TRUCKEE TAHOE MEDICAL GROUP

PATIENT REGISTRATION FORM

PRINT LEGIBLY

Patient Information

Name: _____ Social Security #: _____

(Last, First, MI)

Date of Birth: _____ Sex: (Circle One) Male Female

Mailing Address:_____

City, State, Zip: _____

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

E-Mail Address:_____

Primary Language (if not English):_____ Marital Status: _____

May we contact you by Phone? Yes No By Mail? Yes No

Ethnic Group (Circle One)

1 Hispanic
2 Non-Hispanic
3 Unknown

Race (Circle One)

1 Asian
2 Black
3 Alaskan Native
4 American Indian
5 Unknown
6 White
7 Native Hawaiian
8 Pacific Islander

Employment Information

Current Employer: _____

City, State, Zip:_____

Phone #: _____ Fax #:_____

Emergency Contact Information

Emergency Contact Name_____Relationship _____

Mailing Address:_____

City, State, Zip: _____

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

Guarantor Account (Responsible Party) Information

Name: _____

(Last, First, MI)

Address: _____

City, State, Zip: _____

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

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

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Insurance Coverage Information

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

Subscriber Name:_____

Patient's Relationship to Subscriber:_____

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

Insurance Company Name:_____

Subscriber ID#:_____Group #:_____

Mailing Address for Claims: _____

City, State, Zip: _____

Subscriber Primary Language (if not English):_____

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:

Subscriber Name:_____

Patient's Relationship to Subscriber:_____

Subscriber Social Security #:_____Subscriber Date of Birth:_____

Insurance Company Name:_____

Subscriber ID#:_____Group #:_____

Mailing Address for Claims: _____

City, State, Zip: _____

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 Date **Signature**

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

Truckee Tahoe Medical Group

FINANCIAL INFORMATION – PATIENT COPY

PAYMENT POLICY: Payment is required prior to any service given. This includes co-payments, outstanding balances, and deductibles. For all un-insured patients we will collect a $100.00 as a *deposit* towards the total cost of your visit prior to any services being provided. The balance must be satisfied 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. We are no longer able to send a bill for services or co-pays. We will NOT 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. We will **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 not be contracted with your insurance company. We do not accept returns of any medical equipment provided to you. We must be notified of any dispute within 90 days from the date services are rendered. We will assess a $20 fee if you fail to cancel any appointment <24 hrs in advance, a $25 fee for any returned check, and finance charges on all unpaid balances >90 days old.

INSURANCE POLICY: The following insurance carriers have contracted with us: Aetna, Blue Cross PPO, Blue Shield PPO, CCN, First Health Network, Great West, Hometown Health, Interplan, Medicare, St Marys PHCN, United, Universal Healthcare Network, Tricare. 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. All other out of pocket expenses must be satisfied at the conclusion of your visit. We will submit a total claim to your insurance carrier, 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. We DO NOT accept MEDI-CAL or TRAVELERS (FOREIGN) insurance plans. 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.

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.

Continued on reverse >

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 10115 W. River St, Truckee, CA 96161.

OCHIN Member: Truckee Tahoe Medical Group is part of an organized health care arrangement including participants in the Oregon Community Health Information Network (OCHIN). A current list of OCHIN participants is available at http://www.community-health.org/partners.html. As a business associate of Truckee Tahoe Medical Group, OCHIN supplies information technology and related services to us and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by Truckee Tahoe Medical Group with other OCHIN participants when necessary for health care operations purposes of the organized health care arrangement.

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