

TRUCKEE TAHOE MEDICAL GROUP

PATIENT REGISTRATION FORM

PRINT LEGIBLY

Patient Information - We NEED to be able to read your entries!

LEGAL Name: _____ Preferred Name: _____
(Last, First, MI)

Social Security #: _____ Date of Birth: _____

Sex: (Circle One) Male Female Marital status: _____

Mailing Address: _____

City, State, Zip: _____

Phone (H): _____ (W): _____ (C): _____

E-Mail Address: _____ if none, please circle reason NO EMAIL

Ethnic Group

(Circle One)

- 1 Hispanic
- 2 Non-Hispanic
- 3 Unknown/decline

Race (Circle One)

- 1 Asian
- 2 Black
- 3 Alaskan Native
- 4 American Indian

5 Unknown/decline

6 White

7 Native Hawaiian

8 Pacific Islander

Primary Care Physician: _____

Employer: _____ **Full time / Part time**

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Phone: (H) _____ (W) _____ (C) _____

Guarantor (Responsible Party) Information - complete only if patient is <18yrs

Name: _____

(Last, First, MI)

Address: _____

City, State, Zip: _____

Social Security #: _____ Sex: F M Birth Date: _____

Phone (H): _____ (W): _____ (C): _____

Continue on reverse ->

Insurance Coverage Information

Please **complete this section in addition to providing us with a copy of your card**

Insurance Company Name: _____

Patient's Relationship to Subscriber: _____

Group #: _____ Subscriber ID#: _____

Subscriber Name: _____

Subscriber Social Security #: _____ Subscriber Date of Birth: _____

Subscriber Employer: _____ FULL TIME / PART TIME

Secondary Insurance Coverage Information

Do you have a secondary coverage? (circle) Yes No

If Yes, please **complete this section in addition to providing us with a copy of your card:**

Insurance Company Name: _____

Patient's Relationship to Subscriber: _____

Group #: _____ Subscriber ID#: _____

Subscriber Name: _____

Subscriber Social Security #: _____ Subscriber Date of Birth: _____

Subscriber Employer: _____ FULL TIME / PART TIME

The information that I have provided 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 authorize Truckee Tahoe Medical Group to release any information required to process my claims. I certify that I have been given information regarding my HIPAA rights, and the financial policies of **Truckee Tahoe Medical Group**. I consent to the treatment that I will receive.

Print your name

Signature

Date

Relationship to patient: (circle one) SELF SPOUSE PARENT OTHER

Continue on reverse →

Truckee Tahoe Medical Group
Patient Consent
FINANCIAL INFORMATION – PLEASE READ!

PAYMENT POLICY: Payment is required AT THE TIME SERVICES ARE RENDERED. This includes co-payments, and outstanding balances such as insurance deductibles. We will not bill you for your co-pay. Please be prepared to pay your co-pay at each visit. In some cases you may be given the opportunity to purchase prescribed medication, or duplicate copies of x-rays taken in our office. We do not bill these items to any insurance policy and you will be required to pay for them at the time of service. Any laboratory tests or x-rays done today may be sent to an outside laboratory/radiologist. You will receive a separate bill from that service provider who may or may not be contracted with your insurance company. We do not accept returns of any medical equipment provided to you (USED OR NOT). We must be notified of any dispute within 90 days from the date services are rendered. We will assess a \$25 fee for any returned check, and finance charges on all unpaid balances >90 days old.

IF YOU ARE UNINSURED: You must pay, in full, for all services provided to you at the conclusion of your visit today. If you are unable to pay for your services in full at each visit, please notify our staff immediately as you may be referred elsewhere for treatment. Unfortunately, we cannot advise you of the cost for services prior to them being provided. The staff may provide an estimate of costs, but this is NOT binding. In some cases you may be given the opportunity to purchase prescribed medication, or duplicate copies of any x-rays taken in our office. Any laboratory tests or x-rays done today may be sent to an outside laboratory/radiologist. You will receive a separate bill from that service provider. We do not accept returns of any medical equipment provided to you (USED OR NOT). We must be notified of any dispute within 90 days from the date services are rendered. We will assess a \$25 fee for any returned check, and finance charges on all unpaid balances >90 days old.

Medi-Cal/Medicaid/Travelers (Foreign) Insurance: We DO NOT bill MEDI-CAL, Medicaid or TRAVELERS (FOREIGN) insurance plans. We are more than happy to see you, but you will need to pay in full at the time of service.

INSURANCE POLICY:

The following insurance carriers have contracted with us: Aetna, Anthem Blue Cross PPO/EPO, Blue Shield PPO/EPO, CCN, First Health Network, Great West, Hometown Health PPO, Interplan, Medicare Part B, St Marys PHCN, United, Universal Healthcare Network, Tricare. **We contract with Kaiser for Urgent Care Services ONLY.** If your insurance company is NOT contracted with our physicians, we will collect a \$100.00 as a deposit towards the total cost of your visit prior to any services being provided. This is a deposit only and NOT the TOTAL COST of your visit. All other out of pocket expenses in addition to your deposit of \$100 must be satisfied at the conclusion of your visit. We will submit a total claim to your insurance carrier, only if you have provided us with all information regarding your policy including a copy of your most current insurance card today. Please remember that the financial obligation for treatment is between you and this office and your insurance policy is a contract between you and your insurance company. Please familiarize yourself with your policy benefits, as not all services are covered in all contracts. We will NOT advise you whether or not services will be covered by your policy. It is your responsibility, as a patient and member of your insurance company, to follow the guidelines set forth by your policy. This includes, but is not limited to, obtaining necessary referrals and authorizations for service prior to being seen by Truckee Tahoe Medical Group, and notifying the office staff of any pertinent information about your policy that could affect payment of your claims. As a courtesy, we will send you a statement after your insurance has adjudicated your claim. We must be notified of any dispute within 90 days from the date services are rendered. We will assess a \$25 fee for any returned check, and finance charges on all unpaid balances >90 days old.

We will assess a fee if you fail to cancel any appointment <24 hrs in advance.

MEDICARE POLICY: (Advanced Beneficiary Notice) Medicare may not pay for certain services such as medical equipment, and some Immunizations and you may be required to complete an ABN to receive these services.

HIPAA PRIVACY POLICY SHORT FORM: We are providing you with general information about a federal regulation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), along with a brief overview of our Notice of Privacy.

What is HIPAA and how does the Privacy Rule affect you? When the Health Insurance Portability and Accountability Act HIPAA was passed in August of 1996 this gave the federal government the ability to mandate how healthcare plans, providers, and clearinghouses store and send a patient's personal information as it relates to healthcare. The Privacy Rule was created to protect your rights as a patient of our practice and we are required by law to be compliant with this regulation on April 14, 2003. Under the Privacy Rule you are guaranteed access to your medical records, allowed control over how your protected health information is used and disclosed and allowed to take action if your privacy is compromised by following the practice's policy. Our practice is dedicated to maintaining the privacy of your personal information.

What is the individually Health Information (IIHI)? Any information that is created and retained by our practice, or received by another healthcare provider that relates to treatment, payment and/or that identifies you as an individual.

What is the Notice of Privacy Practice? Our practice has an official Notice of Privacy Practice posted in our waiting room informing our patients about their rights surrounding the protection of your IIHI and our obligations concerning the use and disclosure of your IIHI. I understand that I have the right to request a copy of the Notice of Privacy Practices and I authorize the release of any medical information necessary to process any insurance claim. I authorize Truckee Tahoe Medical Group to release any medical information including diagnosis, x-rays, test results, reports, and records pertaining to any treatment or examination rendered to me as he deems necessary to ensure the best medical care on my behalf. If you have any questions regarding this notice or our health information privacy policies, please contact us at TTMG 10956 Donner Pass Rd Ste, 110, Truckee, CA 96161.

NOTICE TO CONSUMERS: Medical doctors are licensed and regulated by the Medical Board of California (800) 633-2322 or visit www.mbc.ca.gov

I HAVE READ AND UNDERSTAND THE FINANCIAL INFORMATION POLICY ABOVE. I AGREE TO THE TERMS AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL OUTSTANDING BALANCES AND THAT I MAY NOT RETURN ANY MEDICAL EQUIPMENT (USED OR NOT).

Print your name

Date

Signature

Relationship to patient: (circle one)

SELF

SPOUSE

PARENT

OTHER