

Capstone Family Medicine

PATIENT INFORMATION

Last Name _____ First Name _____ MI _____ M/F

Mailing Address _____ City _____ State _____ Zip _____

Residence/Street _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Social Security # _____

Single _____ Married _____ Divorced/Separated _____ Widowed _____

Employer _____ Address _____ Phone _____

Can we call you at work? Yes/No

RESPONSIBLE PARTY

Last Name _____ First Name _____ MI _____ M/F

Mailing Address _____ City _____ State _____ Zip _____

Residence/Street _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Social Security # _____

INSURANCE INFORMATION

PRIMARY Insurance _____ Policy # _____ Group # _____

Insured _____ DOB _____ Social Security # _____

SECONDARY Insurance _____ Policy # _____ Group # _____

Insured _____ DOB _____ Social Security # _____

*Capstone bills secondary when required by contract: Medicare, Medicaid, Blue Cross and Aetna patients only

GENERAL INFORMATION

Person to contact if unable to reach patient (not living in your home)

Name _____ Phone _____ Relationship _____

Who referred you to our office? _____ Preferred Pharmacy _____

Who in your family may we discuss your health care with? _____

I hereby assign all medical and /or surgical benefits to include major medical benefits to which I am entitled including Medicare, private insurance, PPO plans, Medicaid, RR Medicare, and all other health plans to Capstone Family Medicine. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance (including Medicaid). I hereby authorize said assignee to release all information needed to secure the payment.

Signed _____ Date _____

CAPSTONE FAMILY MEDICINE
FINANCIAL POLICIES
JANUARY 2005

Private insurance is a contract between you and your insurance company. We will not become involved in disputes between you and your insurance company regarding deductibles, co-pays, covered charges, secondary insurance, "usual and customary" charges, etc. other than to supply factual information as necessary.

Initials

All new patients must present proof card at the time of service or insurance will not be billed and payment must be made in full.

Initials

ESTABLISHED PATIENTS

Capstone collects a minimum of \$20.00 at check-in to apply towards that days visit. (Blue Cross Federal will be \$15.00)

If it is a new calendar year Capstone will collect \$100.00 (through March) which will be submitted to your insurance unless proof of deductible can be provided.

Initials

NEW PATIENTS

If proof of insurance cannot be supplied payment is due in full. At check-in the receptionist will collect a minimum of \$120.00. Please note, this may not cover all fees assessed during the visit and a receipt will be provided with all charges after the appointment is completed.

Due to an increase in patients not paying at the time of service Capstone Family Medicine must institute this policy beginning January 2005.

Initials

Any balances on your account need to be paid in full before you will be seen again unless a payment arrangement has been made with either the receptionist or billing personnel.

Initials

Capstone Family Medicine bills secondary insurance only when required by contract: Medicare, Medicaid, Blue Cross and Aetna.

Initials

Adult patients applying for Medicaid must show proof they have filed an application or payment is expected in full. New babies have one month to become eligible for coverage.

Medicaid co-pays are due at check-in or the appointment will be rescheduled. No exceptions.

Initials