

Rocky Mountain Family Practice

Lisa Zwerdinger, MD
Amy King, PA-C
Jennifer Pence, PA-C

PATIENT INFORMATION

Patient Last Name: _____ Patient First Name: _____ Middle Initial _____
 Mailing Address: _____ Date of Birth: ____/____/____
 City: _____ State: _____ Zip Code: _____ Gender: Male Female
 Race/Ethnicity: Caucasian Hispanic Asian African American
 Native American Other Decline to give/Unknown
 Primary Language: English Spanish Other

Social Security no.:	Home phone no.:	Cell phone no.:	E-Mail:
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INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Person responsible for bill: If SELF check here

Last Name: _____ First Name: _____ Relationship to patient: _____ Date of Birth: _____

Phone Number: _____ Address (if different): _____

Primary Insurance Carrier: Check here if you are SELF PAY

Policy No. _____ Group No. _____

Insured's Name/Relationship to patient: If SELF, check here

Last Name: _____ First Name: _____

Relationship: _____ Insured's Date of Birth: _____

Secondary Insurance Carrier: Check here if you are SELF PAY

Policy No. _____ Group No. _____

Insured's Name/Relationship to patient: If SELF, check here

Last Name: _____ First Name: _____

Relationship: _____ Insured's Date of Birth: _____

Lab Preference: Quest Diagnostics LabCorp Check here if unknown

IN CASE OF EMERGENCY

Last Name: _____ First Name: _____	Relationship to patient:	Home phone no.:	Work phone no.:
		() -	() -

Last Name: _____ First Name: _____	Relationship to patient:	Home phone no.:	Work phone no.:
		() -	() -

PATIENT COMMUNICATION CONSENT

We may need to contact you regarding your medical care. This is acknowledgment that you authorize Rocky Mountain Family Practice to:

Leave a detailed message on home phone machine Leave a detailed message on personal cell phone voicemail Transmit and Receive messages through our secure Patient Portal Secure Text message

ALTERNATE CAREGIVER CONSENT

Except for life threatening emergencies, we are not able to treat your minor child unless he or she is accompanied to our office by a parent, legal guardian or designated adult. In order to designate an adult to bring your child into our office for medical care in your absence, you must have the following completed, signed, and on file for each designated adult for each of your children. Minor children reporting for an appointment without a parent, legal guardian, an adult named in a signed designee form or a signed note from a parent may need to be rescheduled.

I authorize the following individual(s) to bring in my child to their appointments:

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

Name: _____ Relationship to Patient: _____

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I attest that the above named individual(s) are all 18 years of age or older as of this date. I authorize the above named individual(s) to consent to treatment for my children. This may include, but is not limited to, consent for necessary medications, vaccinations, procedures and hospitalizations. This practice may relay any medical information about my child necessary for the above named individual(s) to provide informed consent to the treatment. I understand that the doctor will communicate his or her findings and treatment plan to the caregiver who brings in the child, and that under most circumstances, a follow up call to me personally should not be necessary. I agree to hold Rocky Mountain Family Practice and its staff harmless for any disagreement between the above named individual(s) and myself regarding treatment decisions.

Signature of Parent/Legal Guardian

Date

AUTHORIZATION AND CONSENT TO TREAT/FINANCIAL POLICY

The above information is true to the best of my knowledge. If there are changes to this information, I will update my financial agreement with RMFP. I understand that I am financially responsible for any balance. I have read and understand the entire **Financial Policy** of Rocky Mountain Family Practice and agree to abide by its guidelines without exception. By signing you understand the policies and agree to abide by the terms detailed within them. **Authorization and Consent to treat:** I hereby consent and authorize the administration of all treatments that may be considered advisable or necessary in the judgment of Rocky Mountain Family Practice's providers.

NONPAYMENT POLICY

We will not carry a balance for more than 60 days. After 60 days your account will be inactivated (we also reserve the right to inactivate family members for whom you are financially responsible as well), and your account is pulled for collection review. At that time you will receive a courtesy telephone call reminding you of your balance, offering a payment plan and providing a deadline for payment prior to your account being transferred to an outside collection agency. For any account that is over 60 days past due, it is required that a minimum of \$40 be made towards any balance, in addition to any co-pay or high deductible deposit (if applicable), in order to be seen by Rocky Mountain Family Practice. A \$25 fee will be charged if your account is transferred to collections.

AUTHORIZATION TO RELEASE INFORMATION

I hereby consent to the release of information to insurance carriers, agencies or other parties with a bona fide, pertinent interest for the purposes of claim payment. I hereby assign medical benefits otherwise payable to me to Rocky Mountain Family Practice of Leadville, PC. I understand and agree that I am financially responsible for all copays, deductibles, coinsurance and services not covered by insurance. I acknowledge that all information contained on this form is true and accurate. If there are changes to this information, it is my responsibility to provide timely updated information to Rocky Mountain Family Practice.

Patient/Guarantor Signature

Date

Printed Name of Guarantor

Patient name if different than guarantor

MEDICARE PATIENTS

**Please see us for an additional form that needs to be completed.*

Medicare & Champus Long Term Authorization:

I request the payment of authorized Medicare benefits be made either to me or on my behalf for the services furnished to me by RMFP. I authorize any holder of medical information about me to release the Health Care Financing Administration and its agent any information needed to determine their benefits or the benefits payable for rendered services.

Patient/Guarantor Signature

Date

Printed Name of Guarantor

Patient name if different than guarantor

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Welcome to Rocky Mountain Family Practice *Rocky Mountain Family Practice Office Policies*

FINANCIAL POLICY

Thank you for choosing us as your primary care provider. We are committed to providing you with quality and affordable healthcare. Since some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have developed this payment policy. If you have any questions, please ask any of our billing staff.

Proof of insurance: All patients must complete our patient information form and present both a valid photo ID and insurance card before each visit. If you fail to provide us with correct information in a timely matter, you may be responsible for the entire bill.

Insurance Plans and Coverage: We participate with most major insurance plans. If you are not insured by a plan that we do business with, payment is expected at the time services are rendered. As a patient, it is your responsibility to know the benefits of your insurance. We will confirm that your insurance is active for each day of service but we will not have details about what your plan will pay, i.e. co-payment amounts, deductible amount, covered benefit amounts, etc. It is up to the patient and the policy holder to research this information. Please contact your insurance company before your visits if you have questions regarding your coverage.

Claim submission: We will submit your insurance claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to provide additional information. If additional information is required from you and is not received in a timely matter, the balance of your claim will become your responsibility.

Co-payments: All co-payments are due before you are seen by our providers. This arrangement is part of your contract with your insurance company. You need to contact them before your appointment if you are unaware of how much your copayment is.

High-Deductible Insurance Plans: Patients who have high deductible insurance plans are asked to pay a \$40 deposit for their visit, at the time of service. We will still submit your claims to your insurance. In the event your insurance covers your visit and there is a credit remaining on the account, we would then issue a refund for any monies due. In most cases, the \$40 deposit made at the time of service would be applied towards any remaining balance due after your insurance has processed the claim.

Non-covered services: Please be aware that some, and perhaps all, of the services you receive may not be covered or not considered reasonable or necessary by insurers. This includes your initial consult to establish care in our office. You will be responsible in full for all services that are not a covered benefit of your insurance.

Self-pay: If you are a self-pay patient, payment is due when services are rendered. We offer a 10% discount to those who pay in full at time of service.

Nonpayment: We will not carry a balance for more than 60 days. After 60 days your account will be inactivated (we also reserve the right to inactivate family members for whom you are financially responsible as well), and your account is pulled for collection review. At that time you will receive a courtesy telephone call reminding you of your balance, offering a payment plan and providing a deadline for payment prior to your account being transferred to an outside collection agency. For any account that is over 60 days past due, it is required that a minimum of \$40 be made towards any balance, in addition to any co-pay or high deductible deposit (if applicable), in order to be seen by Rocky Mountain Family Practice. A \$25 fee will be charged if your account is transferred to collections.

Newborn Accounts: We will carry a balance up to \$500.00 on newborn account up to 60 days while you are waiting for enrollment confirmation of your insurance plan. Once your child has reached that amount, they will either need to be on active insurance or additional visits will be considered self-pay. If your child becomes insured and the insurance pays for previous visits, any credit balance due to you will be refunded to you promptly.

There will be \$25.00 fee for all returned checks

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We are committed to providing the best treatment for our patients. Our fees are representative of the usual and customary charges for our area. Thank you for understanding our financial policy. Please let us know if you have any questions and/or concerns. Our staff at Rocky Mountain Family Practice wants to ensure that all of our patients receive quality health care. We have implemented the following policies to ensure that each patient receives the attention that you deserve.

Prescription refills - Please call your retail pharmacy at least one week ahead of time to refill any medications. If you use a mail order pharmacy please allow at least 2 weeks for a refill to process. **To obtain a refill, you will need to contact your pharmacy to refill your medications.** If no refills remain on your medication, it may be time to come in for an appointment. We want to make sure that the medication is still working properly and that this treatment is still appropriate. Please schedule your appointment before you run out of medication.

- **Narcotic and controlled substances:** *All controlled substances will require a face-to-face visit with one of our providers every time the medication is refilled.* You will be required to sign a controlled substance contract with our provider(s) and any violation of this agreement will result in termination from our practice.

Referrals – Our providers will not authorize a referral without you being seen in the office first. Please schedule an appointment with one of our providers if you need a referral to a specialist. Most of the time our providers can treat you without sending you to a specialist. Please allow 1 week for non-urgent referrals to be completed. The process on most referrals is extensive and does require the cooperation of the insurance company and the other provider's office. We will contact you once we receive the authorization from your insurance company so that you may contact the specialist office to schedule your appointment. When we receive the authorization this is not an indication of your specific insurance benefit. You will need to contact your insurance to verify your benefits. **Please be aware that some specialist offices book out months in advance.**

Phone calls – Our providers may not be able to return calls to patients until 5pm or later. If you leave a message for a provider, please allow as much as 24 hours for a return phone call. If your provider is not in the office your message will be given to our on call provider. Our providers do not have voicemail, so we will take typed messages that are attached to your chart. Providers may assign phone messages to others in the office to return the call for them (i.e. an M.A. or front office staff member). They will instruct the staff member on what they feel is an appropriate action for your request. Our providers are not able to treat you over the phone. You will need to come in for any medical care, new medications, or referrals that you may need.

Test results and x-ray reports– Please allow up to 1 week for test results to come back from the labs. Pathology (i.e. biopsy or Pap smear) can take several extra days. We will contact you by phone or mail once the ordering provider has reviewed the report. If you have not heard from our office within 2 weeks please call to see if we have received the results.

Well care visits – often known as annual exams. Because of insurance payment policies we are only able to discuss the following: recommended cancer screenings (including prostate and pap smears), healthy habits including diet and exercise (weight loss if appropriate), and recommended immunizations. For women, we will also discuss contraception and how to deal with menopause if desired. For any other health issues, you will need to make a separate appointment. On the day of your wellness check, if you have a more concerning issue you may bring it up to your provider at your appointment however. You may be asked to reschedule your wellness visit.

The staff at Rocky Mountain Family Practice work very hard to ensure that proper care is provided to each and every patient in our practice. If you have a question, concern, or compliment, please do not hesitate to bring it to our attention.