WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

# WINDERMERE MEDICAL CENTER PATIENT REGISTRATION PACKET 2020

(Please do not leave any field blank; if something does not apply, write "N/A". If unknown, write "unknown")

Patient First/Last Name: _____ Date of Birth/Age: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed ☐Separated Sex: ☐Male ☐Female

Social Security #: _____ - _____ - _____ Email address: _____

## EMERGENCY CONTACT

Name: _____ Relation: _____

Contact Number: _____ Address: _____

Referral Source:

☐ Website/Internet Search _____ ☐ Patient Referral _____

☐ Magazine/Name _____ ☐ Direct Mail _____

☐ Newspaper/Name _____ ☐ Chamber of Commerce _____

## INSURANCE

Insurance: _____ Policy Number: _____

Policy Holder SSN: _____ - _____ - _____ DOB: _____ Relation to Patient: _____

Secondary Insurance: _____ Policy Number: _____

Policy Holder SSN: _____ - _____ - _____ DOB: _____ Relation to Patient: _____

**OFFICE USE ONLY**

SCANNED PICTURE ID: _____ SCANNED ID/INSURANCE CARD: _____

ALL FORMS REVIEWED BY: _____

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

# Marketplace/ObamaCare Insurance Financial Policy

The Affordable Care Act (ACA) created the Advance Premium Tax Credit (APTC) to assist patients in paying their health insurance premiums. This tax credit does not subsidize the entire premium, and as such, you are responsible for paying the remainder portion of your health insurance premium.

If you purchased your health insurance through the ObamaCare website (www.healthcare.gov), you are required to make your monthly premium payments to avoid a 90-day grace period, which puts you at risk of losing your coverage if payment is not made in full at the end of the grace period.

According to federal regulation §156.270, your insurance carrier is required to notify us if you have defaulted on your premium payments. If we receive such notification from your insurance carrier, we will send you a statement for the balance due on your account for services rendered at Windermere Medical Center. Your account will be placed in a self-pay status until your premiums payments are made in full (we will call your insurance carrier for confirmation of payment). If your policy is canceled due to non-payment of premiums, your account with Windermere Medical Center will remain in a self-pay status.

If your balance with Windermere Medical Center is not paid in full after 90 days, your account will be forwarded to a collection agency to collect on your account.

By signing this policy below, the patient/parent confirms that:

**I understand and acknowledge that I am personally responsible to pay Windermere Medical Center in full for services that my health insurance payer will not cover due to non-payment of my health insurance premiums. I further understand and acknowledge that my account will be placed in a self-pay status, and I am at risk for my account being forwarded to a collection agency if I do not pay my balance in full.**

I confirm that I have **not** purchased insurance through ObamaCare (www.healthcare.gov). I have insurance through my employer or another private/commercial or Medicare plan, or I am a self-pay patient.

_____ _____

Patient Name/Signature Date

I confirm that I **have** purchased insurance through ObamaCare at www.healthcare.gov; I will comply with this policy regarding my account.

_____ _____

Patient Name/Signature Date

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

## Adult Health History Form

_____ _____
Name DOB

**Medical History** (*Please check here if no past/current medical history:* □)

| Now | Past | Common Conditions |
|---|---|---|
| | | Alcohol / Drug abuse |
| | | Allergy (seasonal) |
| | | Anemia |
| | | Anxiety |
| | | Arthritis |
| | | Asthma |
| | | Bladder / Kidney Problems |
| | | Blood Clot (leg) / Blood Clot (lung) |
| | | Blood Transfusion |
| | | Breast Lump (benign) |
| | | Cancer _____ |
| | | Cataracts |
| | | Colon Polyp |
| | | Coronary Artery Disease |
| | | Depression |
| | | Diabetes Type I/Type II |
| | | Diverticulosis |
| | | Emphysema (COPD) |
| | | GERD (Heartburn/Reflux) |
| | | Glaucoma |
| | | Gout |
| | | Gyn conditions (fibroid/PCOS) |
| | | Heart Attack |
| | | Hepatitis B or C |

| Now | Past | Common Conditions |
|---|---|---|
| | | High Blood Pressure |
| | | High Cholesterol |
| | | Hyperthyroidism |
| | | Hypothyroidism |
| | | Irritable Bowel Syndrome |
| | | Kidney Disease / Failure |
| | | Kidney Stones |
| | | Liver Disease |
| | | Migraine Headaches |
| | | Osteoporosis |
| | | Prostate (enlargement) / (nodules) |
| | | Rheumatoid Arthritis |
| | | Seizure / Epilepsy |
| | | Sinusitis (chronic) |
| | | Skin Condition _____ |
| | | Sleep Apnea |
| | | Stomach Ulcer |
| | | Stroke/TIA |
| | | Thyroid Nodule |
| | | Other _____ |
| | | Other _____ |
| | | Other _____ |
| | | Other _____ |
| | | Other _____ |

**If over 50, last colonoscopy date: _____ Doctor: _____ Phone:_____

**Surgical History** (*Please check here if no surgical history:* □)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Abdominal surgery | | Coronary bypass | | Hip Surgery | | Thyroidectomy |
| | Appendix removal | | Coronary Stent | | Hysterectomy (partial) | | Tonsillectomy |
| | Back surgery | | C-Section | | Hysterectomy (total) | | Tubal ligation |
| | Biopsy _____ | | Endoscopy | | Knee Surgery | | Wisdom Teeth |
| | Breast Biopsy | | Gallbladder Removal | | LEEP | | Vasectomy |
| | Breast surgery | | Gastric Bypass | | Neck surgery | | Other _____ |
| | Broken Bone | | Laparoscopic | | Ovary Removal | | Other _____ |
| | Cataract surgery | | Heart Surgery | | Sinus Surgery | | Other _____ |

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

**Adult Health History Form**

*Please check here if you are not taking any medications:* □

| Medication Name | Dose (mg) | How many times per day? |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

□Check box if the patient has been in the hospital or emergency room this calendar year. (Excluding motor vehicle accidents or childbirth)

**Social History**

1. Occupation _____Employer: _____
   □Retired □Homemaker □Student □Unemployed
2. Who lives with you? □Spouse/Partner □Children □Roommates □Parents □Other
3. Tobacco use (including cigars): □Current every day □Current some day □Former Smoker □Never used
4. Alcohol use (beer/wine/liquor): □1-3 □4-6 □7+ per □Day □Week □Month □Year □No alcohol use

**Females**

Date of last menstruation: _____ Are you breastfeeding or pregnant? Yes _____ No _____

Last cervical cancer screen (PAP smear) Date: _____ Doctor's Name: _____ Phone:_____

Last mammogram (if over 40) Date: _____ Imaging facility : _____

**Family History**

Father (Living/Deceased): Please circle: High blood pressure / Diabetes /Cancer _____ / Stroke / Other_____

Mother (Living/Deceased): Please circle: High blood pressure / Diabetes /Cancer _____ / Stroke / Other_____

Other significant family history: _____

**Medication allergies: _____**

**Preferred pharmacy: _____**

**If not establishing for primary care, current primary care provider: _____**

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

# PATIENT FINANCIAL POLICY

Our goal at Windermere Medical Center is to provide and maintain an excellent physician-patient relationship. Informing you in advance of our financial policy allows us to maintain a good flow of communication and run an efficient medical practice.

We verify insurance eligibility for every patient prior to their scheduled appointments and for all walk-in patients. To maintain a strong financial standing while providing excellent medical care, we have implemented a financial policy of collecting all copays, deductibles, and co-insurances **on the day** of your visit. If we find that you have overpaid, we will issue a refund once the Billing Department reviews your Explanation of Benefits (EOB). If you still have patient responsibility left over, we will send you a statement with a balance due.

FOR PATIENTS WITH INSURANCE:

**If you are responsible for a deductible or co-insurance, we will collect a set fee up front for your visit:**

**Deductible Fee:**

| Walk-In Visits/Scheduled Appts |
|---|
| New Patients - $160 |
| Established - $70 |

**Co-Insurance Fee:**

| Walk-In Visits/Scheduled Appts |
|---|
| New Patients - $20 |
| Established - $20 |

- **INSURANCE** – As a courtesy to our patients, we will file claims on all visits and procedures. When we file a claim on your behalf, it is with understanding that benefits will be assigned to Patel Medical Ventures, LLC dba Windermere Medical Center. You are responsible for all co-payments, deductibles, co-insurance and non-covered services. ***THE ULTIMATE RESPONSIBILITY FOR UNDERSTANDING YOUR INSURANCE BENEFITS REGARDING PAYMENTS, PREVENTATIVE SERVICES, COVERAGE FOR PHYSICIAN AND LAB SERVICES, PATHOLOGY, RADIOLOGY, AND VACCINATION COVERAGE RESTS WITH YOU.***

- **AFTER HOURS** - If you are seen **after 5pm during the week, or on Saturday, it is considered *after-hours***. The after-hours reimbursement billing code (99050) will be submitted for such visits. Your insurance plan may or may not cover this, and therefore, you may or may not incur patient responsibility. Once we receive the explanation of benefits (EOB) from your insurance company, our billing department will review your account to determine your responsibility and send you a statement for remittance of payment if necessary.

- **PREVENTATIVE PHYSICALS WITH LAB REVIEW OR OTHER ADDRESSED ISSUES/CONCERNS** – While your physical exam (preventative/wellness exam) may be covered by your insurance plan, the ***lab review*** component of the visit, or other acute complaints or medication refills addressed during the exam are not considered preventative, and will be billed as such. This portion of your visit may or may not be covered by your insurance, and you will be responsible for any remaining balance applied by your insurance company.

- **AFTER HOURS PREVENTATIVE PHYSICALS** – Preventative physicals (wellness visits for adults **or** children) scheduled between 5pm and 9pm, Monday – Friday, or on Saturdays, will be charged an After-

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

Hours Visit Fee of **$25**. This is due to your insurance not covering the after-hours component of a preventative visit. To avoid this fee, you should schedule your preventative appointments before 5pm, Monday – Friday.

- **PAYMENTS:**
  - **CASH PAYMENTS –** Payments of **$25 or less** are cash only. Please note the following:
  - We will not accept credit or debit card payments for **$1.00, $2.00, or $5.00** payments.
  - ACCEPTED TYPES OF PAYMENT: Cash, Visa, MasterCard, and Discover. **NO PERSONAL** or **BUSINESS CHECKS** will be accepted.

- **LAB FEES** – If your provider orders labs, you are welcome to visit a LabCorp or Quest lab facility. We do offer you the convenience of having your labs drawn at WMC; a lab draw/convenience fee of $15 (**CASH ONLY**) will be collected for **physical exams, your initial visit, or any follow-up visit**. **This includes labs drawn during a walk-in visit.** Your lab specimen(s) will be sent to LabCorp or Quest based on your insurance, or if you are a self-pay patient. Please note the following:
  - **Self-pay patients:** If you choose to have your labs drawn in the office, you will pay for your labs on the day of your visit. The lab draw fee is included in the charge for your labs.

- **NEW PATIENTS –** New patients are responsible for co-payments/co-insurances/self-pay fees up front. Payment arrangements for first visits are not authorized.

- **ADMINISTRATIVE FEES**

  Windermere Medical Center prides itself on providing excellent medical care and customer service to you and your family. We can also provide administrative services to patients upon request. If you require a specific form, paperwork, or letter for your employer or other reasons, we will charge an administrative fee based on the request. Fees must be paid in full before the letter or administrative service is completed. You must allow 7 days for any form(s) to be completed. You will be notified when your letter or paperwork is complete and ready for pick-up at the front desk.

  1. Letter typed and printed on company letterhead, and signed by the physician or other provider (example: special travel arrangements, requirements for service, work accommodations, etc.): **$25**
  2. Forms or paperwork for work accommodations (not FMLA), handicap parking placards: **$25**
  3. Family Medical Leave Act (FMLA): this requires a face-to-face encounter/appointment with a physician. You will be charged your normal office visit fee, and an **additional $50** to complete the FMLA packet.
  4. Disability (Short or Long Term): you must be an established patient for at least one year *with* a physical before disability forms are completed: **$50**
  5. Requests for admission into a nursing home or assisted living facility: you must be an established patient for ***at least one year*** with a physical: **$50**

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

## PATIENT STATUS AND APPOINTMENT POLICIES

- **PATIENT EXPECTATIONS**: At Windermere Medical Center, we do regular check-ups, counseling and screenings to prevent illness and disease progression. In addition, you will also be expected to follow age specific screening recommendations such as cervical cancer screening (PAP), colon cancer screening (colonoscopy), breast cancer screening (mammogram) as well as an annual physical. **YOU WILL BE EXPECTED TO HAVE AN ANNUAL PHYSICAL AND AGE-RELATED SCREENING EXAMS TO RETAIN YOUR PATIENT STATUS. If you are unable or unwiling to comply with these expectations, we encourage you to seek care at another practice.**

- **LATE APPOINTMENT & CANCELLATION POLICY/FEES –** We ask all patients to be courteous of the provider and staff's time and attention for your scheduled appointment. If you arrive late (or call to notify of late provider) ***more than 15 minutes***, your appointment will be cancelled/rescheduled and subject to cancellation fee. If you arrive late, but *before* the 15 minutes, you may still be seen, but other patients showing on time for their appointment will be seen first.
    - **Cancelled provider appointment** - Patients who cancel (less than 48 hours' notice) will be charged **$25**
    - **No show to provider appointment -** Patients who do not show will be charged **$40**.
    - **Cancelled Procedure appointments** (Echocardiogram/ultrasound): Patients who cancel (less than 48 hours' notice) will be charged **$50**
    - **No show Procedure appointments** (Echocardiogram/ultrasound**)–**. Patients who do not show will be charged **$75**.

- **APPOINTMENTS –** We provide our patients with two forms of appointment reminders: email and text messages. **It is your responsibility to confirm your appointment.**
    1. You will receive an email reminder from **HFAlerts@nextgen.com** (and text message, if you do not confirm through the email) 5 days before your appointment. You must click on "Confirm Your Appointment" in the email, or tap on the link in your text message
    2. If your appointment is not confirmed with one of these two reminders, one more email and text message will be sent to you 3 days before your appointment.
    3. If you do not confirm your appointment at that time, we text you 24 hours before your appointment. If you do not come to your appointment or cancel within 24 hours of your appointment, you will be charged $25 to reschedule

- **NON-COVERED SERVICES –** Medicare and certain other insurance companies will only pay for services that they determine to be "reasonable and medically necessary". If Medicare or another insurance determines that your visit with our physician or nurse practitioner is not "reasonable and medically necessary", they will deny payment for that service. **You will be responsible for anything not covered by Medicare or your insurance company**. All labs are submitted based on **appropriate codes** to a lab based on one's medical condition.
- **PAST DUE ACCOUNTS –** Unpaid balances must be resolved **prior** to being seen in the office. If necessary, you may discuss payment arrangements with the Practice Administrator or Billing Manager. If your account is 90 days past due, your account is subject to collections from a third-party collection agency.

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

# PRESCRIPTION REFILL AND CONTROLLED SUBSTANCES POLICY

Our goal at Windermere Medical Center is to provide and maintain an excellent physician-patient relationship. Informing you in advance of our Prescription Refill and Controlled Substances Policy allows us to maintain a good flow of communication and run an efficient medical practice. Please review the policy below:

## MEDICATION FOR CHRONIC CONDITIONS

1. All new patients must establish with a Windermere Medical Center provider prior to having a prescription refilled.
2. Additional lab tests may be required to determine exact dosages of prescribed medications; your insurance may or may not cover these tests. It is your responsibility to check with your insurance company to determine what they will cover.
3. Depending on the type of medication you are on, you *must* be seen by a Windermere Medical Center provider **every three to six months** (or more frequent if necessary) to have your prescription refilled. This will be considered a regular office visit and billed accordingly. You will also be required to have bloodwork at least every six months for medications for chronic conditions.

## CONTROLLED SUBSTANCES

1. Controlled substances (pain, sleep, muscle relaxants, stimulants, testosterone/hormone replacement) are tracked by the State of Florida Prescription Drug Monitoring Program (PDMP). Pharmacies and physicians can track your usage of controlled substances through obtaining an online report, which annotates physicians who have prescribed, and pharmacies who have dispensed these medications.
2. New patients who request a controlled substance for acute pain may receive **one** prescription of pain medication or controlled substance (at the discretion of the physician) after a PDMP report is obtained.
3. Windermere Medical Center physicians **do not refill narcotic medication prescriptions on an ongoing basis**. If you require such medications, you will be referred to a pain management specialist or other specialist related to your condition.
4. If the physicians at WMC are dispensing a controlled substance (non-narcotic pain medication, sleep medication, muscle relaxant, ADHD medications, testosterone, or hormone replacement), **you are required to have a face-to-face encounter every 3 months for prescription refills.**
5. Failure to comply with this our Prescription Refill and Controlled Substance Policy will result in dismissal from Windermere Medical Center.

## PRIOR AUTHORIZATIONS FOR MEDICATIONS

We will make every effort to ensure that you receive the safest, most effective, and reasonably priced prescription drugs that are best suited for your healthcare. We also abide by regulations set by insurance companies and government agencies. Many health insurance companies or plans are requiring Prior Authorization or approval for your medication.

- This is an additional and labor-intensive service our medical staff completes; we will charge an administrative fee of **$50 per authorization**. This cost is an out-of-pocket expense to you and is **not covered** by insurance. Additionally, there is no guarantee of authorization of the medication.

WINDERMERE
Medical Center
Primary Care | Walk-in Care | Chiropractic Care

# Acknowledgement of Windermere Medical Center Registration Packet 2020

_____ _____
**Patient Name** **DOB**

- I have read and agree to the ***"PATIENT FINANCIAL POLICIES"***

  _____ _____
  Patient or legal guardian signature Date

- I have read and agree to the ***"PATIENT STATUS AND APPOINTMENT POLICIES"***

  _____ _____
  Patient or legal guardian signature Date

- I have read and agree to *the* ***"PRESCRIPTION REFILL AND CONTROLLED SUBSTANCES POLICIES"***

  _____ _____
  Patient or legal guardian signature Date

**A copy of these policies will accompany your consent in your medical record and can be provided to you for your record as well.

## Consent for Protected Health Information via Secure Text Messaging

I state my preference to have my physician, NP or PAs and other staff at Windermere Medical Center communicate with me by standard SMS messaging. This can be in regard to various aspects of my medical care, which may include, but shall not be limited to, test results, prescriptions, appointments, and billing. I understand that standard SMS messaging is not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and standard SMS messaging regarding my medical care might be intercepted and read by a third party.

Please note, we have implemented safeguards to ensure protection of your health information with the use of a secure text messaging service that specifically integrates with our electronic medical record. However, under the 2013 HIPAA Omnibus Rule, we must inform you of the risks involved with transmission of unencrypted texts.

I consent to communicate via text message with Windermere Medical Center.

_____ _____
Patient or legal guardian signature Date