

# Family Healthcare of Lake Norman

PATIENT INFORMATION					DATE:		<b>How did you hear about this practice?</b> Yellow Pages _____ Friend _____ Newspaper _____ Flyer _____ Insurance Co. _____ Other _____	
FULL NAME (First Middle Last)					BIRTH DATE			
ADDRESS					APT NO.			
CITY/STATE					ZIP			
SOCIAL SECURITY NUMBER			PHONE (H)		(W)		OCCUPATION/EMPLOYER	
SEX (M OR F)	MARITAL STATUS: S M W D SEP		MAY WE CONTACT YOU VIA E-MAIL?	Y/N	E-MAIL ADDRESS:			
INSURANCE (Name of health insurance carrier – Please provide your insurance card to the receptionist with photo ID)								
PRIMARY		(If an HMO plan, be sure Dr. Winegardner is your PCP)						
SECONDARY					Pharmacy Plan			
GUARANTOR (Person responsible for bill payment if different from patient)								
NAME				SOCIAL SECURITY NUMBER			BIRTH DATE	
ADDRESS				APT NO.		E-MAIL		
CITY/STATE				PHONE (H)			(W)	
MEDICAL PRACTICE/PATIENT AGREEMENT								
<p>This guarantor/patient agreement explains the policies of Family Healthcare of Lake Norman, PC with regards to billing and patient confidentiality. By signing, the guarantor/patient accepts the terms of this agreement and to present and future billing policies as posted in our lobby.</p> <p><b>Medical Records.</b> Family Healthcare of Lake Norman, PC is committed to providing quality health care services to our patients at an affordable price. As a service to our patients, we will file claims with most insurance providers. This often will involve sharing the patient's medical record information with the insurance company. The patient agrees to this release of medical information for billing purposes. A records transfer fee may be required when requested by the patient when changing doctors.</p> <p><b>Billing.</b> Family Healthcare of Lake Norman, PC will normally file medical insurance claims for services provided by Family Healthcare of Lake Norman, PC. The patient/guarantor agrees that third party (insurance) claims filed by Family Healthcare of Lake Norman, PC may be paid directly to Family Healthcare of Lake Norman, PC for settlement of incurred charges. If Family Healthcare of Lake Norman, PC does not accept a patient's insurance plan or is a "cash" patient, all charges are due at the time of service. There is a \$25 charge for returned checks and a \$25 administration charge if bills are not paid within 60 days of service. An additional administrative fee of \$20 may be added for partial payments when no other arrangement has been made or honored. Collection fees may be added if the bill is sent to collections. Regardless of payment method, all services must be paid within 90 days of service unless the practice has made an error in filing the claim.</p> <p><b>Insurance Co-payments and Deductibles.</b> <i>Insurance co-payments and deductibles are due at the time of service.</i> The patient/guarantor agrees that if the full charges are not known at the time of the service, Family Healthcare of Lake Norman, PC will bill the patient/guarantor and that the patient/guarantor will pay all charges upon receipt unless other arrangements have been agreed to by the practice and the patient/guarantor. Co-payments and other known amounts due will normally be paid upon check-in for the appointment. Failure to pay the copay at the time of service may subject the patient to a billing charge. Please ask about other charges that may not be covered by your insurance (i.e. missed appointments fee \$25), prescription refills, forms completion etc.).</p> <p><b>Insurance Eligibility/Currency.</b> The patient/guarantor agrees to inform Family Healthcare of Lake Norman, PC of any changes in insurance eligibility or coverage that might impact insurance reimbursement for services provided. Failure to notify Family Healthcare of Lake Norman, PC of any change in insurance status impacting reimbursement will result in the patient/guarantor being responsible for the full amount of Family Healthcare of Lake Norman, PC's normal charges. All bills will be due upon receipt unless other arrangements have been agreed to by Family Healthcare of Lake Norman, PC and the patient/guarantor.</p> <p><b>After hours coverage.</b> Family Healthcare of Lake Norman, PC is not an emergency or urgent care facility. If you require this type of care outside of our normal hours, you should go to one of the many emergency or urgent care facilities in the area. You may also call and leave a message with our answering system and we will schedule you for the first available appointment during our normal operating hours.</p> <p><b>Non-covered Services.</b> Due to insurance company policies, some services performed for your care may not be reimbursed or reimbursed below the medical practice's cost. The medical practice reserves the right to charge for these services. This issue usually arises for certain "in-house" diagnostic tests, immunizations and medications.</p> <p><b>Patient Privacy.</b> Family Healthcare of Lake Norman, PC maintains all patient records in an electronic format. No patient record will be released to any third party without a release authorization signed by the patient or the patient's legal guardian (except when coordinating care with another medical provider). This document constitutes a release authorization for patients covered by the guarantor's insurance as outlined in paragraph 1 and 2. All patient information transmitted outside of the office complies with the Health Insurance Portability and Accountability Act of 1996. Please ensure you have reviewed and signed our HIPAA consent form.</p>								
I have read and understand this agreement. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>           Guarantor/Patient Signature           <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>           Printed Name of Guarantor/Patient         </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>           Date           <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>           Relationship to Patient         </div> </div>								

**PLEASE PRINT LEGIBLY**

\\Server1\common forms\NEW PT CHECK-IN SHEET.doc

**Confidential Information**

January 2011