

La Plata Pediatrics & Women's Health

PATIENT REGISTRATION FORM

Patient Name: _____

Date of Birth: ____/____/____ Social Security Number: _____ - _____ - _____ Marital Status _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

E-mail Address: _____

Federal Government Required Fields

Sex: Male Female

Preferred Language: English Spanish Other

Race: American Indian/ AK Native Asian Black or African American

Native Hawaiian/ Other Pacific Islander White Decline to Answer

Ethnicity: Hispanic or Latino Not Hispanic or Latino Decline to Answer

Chose office because (please circle one): Insurance Plan/Family/Friend/Close to Home/Referral/Newspaper/Other

Other family members seen here: _____

Who to call for an emergency: Name: _____

Home Phone: (____) _____ Work/Cell Phone: (____) _____ Relationship: _____

INSURANCE INFORMATION

Person responsible for the bill: _____ Date of Birth: ____/____/____

Social Security Number: _____ - _____ - _____ Relationship to Patient: (please circle): Self Spouse Parent

Address: _____ Phone Number: (____) _____

PRIMARY INSURANCE INFORMATION: Plan Name: _____ ID #: _____

Ins Company Address: _____ Group #: _____

Policy Holder: _____ Social Security Number: _____ - _____ - _____

Policy Holder's Relationship to Patient: _____ Policy Holder's Date of Birth: _____ - _____ - _____

SECOND INSURANCE INFORMATION: Plan Name: _____ ID #: _____

Ins Company Address: _____ Group #: _____

I authorize the release of any medical information necessary to process this bill and claim to my insurance company. I authorize payment of benefits to La Plata Pediatrics & Women's Health and I acknowledge that I am financially responsible for payment whether or not covered by insurance.

Signature: _____ Date: _____

La Plata Pediatrics & Women's Health

We Care About Your Care

Practice Policy & HIPAA/Privacy Act Policy Effective November 14th, 2010

Our Mission Statement:

- To provide a modern, accessible, caring and flexible service to our patients
- To provide our patients with courtesy and respect at all times.
- To allow the team their individualized approach to service provisions.
- To provide Quality and Excellence reflecting evidence based medicine.
- To maintain a multi-skilled team approach in delivery of primary care services.

Practice Policy & Patient Bill of Rights:

Effective health care requires collaboration between patients, their primary care provider and other healthcare professionals. Open and honest communication, respect for personal and professional values, and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, La Plata Pediatrics & Women's Health must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, and other caregivers. La Plata Pediatrics & Women's Health must ensure a health care ethic that respects the role of patients in decision making about treatment choices and other aspects of their care. La Plata Pediatrics & Women's Health must be sensitive to cultural, racial, linguistic, religious, age, gender, and other differences as well as the needs of persons with disabilities.

La Plata Pediatrics & Women's Health presents A Patient's Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by its medical staff, employees, and patients. La Plata Pediatrics & Women's Health tailors this bill of rights to their patient community by translating and/or simplifying the language of this bill of rights as may be necessary to ensure that patients and their families understand their rights and responsibilities.

Bill of Rights: These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity, is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from providers and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.
3. Patients have the right to know the identity of their primary care provider, medical assistants and others involved in their care, as well as when those involved are students or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

4. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that La Plata Pediatrics & Women's Health provides or to transfer to another primary care provider. La Plata Pediatrics & Women's Health should notify patients of any policy that might affect patient choice.
5. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law.
6. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
7. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by La Plata Pediatrics & Women's Health, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that La Plata Pediatrics & Women's Health will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
8. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.
9. The patient has the right to expect that, within its capacity and policies, La Plata Pediatrics & Women's Health will make reasonable response to the request of a patient for appropriate and medically indicated care and services. La Plata Pediatrics & Women's Health must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
10. The patient has the right to ask and be informed of the existence of business relationships among La Plata Pediatrics & Women's Health, the local hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
11. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care.
12. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by La Plata Pediatrics & Women's Health and other caregivers of available and realistic patient care options.
13. The patient has the right to be informed of the policies and practices of La Plata Pediatrics & Women's Health that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms

available in the institution. The patient has the right to be informed of the charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that La Plata Pediatrics & Women's Health has a copy of their written advance directive if they have one. Patients are responsible for informing La Plata Pediatrics & Women's Health and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of La Plata Pediatrics & Women's Health obligation to be reasonably efficient and equitable in providing care to other patients and the community. La Plata Pediatrics & Women's Health rules and regulations are designed to help meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of La Plata Pediatrics & Women's Health, other patients, medical staff, and employees. Patients are responsible for providing necessary information for insurance claims and for working with La Plata Pediatrics & Women's Health to make payment arrangements, when necessary.

A person's health depends on health care services and that patients are responsible for recognizing the impact of their life-style on their personal health. La Plata Pediatrics & Women's Health have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients, and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

HIPAA & Privacy Act Policy:

Our Pledge Regarding Medical Information: We understand that medical information about you and your health is personal. We are committed to protecting your medical information. We create a record of the care you receive at this office to provide you with quality care and to comply with legal requirements. This notice will tell you about the ways in which we use and disclose your medical information. We also describe your rights and the obligations we have regarding the use and disclosure of medical information. We are required by law to make sure that medical information that identifies you is kept private; give you this notice of our privacy practices with respect to your medical information; and follow the terms of the current notice.

How We May Use and Disclose Medical Information About You:

For Treatment: We may use information about you to provide you with medical treatment. We may disclose medical information about you to office staff and others involved in your care.

For Payment: We may use and disclose information about you for insurance and payment services.

For Health Care Operations: We may use and disclose information about you for practice operations to make sure that you receive quality care and for learning purposes.

Appointment Reminders: We may use and disclose information to contact you about appointments.

Phone Messages: We may call and leave messages with whoever answers the phone at your house or on your answering machine unless directed otherwise.

Health-Related Benefits and Services: We may tell you about health-related benefits or services.

Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family a member who is involved in or helps pay for your medical care.

As Required By Law: We will disclose information about you when required to do so by law.

To Avert a Serious Threat to Health or Safety: We may use and disclose information about you to prevent a serious threat to your health and safety, the public or to another person.

Workers' Compensation: We may release information about you for workers' compensation.

Public Health Risks: We may disclose information about you for public health activities.

Health Oversight Activities: We may disclose information to a health oversight agency.

Lawsuits and Disputes: We may disclose information about you in response to a court or administrative order, a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request.

Law Enforcement: We may release information to a law enforcement official as required by law.

Patient Rights Regarding Medical Information:

Right to Inspect and Copy: You have the right to inspect and copy your medical information. This includes medical and billing records, but does not include psychotherapy notes. You must submit your request in writing to La Plata Pediatrics & Women's Health. We may charge a fee for the costs of copying.

Right to Amend: If you feel that your information is incorrect or incomplete, you may ask us to amend the information. You may request an amendment as long as the office has this information. Your request must include the reason, be made in writing and submitted to La Plata Pediatrics & Women's Health. We may deny your request if you ask us to amend information not created by us, unless the person that created the information is no longer available; is not part of the information kept by the practice; is not information which you would be permitted to inspect and copy; or is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request a list of the accounting of disclosures we made of your medical information. You must submit your request in writing to La Plata Pediatrics & Women's Health. Your request must state a time period, not longer than six years, and indicate whether you want the list on paper or electronic. Your first requested list within a year is free.

Right to Request Restrictions: You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, and health care operations or to someone who is involved in your care or the payment for your care. We are not required to agree to your request. If we agree, we will comply with your request unless the information is needed in an emergency. You must make your request in writing to La Plata Pediatrics & Women's Health. You must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or location. You must make your request in writing to La Plata Pediatrics & Women's Health. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We have the right to deny your request in certain circumstances.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, request in writing to La Plata Pediatrics & Women's Health.

Changes to this Notice: We reserve the right to change this notice and make the revised notice effective for information we already have about you as well as any future information. We will post a copy of the current notice in the office. Each time you register at the office we will offer you a copy of the current notice.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Secretary of the Department of Health and Human Services. To file a complaint with this office, contact Jamie Reidy MSN, CPNP, WHNP. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information: Other uses and disclosures of information not covered by this notice will be made only with your written permission. You may revoke that permission in writing at any time. Understand that we are unable to take back any permitted disclosures, and that we are required to retain records of your care.

CRISP: We have chosen to participate in the Chesapeake Regional Information System for our Patients (CRISP), a regional health information exchange serving Maryland and D.C. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and disable access to your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org. Public health reporting and Controlled Dangerous Substances information, as part of the Maryland Prescription Drug Monitoring Program (PDMP), will still be available to providers

Please Initial All That Apply

Home Telephone: _____

X____ **(initial)** Okay to leave a message with detailed information to the phone number provided above.

X____ **(initial)** Okay to leave a message with appointment reminders only to the phone number provided above.

X____ **(initial)** Leave a message with call back number only to the phone number provided above.

Cell Phone: _____

X____ **(initial)** Okay to leave a message with detailed information to the phone number provided above.

X____ **(initial)** Okay to leave a message with appointment reminders only to the phone number provided above.

X____ **(initial)** Leave a message with call back number only to the phone number provided above.

Written Communication: _____

X____ **(initial)** Okay to mail appointment reminders to the address provided above.

X____ **(initial)** Okay to mail lab results to the address provided above.

Email Communication: _____

X____ **(initial)** Okay to send appointment reminders to the email address provided above.

X____ **(initial)** Okay to send lab results to the email address provided above.

X____ **(initial)** Okay to send billing statements to the email address provided above.

Health information can be disclosed to: _____

X____ **(initial)** Okay for LPPWH to discuss my Private Health Information with the individual(s) provided above.

These authorizations will stay in effect until you notify us otherwise.

I have received the Practice Policy, The Patient Bill of Rights and the HIPAA/Privacy Act Policy and I have had the opportunity to review these policies. I agree with and will adhere to all that is stated within these policies while a patient at La Plata Pediatrics & Women's Health.

Printed Name: _____

Signature: _____ Date: _____

La Plata Pediatrics & Women's Health

We Care About Your Care

Tardiness, Cancellation, & No-Show Appointment Policy

Thank you for choosing La Plata Pediatrics & Women's Health. It is our desire to provide you with excellent and timely service. Therefore, these guidelines were made to facilitate this process. Please initial each policy to acknowledge understanding.

X_____ (initial) Tardiness: La Plata Pediatrics & Women's Health requests that all patients are on time for their appointments. If you are a new patient, we request you arrive 15 minutes prior to your appointment to complete the appropriate registration necessary for your appointment. This paperwork can also be obtained from www.lppwh.com and completed prior to the appointment if desired. If you are an existing patient more than 10 minutes late to your appointment even with notice, we reserve the right to reschedule or cancel your appointment. If you are a new patient and you are more than 10 minutes late to your appointment, we will cancel and reschedule your appointment due to the registration process involved. A tardiness is considered a no show, since we cannot make up for this missed time. You will be charged \$100.00 if this occurs.

X_____ (initial) Cancellation: La Plata Pediatrics & Women's Health requires a 24-hour notice to cancel an appointment. We are trying to accommodate everyone and apologize for any inconvenience this may cause. If you do not give 24 hours' notice you will be charged \$100.00 for the missed appointment. You are responsible for this fee and your insurance company WILL NOT pay this fee. If unforeseen circumstances arise and you are able to give notice that is less than 24 hours we will do our best to fill the vacancy. If we are able to do so, you will not be charged. The more notice you can give the better able we are to accommodate other patients who need to be seen.

X_____ (initial) No-Shows: La Plata Pediatrics & Women's Health charges a \$100.00 fee for all no show appointments and it is your responsibility to pay that fee. Insurance companies DO NOT cover this fee.

X_____ (initial) La Plata Pediatrics & Women's Health will not schedule any future appointments until all Fees are paid in full.

I agree with the Appointment Policy and will adhere to it while a patient at La Plata Pediatrics & Women's Health.

Printed Name: _____

Signature: _____ Date: _____

Names of All Family Members seen at LPPWH _____

La Plata Pediatrics & Women's Health
Insurance and Billing Policies

1. We participate with the following insurance carriers: Blue Cross/Blue Shield of MD, BCBS Federal, Cigna, Aetna, Riverside, MD Physicians Care, MultiPlan, PHCS, Coventry, Medicaid, Medicare, Priority Partners, United Health Care, AmeriGroup and Tricare (Prime and Standard). If an insurance is not listed, please direct questions to our receptionist.
2. It is the RESPONSIBILITY OF THE PATIENT to review his/her insurance coverage, to make sure Jamie Reidy or Mandy Colegrove is the provider for the insurance and to have your card at the time of your visit. If the insurance has not been changed to Jamie Reidy or Mandy Colegrove as the primary care provider or we cannot verify your insurance at the time of the visit, you are responsible for the cost of the visit at the time of the visit no exceptions.
3. INSURANCE CLAIMS: We will submit a claim to your insurance carrier, provided we have all the necessary information. We require a copy of your insurance cards (primary and secondary). We will submit claims to secondary carriers after your primary carrier has paid. WE DO THIS AS A COURTESY TO OUR PATIENTS. IT IS UNDERSTOOD THAT IF THE CLAIM IS NOT PAID WITHIN SIXTY (60) DAYS, THE ACCOUNT BECOMES THE RESPONSIBILITY OF THE PATIENT.
4. PAYMENT AT THE TIME OF SERVICE: If you do not have insurance coverage then payment in full is due at the time of service. An exception will be made when previous arrangements are set up with our business office prior to the appointment.
5. HMO/PPO: CO-PAYMENT IS DUE AT THE TIME OF SERVICE and we accept cash, check, debit cards and Visa or MasterCard. There is a \$25 fee for returned checks.
6. STATEMENTS: You will receive a statement each month showing charges and credits applied to your account. The printed balance may be different from the balance you owe due to pending insurance. The amount due will be indicated and you are billed on the balance due. Prompt payment is greatly appreciated.
7. PAYMENT ARRANGEMENTS: We are aware that at times medical bills can be overwhelming. We make every effort to work with each patient on an individual basis to assist them in making payment arrangements. Please contact our billing office to discuss your bill. Bills that receive no response after 3 billing cycles will be forwarded to Collections. It will then be necessary to add those costs to your account that is charged by the collecting agency. Unfortunately, no future appointments can be made if arrangements for outstanding balances have not been made and/or no payments are being made on overdue balances.

Thank you and should you have any questions about the above policies, please feel free to ask us.

I agree with the Insurance & Billing Policy and will adhere to it while a patient at La Plata Pediatrics & Women's Health.

Printed Name: _____

Signature: _____ Date: _____

La Plata Pediatrics & Women's Health

**Insurance and Billing Policies
(Addendum January 1, 2017)**

If you are here for a scheduled preventive medicine visit (i.e. well-visit, Prev Med, or yearly physical exam) this visit will be submitted as a preventive exam to your insurance. Depending on your health plan's policy, your insurance may or may not cover this visit. Not all insurance companies cover well visits; or, you may have a maximum annual cap for well benefits that is less than our charges.

If you would like to split vaccines apart from the CDC recommended vaccine schedule, while we are willing to do that, there is a chance your insurance may not pay for it if it's done this way. You will need to contact your insurance company regarding payment. In the event that your insurance company does not reimburse, you will be responsible for the charges.

Due to recent insurance changes and requirements, if during the course of your preventive exam, the provider addresses and documents a problem-related issue (i.e. sickness, injury, etc), we are required to bill this separate from your well exam, therefore you may receive a bill for your copay or deductible.

Thank you and should you have any questions about the above policies, please feel free to ask us.

I acknowledge and agree with the Insurance & Billing Policy addendum and will adhere to it while a patient at La Plata Pediatrics & Women's Health.

Printed Name: _____

Signature: _____ Date: _____

La Plata Pediatrics & Women's Health
We Care About Your Care

Chaperone Policy
Effective November 14th, 2010

Here at La Plata Pediatrics & Women's Health, we recognize that we have an obligation to respect the dignity of each patient and to conduct each visit in a manner that strives to provide a comfortable and considerate atmosphere providing appropriate gowns, privacy for undressing, sensitive use of draping, and clear explanations of various components of the physical examination.

Some physical examinations will be highly focused and the patient will be fully clothed; in other cases the patient may be partially or completely unclothed. In every case patients are free to request a chaperone. The chaperone may be a parent, patient advocate or an authorized health care professional. The health care professionals will at all times adhere to the standards of confidentiality consistent within the policies of La Plata Pediatrics & Women's Health. During the time that a chaperone is present, the health care provider will strive to keep all inquiries of a sensitive nature to a minimum. The intake person or the provider should convey the policy of providing a chaperone.

There are a variety of circumstances, including those in which the patient requests confidentiality, which would render the presence of a chaperone problematic. The provider's judgment and discretion must be paramount in evaluating the need for a chaperone, but the patient's request will be given the highest priority. If a chaperone is provided, a separate opportunity for private conversation will be provided.

Your healthcare professional may also require a chaperone to be present for certain consultations in accordance with our chaperone policy. If you are offered a chaperone but do not wish to have one, you are entitled to refuse in certain circumstances.

Although this policy has been drafted using the recommendations of both the American Medical Association and the American Academy of Pediatrics, we recognize that each patient encounter is unique and a variance from this policy should in no way be construed as a deviation from proper or ethical practice.

I agree with the Chaperone Policy and will adhere to it while a patient at La Plata Pediatrics & Women's Health.

Printed Name: _____

Signature: _____ Date: _____

La Plata Pediatrics & Women's Health

We Care About Your Care

103 Centennial Street, Suite B La Plata, MD 20646
301-934-9111 (office) 301-934-9333 (fax)

Name: ----- Birthdate: -----

Pharmacy: ----- Allergies: -----

Current Prescriptions:

Name of Medicine	Dose	How many times per day?	When do you take it?	Who prescribed it for you?	Why do you take it?	Do you have any side effects

Over-The-Counter Medications, Herbal Remedies, Vitamins

Name of Medicine	Dose	How many times per day?	When do you take it?	Who prescribed it for you?	Why do you take it?	Do you have any side effects