone, with health information.

Please list any other individuals with whom we can also discuss the patient's care in detail (e.g., spouse, parent, child, etc.):

Name of Health Contact:_____ Relationship:_____

Name of Health Contact:_____ Relationship:_____

Agreement by Patient (or Parent/Guardian). I have read each policy, I understand them, and I agree.

_____ _____

Signature of Patient (or Parent/Guardian) Date

_____ _____ _____

Printed Name Date of Birth Social Security Number

_____

_____Address (Street / City / State / Zip)

Preferred Phone (circle) cell _____ home_____

Email _____

Thank you for taking the time to understand our policies. Our mission is to provide high quality care. Insurance details can be challenging – please contact our billing team at (949) 713-3998 with questions.

Pacific Women's Center

Insurance Coverage and Network Participation Notice

Dear Patient,

Our office strives to provide the best care for every patient. Our office accepts majority of insurance plans and although we participate and belong to numerous medical networks, there are certain plans that consider us out of network.

Patient responsibility to verify coverage

Although we do our best to look up eligibility for every patient, **ultimately it is your responsibility to confirm that your plan covers your visit to our office.** To avoid claim denials particularly for non PPO plans we encourage you to contact your health insurance company by phone or on your insurance company's website, be sure to log in first and look up physician finder for Dr. Patricia Faraz Eslami.

Insurance Plans Purchased Directly (not through employer) from Agent or State Exchange (Covered California)

Blue Shield of CA PPO plan through Covered California is contracted with our office, Mission Hospital and its affiliated physicians.

Blue Cross of CA HMO plan through Covered California is **not contracted with Dr. Faraz or Mission Hospital and its affiliated physicians**. This Anthem Blue Cross plan can be listed under different names such as: Covered CA, Pathway Tiered, California Choice, Anthem Core, etc.

Health Net HMO plan through Covered California is contracted with our office. However it has a more limited network of specialists and surgical facilities in this area. We currently cannot accept new OB patients under this plan because Mission Hospital is not contracted with this network.

Please understand that the insurance coverage of your doctor's visit or medical procedure is determined by your insurance company, health plan and the network you select and not our office. We do our best to confirm eligibility and encourage you to always inform us of any changes to your health plan or insurance coverage prior to your visit and consider how changing your insurance may limit the specialists that you can see or the hospital that belongs to your network. Our billing department always submits your visit claims to your insurance per information you provide and you are only responsible for what your insurance company determines is your responsibility, i.e. co-pay and deductible. However if your insurance coverage is terminated or your claim is denied due coverage issues, you are financially responsible for the charges.

Name: _____

Signature: _____ Date: _____

Pacific Women's Center
600 Corporate Drive, Suite 210
Ladera Ranch, CA 92694

Phone: 949.364 3940
Fax: 949.364 3931

Pacific Women's Center

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.
Payment. Your health information may be used to seek payment from your health plan, from other third party payors, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.
Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Pacific Women's Center.
Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.
Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable disease to the state's public health department.
Appointment reminders. Your health information will be used by our staff to send you appointment reminders. We utilize an automated phone system and you may be called the day prior to your appointment as a reminder.
Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of our information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include:
• The right to request restrictions on the use and disclosure of your protected health information
• The right to receive confidential communications concerning your medical condition and treatment
The right to inspect and copy your protected health information
• The right to amend or submit corrections to your protected health information
• The right to receive an accounting of how and to whom your protected health information has been disclosed.
• The right to receive a printed copy of this notice

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting the front office receptionist. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint. You also may file a complaint with the Secretary of Health and Human Services.

Signature of Patient / Responsible Party_____

Print Name_____**Date:**_____