

Tulsa Pediatric Urgent Care Clinic Patient Information Sheet

Please read carefully and fill out form completely

Date: _____

Patient Name:			
	(Last)	(First)	(MI)

Date of Birth:

Male or Female

Home/ Mailing Address:				
		(City)	(State)	(Zip Code)
Home Phone:		Work Phone:	Cell Phone:	
Primary Family Email:				

Emergency Information – Please list below authorized person to notify in case of an emergency other than someone living in your home

Name:		Primary Number:		
Responsible Party Information				

Mother/Stepmother/Guardian/Other

Name:				
	(Last)	(First)	(MI)	
Resides with Patient	Yes	No		Social Security Number:

Address				
If different from, Patient Mailing Address:				
		(City)	(State)	(Zip Code)
Father/Stepfather/Guardian/Other				
Name:				
	(Last)	(First)	(MI)	
Resides with Patient	Yes	No		Social Security Number:
If different from, Patient Mailing Address:				
		(City)	(State)	(Zip Code)
Home Phone:		Work Phone:		Cell Phone:
Primary Care Physician Information				
Primary Care Physician:				
Phone:		Fax:		

Insurance Information

Subscribers Name:					
	(Last)	(First)	(MI)		
Date of Birth:		Relationship:		Child or	Self

Insurance Company Name:					
Claims Address:					
Member ID Number:		Group ID Number:		CoPay:	

Are there any additional insurance policies for this patient?		Yes or		No
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**Tulsa Pediatric Urgent Care Clinic
Billing Agreement**

Below are our billing practices for Tulsa Pediatric Urgent Care Clinic effective January 31, 2009 and forward.
please read the following document carefully and sign ON BACK:

CREDIT CARDS ON FILE

All patients must place a credit card on file see exceptions below. This credit card will be used for any services not covered by your insurance or any co pay or deductible amounts that were not collected at the time of service. Please see Credit Card on File Authorization information.

Patients that are self pay or self filing their insurance claim will not be required to place a credit card on file.

Patients with ACTIVE SoonerCare benefits that have been verified will not be required to place a credit card on file.

Patients with insurance willing to pay 100% of the visit at the time of services rendered will not be required to place a credit card on file. Any credits remaining on the account, once the insurance claim has been adjusted will be sent to you via check at the address provided.

CHECKS PAYMENTS

All checks will be verified at the time they are presented for sufficient funds. If sufficient funds are not in place, another form of payment will need to be provided, prior to services rendered .

CO PAYS

All patients with a co pay are required to pay their co pay at the time of visit, prior to services rendered.

BALANCES

All patients with a balance are required to pay the balance plus their co pay prior to services rendered.

DEDUCTIBLE PLANS

All patients on an insurance plan contracted with the clinic who have a deductible plan are required to pay 100% of their visit at the time of service. Tulsa Pediatric Urgent Care Clinic will file the claim for your visit. Any adjustments received from the insurance company will be refunded to the patient via the credit card on file after we receive the Explanation of Benefits from the insurance company.

SELF PAY PATIENTS

All patients that are self pay are required to pay the full amount of the visit at the time of service.

UNVERIFIED INSURANCE COVERAGE

Our office staff will attempt to verify each patient's insurance coverage at the time of service. If we cannot verify your insurance, you will be required to pay the full amount of the visit at the time of service. Once your insurance payment has been received any additional credits on your account will be credited back to the credit card on file.

SELF-FILING PATIENTS

If your insurance company does not participate with Tulsa Pediatric Urgent Care Clinic, we will provide you with the information you need to self-file with your insurance company and it will be the patient’s responsibility to work with the insurance company to receive personal reimbursement for the visit costs. No additional discounts will be provided after services have been rendered.

SEPARATED/DIVORCED FAMILIES

For any family where parents are separated or divorced, the parent authorizing treatment and bringing the child to be seen is responsible for payment and payment is due when services are rendered. In the case that only a co pay is due at the time of service, any charges deemed by insurance as patient responsibility are due to Tulsa Pediatric Urgent Care Clinic by the parent who authorized treatment.

If the divorce decree requires both parents to split the charges incurred, it is the authorizing parent’s responsibility to collect from the other parent. Tulsa Pediatric Urgent Care Clinic will not act as a mediator in collecting our payments.

VACCINES

Additional paperwork and agreements may be required for certain vaccines as deemed necessary by the practice.

RETURNED CHECK CHARGE

A \$20.00 fee will be added to your account for all returned checks in addition to the amount of the check. After receiving one check for insufficient funds, your account will be placed on a cash or credit card only basis. Debit cards will not be accepted. Any balances due including mailed statements will need to be settled via cash, credit card or money order. Any balance resulting from a returned check that is not resolved in a timely manner by the patient will be sent to the Tulsa District Attorney’s office for further action.

*We accept Visa and MasterCard and Discover. You can at any time make a payment over the phone.

*We do not accept post dated or temporary checks.

Any questions related to our billing practice can be addressed to the Office Manager directly. A signed agreement of our billing policy will be kept on file for all patients.

I understand and agree to the above billing practices as set forth by Tulsa Pediatric Urgent Care Clinic. Services will not be rendered unless you agree to and sign this billing policy.

 Patient Name(s)

 Signature of Parent/Guardian

 Date

**Tulsa Pediatric Urgent Care Clinic
Policy for Credit Cards On File**

Tulsa Pediatric Urgent Care Clinic requires a patient credit card on file. Instamed will be the credit card transaction company that will be utilized. Instamed stores your information on a separate and secure site and enables us to run credit card transactions within our computer system. Office personnel will not have access to your card, and only the last 4 digits of your card will be viewable in our system. Instamed is certified as a Level One Service Provider with the Payment Card Industry (PCI) Data Security Standard, as well as the VISA Cardholder Information Security Program (CISP). They are audited and scanned for PCI compliance and is regularly scanned for vulnerabilities by ScanAlertT and is a member of their HACKER SAFE® program.

- **Credit cards on file will be used for:**

-Co pays

When you are in the office, you will need to present your credit card for payment, even if the card is on file.

-Deductibles

We require at the time of service for you to pay 100% of the amount owed for each visit. Your credit card on file will be utilized to settle up any additional balances that were not credited to your account at the time of service.

-Coinsurance

We require at the time of service for you to pay the entire percentage not covered by your insurance company for example the full 10% if your insurance carrier covers 90% and 20% if your insurance carrier covers 80%.

-Balances

If your insurance carrier assigns any additional patient responsibility amounts, we will run the credit card on file for this amount.

- For all patient responsibility amounts assigned by insurance, our office reviews these amounts to ensure your claim has been properly adjudicated. If what is adjudicated by insurance company does not match the benefits we verified with insurance at the time of service, we will contact you and your insurance carrier. Members typically receive their explanation of benefits prior to the provider, so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately.
- If your credit card is mistakenly run, we will immediately issue you a refund back on the credit card you have on file.
- During the time you leave a credit card on file, if it expires or otherwise becomes uncollectible, we will expect you to promptly provide a new means of payment.
- Credits on your account after your insurance claim has been adjusted will be returned to the credit card on file.

Know your insurance benefits. Your insurance plan is a contract between you and your insurance company, even if your employer provides it. We provide the medical service and submit the claim on your behalf. We do our best to verify your benefits prior to the appointment to make sure we collect the appropriate amount owed and to make sure your visit will be covered by your insurance plan. We do our best to notify and educate the patient of any learned information from insurance that may affect the visit. **However, it remains the policy holder's responsibility to know their insurance policies. Tulsa Pediatric Urgent Care Clinic cannot know every detail to your specific plan. Ultimately, you are responsible for knowing what services are covered, how often, and how much of the cost is your responsibility.** You will be responsible for any portion of services that your

insurance does not cover. The policy holder should familiarize themselves and those bringing in their children for service with the insurance policy and any specific laboratory requirements should a sample need to be submitted to the lab for analysis.

Patient Name: _____

Date of service: _____

Phone Number: _____

Email for receipts: _____

**Credit Card on File
Authorization**

I agree to place my credit card on file to be run by Tulsa Pediatric Urgent Care Clinic once the insurance claim has been adjudicated for any additional patient responsibility amounts that has not been credited to my account.

On the day that we receive your adjudicated claim from insurance, we will call and cite the patient responsibility amount that has been assigned by insurance to you. You have provided one number above for us to reach you on. If we do not reach you on the number provided, we will leave a message. If we do not hear back from you by 9pm, we will run your transaction that afternoon before close of business (which is 11pm weekdays, 10pm weekends). A receipt will be emailed to the email provided above.

I, _____, authorize Tulsa Pediatric Urgent Care Clinic to run my credit card for the purpose(s) stated above.

Name on card: _____

Authorizing Person (print name): _____

Signature of Authorizing person: _____

Please read. We will be utilizing the services of Instamed, a third party vendor for credit card transactions. Instamed stores your information on a separate and secure site. Office personnel will not have access to your card, and only the last 4 digits of your card will be viewable in our system. Instamed is certified as a Level One Service Provider with the Payment Card Industry (PCI) Data Security Standard, as well as the VISA Cardholder Information Security Program (CISP). They are audited and scanned for PCI compliance and is regularly scanned for vulnerabilities by ScanAlertT and is a member of their HACKER SAFE® program.

Tulsa Pediatric Urgent Care Clinic Notice of Privacy Practices
Consent to the Use and Disclosure of Personal Health Information for
Treatment, Payment, or Healthcare Operations

DISCLOSURE OF INFORMATION: As part of your health and medical care, Tulsa Pediatric Urgent Care Clinic originates and maintains medical and health records describing your health history, symptoms, examinations and test results, diagnoses, treatment, and any plans for future care or treatment. Tulsa Pediatric Urgent Care Clinic, including physician and staff may use and disclose your child's medical information for the following purposes:

TREATMENT: We may use your child's health information to provide, coordinate or manage medical treatment or related services. **A COPY OF TODAY'S VISIT WILL BE FAXED TO YOUR PRIMARY CARE PROVIDER, AS STATED ON YOUR PATIENT FORM.**

PAYMENT: We may use and disclose health information to bill or collect payment for services rendered from either you or your insurance carrier. A full description of our billing agreement is provided and signed by all patient/guardians.

HEALTH CARE OPERATION: We may use your child's health information to coordinate medical care with other health care providers, as well as to obtain eligibility, benefits and payment on claims from your insurance carrier.

LEAVING MESSAGES: There are times when we cannot reach you and need to leave a message. We may use your or your child's information to contact you and leave messages on the provided phone numbers to confirm scheduled appointments or nurse follow-up calls regarding your child's health.

INDIVIDUALS INVOLVED IN YOUR CHILD'S CARE: Please list all individuals, including spouse, step-parent and/or guardian that will have access to your child's information. We want to ensure protection of your child's medical information.

Name (Please Print)	Relationship	Name (Please Print)	Relationship
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Name (Please Print)	Relationship	Name (Please Print)	Relationship
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RESTRICTIONS: I request the following restrictions to the use and/or disclosure of my health information including any individuals I do not want information released to.

Name (Please Print)	Relationship	Name (Please Print)	Relationship
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Other restrictions

By Oklahoma law we are required to notify you..... That the information authorized for release may include records which may indicate the presence of communicable or venereal disease which may include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome(AIDS).

I understand.....A copy of the complete description of how my medical information will be used and disclosed can be requested at any time. This agreement to release information shall apply to all information accumulated up to this date and to any information acquired in the future. This agreement shall remain in force until revoked in writing by the patient/guardian.

Patient Name (Please Print)

Date Notice Effective

Signature of Patient or Legal Guardian

Relationship to Patient

(Office Use) Tulsa Pediatric Urgent Care Clinic conditionally ____ accepts ____ denies the restrictions listed above regarding release of information.

Signature/Title by Tulsa Pediatric Urgent Care Clinic

Date