

Established Patient Registration

Patient Information

Name: _____

FIN#: _____
BUC Staff to fill in

Date of Birth: ____/____/____ Social Security #: ____-____-____

Current Phone: (____) ____-____ Type: Home Cell Work

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Email Address*: _____

** will only be used for customer service and billing purposes – required for patient portal access*

Reason for today's visit? _____

Is this related to a Work Injury? Yes No

Is this related to an Auto Accident? Yes No

Patient Insurance

Current Insurance Company: _____

Policy #: _____

Patient Consent

- I have been provided with the Notice of Patient Privacy Practices that provides a more complete description of Protected Health Information uses and disclosures.
- I have been provided a copy of the updated Financial Responsibility policy (*see reverse side*).
- I voluntarily consent to any and all health care treatment and diagnostic procedures provided by BayCare Urgent Care and its associated providers, clinicians and other personnel. I understand that no guarantee has been or can be made as to the results of the treatments or examinations at BayCare Urgent Care.
- I consent to the use and disclosure of my/the patient's Protected Health Information for purposes of obtaining payment for services rendered to me/the patient, treatment and health care operations consistent with Notice of Patient Privacy Practices.
- I authorize payment of medical benefits directly to BayCare Urgent Care or their designee for services rendered.
- I give permission to obtain all my medication/prescription history when using an electronic system to process prescriptions for my medical treatment.

Patient (print name): _____

Patient/Authorized Person Signature: _____

Relationship: _____ Date: ____/____/____



Financial Responsibility

Important Information Regarding Your Account

Thank you for choosing BayCare Urgent Care for your medical needs. In an effort to provide the most efficient experience possible, and avoid any misunderstanding, we have provided information concerning our Financial Policy. It is our policy that all charges are paid at the time of service. We accept cash, check, Visa, MasterCard, Discover, American Express and Debit Cards. The only exceptions are for insurance plans with which we have a participating agreement, Medicare, Automobile Insurance, Workers' Compensation and Employer Service accounts.

Self-Pay or Cash

At BayCare Urgent Care we offer discounted prices (displayed in our lobby) to help those that do not have insurance, and are able to do so because we realize significant savings in not having to deal with the cumbersome process associated with filing and collecting insurance claims. If you would prefer to pay cash you may take advantage of these discounted prices, however please note that we will not provide any information to your insurance carrier regarding any charges made, or fees paid associated with a visit to which the cash discounted price was taken. You will be required to pay for the office visit before services are rendered, and charges for additional services will be collected at discharge.

Insurance

If you have an insurance plan with which we participate, BayCare Urgent Care will file a claim on your behalf. If you are unsure, please ask a BayCare Urgent Care Team Member if your insurance plan is included. Our filing a claim on your behalf does not guarantee that the insurance company will pay the claim, and does not relieve you of your responsibility for payments. Today you will be required to pay your Urgent Care co-pay amount. If you have insurance, other than plans with which we participate, you must pay in full for today's services, and we will provide you the necessary paperwork to submit to your insurance carrier for possible reimbursement.

Medicare

If you have Medicare Part B we accept assignment on Medicare claims. This means we agree to accept Medicare's allowed amount as our full charge. Medicare pays only 80% of their allowed amount, and you are responsible for the 20% co-insurance. Medicare does not pay for supplies and medications. You are expected to pay for these in full today, in addition to your co-insurance. If you have a Medicare supplemental insurance policy, we will file this claim for you, and the 20% co-insurance is not due at this time.

Travel Insurance Policy

If you are a visitor with a Travel Policy with which BayCare Urgent Care has a contract we will bill your carrier directly upon receipt of authorization for your visit. If we are unable to obtain authorization, or you have a policy that we do not currently accept you will be expected to pay in full at time of service. We will provide you the necessary paperwork to submit to your travel policy that may reimburse you directly.

Workers' Compensation Policy and Employer Health Service Contracts

If you are here for Workers' Compensation injury or Employer Health services we will bill your employer's Workers' Compensation insurance carrier, and accept this as payment in full providing the visit has been pre-approved by your employer and/or the insurance carrier. If the insurance carrier or employer denies benefits, such as determining the injury is not work related, you will be personally responsible for the unpaid amount.

Other Policy Information

If your insurance requires a referral or prior-authorization from your physician prior to seeing a BayCare Urgent Care provider, you are responsible for obtaining such referral or prior-authorization. Failure to do so may result in denied or reduced payment for services from your health insurance provider, which may render you responsible for additional balances.

For divorce and custody cases, the parent or guardian who brought the patient in will be held financially responsible, regardless of the provisions in the divorce decree, or who has custody, or who has the insurance.

For delinquent balances, BayCare Urgent Care reserves the right to report non-payment to your health insurance provider; refer past-due balances to an outside collection agency for collection and/or to report the past-due balance to a credit reporting agency. You are responsible for the original past-due balance in addition to all costs of collection, including but not limited to collection agent and attorney fees.

For a returned check, BayCare Urgent Care reserves the right to charge a \$25.00 service fee, and may result in all future payments being made by cash or credit card.

Should financial situations arise that prevent timely payment of your balance, you are encouraged to contact our Central Billing Office for assistance in the management of your account balance. There are instances in which we may develop a mutually acceptable payment plan until the balance is paid in full.

If your insurance information or address changes or you have any questions, please feel free to contact our Central Billing Office at (727) 767-0575.

