ROCHESTER PRIMARY CARE

REGISTRATIONFORM

(Please Print)

Today's date:		
PATIENT INFORMATION		
Patient's last name:	**First name:**	**Middle initial:**
Birth date: / /	Sex: ❑ Male ❑ Female	Marital status (circle one) Single / Mar / Div / Sep / Wid
Street address:	City, State:	Zip code:
Mobile Phone Number: ( ) Do you give us consent to text: ❑ Yes ❑ No	Secondary Phone Number: ( )	Social Security Number:
Email:		
Occupation:		
Other family members seen here:		
Ethnicity (please check one box):	❑ Hispanic or Latino ❑ Not Hispanic or Latino	
Race (please check one box):	❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American ❑ Native Hawaiian or other Pacific Islander ❑ White or Caucasian	

PHARMACY INFORMATION			
Name of Pharmacy:	Phone number: ( )		Fax number: ( )
Address:			

IN CASE OF EMERGENCY			
Name of friend or relative:	Relationship to patient:		Phone number: ( )
❑ I give permission to VERBALLY share my health care information with the contact identified above ❑ DO NOT DISCUSS MY HEALTH CARE INFORMATION WITH ANYONE OTHER THAN MYSELF, UNLESS PERMITTED BY LAW			

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Rochester Primary Care or insurance company to release any information required to process my claims.

_____ _____

Patient/Guardian signature *Date*

Payment Policy

Thank you for choosing **Rochester Primary Care** as your primary care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

1. **Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan, we do business with, payment in full is expected at each visit. If you are insured by a plan, we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2**. Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

3. **Non-covered services.** Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

4. **Proof of insurance**. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. **Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

8. Missed appointments. We understand there are times when you are not able to make your scheduled appointments due to various things that life can throw your way. At Rochester Primary Care, we ask that patients provide us with a 24-hour notice of cancellation. We will make our best efforts to reschedule your appointment at a convenient time for you and your family. We believe that you deserve quality healthcare and we continue to make our best efforts to be available for your care. Keep in mind that when you do not show for you scheduled appointment or notify us of not being able to keep the appointment that was scheduled, the office will consider this a missed appointment (No call, no show). This will help us to ensure that we can fit other patients in and to not lose valuable time with treating patients that need to be seen. By notifying us, this allows us to reschedule your appointment more efficiently, as well. Our office uses reminder calls, as a courtesy to you, to remind you of your appointment date and time. If you do not receive the message or we have incorrect contact information, the cancellation policy will still remain effective. Our office policy is after three consecutive missed and/or cancelled appointments, we will provide our patients with a 30-day written notification of discharge from our practices services. Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. I have read and understand the payment policy and agree to abide by its guidelines:

_____ _____

Signature of patient or responsible party Date

Health Insurance Portability and Accountability Act of 1996

HIPAA

Signature Acknowledgement

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. The Notice contains a Patient Rights section describing your rights under the law. The terms of our notice may change. If we change our Notice, you may obtain a revised copy by contacting our office.

By signing this form, you are signing you had the opportunity to review our use and disclosure policy of protected health information about you for treatment, payment and health care operations. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment, or health care operations.
- The practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The practice reserves the right to change the Notice of Privacy Practices.

The notice was signed by:

Patient's Printed Name _____ Date of Birth _____

Signature of patient or responsible party_____ Date _____

Relationship to Patient (if other than patient) _____
(Less than 18 years must have parent or guardian signature)

A Patient-Centered Medical Home is a Partnership Between the Patient and his/her Physicians

Being a part of a Patient-Centered Medical Home, your Primary Care Physician will:

- Work with you to improve your health
- Review your medications at every visit and recommend changes if needed
- Develop a plan with you to improve your health and manage any chronic health problems
- Set health goals with you and monitor your progress to help you stay healthy
- Use computer technology as needed to optimize your care
- Inform you of all test results in a timely manner
- Provide you with educational material and information about community programs that will help you improve your health
- Provide 24 hour phone access to a medically trained professional (doctor, nurse or other provider)
- Work with after-hours care centers to be informed of your visit within 24 hours
- Offer same day appointments when needed

By choosing to participate in a Patient-Centered Medical Home, I agree to:

- Make sure my doctor knows my entire medical history
- Tell my doctor all of the medications I am taking
- Actively participate with my doctor in planning my care
- Keep my appointments as scheduled
- Follow my doctor's recommendations
- Frequently sign into my patient medical record portal to update my medical history, review messages, and communicate with my provider(s) when necessary
- Ask my doctor questions about things I do not understand
- Ask my Primary Care Physician for advice before making an appointment with a specialist
- Ask other health care providers to send my doctor information such as lab or test results, x-rays, or treatment notes
- Understand my insurance, what it covers and update the office with changes
- Provide the office feedback on how they can improve my care

Being a part of a Patient-Centered Medical Home Neighborhood, your Specialists will:

- Communicate with your Primary Care Physician about treatment plans, medications, test orders and test results
- Support the treatment plans and health goals set by your Primary Care Physician
- Have an agreement with your Primary Care Physician regarding who will have the lead responsibility for your care if a chronic disease exists
- Have same day appointments available for urgent problems and appointments within 1-3 weeks available depending on your medical needs
- Work with your Primary Care Physician to coordinate all aspects of your care

PATIENT SIGNATURE:

_____

DATE: _____

UNITED PHYSICIANS
Advancing Physician Performance