Patient Registration and Consent

Patient Information

FIN#: _____
BUC Staff to fill in

Name: _____

Date of Birth: _____/_____/_____ ❑ Female ❑ Male Social Security #: _____-_____-_____

Primary Phone *: (_____) _____-_____ Type: ❑ Home ❑ Cell ❑ Work

*May we leave messages at your preferred number in regards to your PHI? ❑ Yes ❑ No

Ethnicity: ❑ Hispanic/Latino ❑ Not Hispanic/Latino ❑ Refuse to Report

Race: ❑ American Indian/Alaska Native ❑ Asian ❑ Black/African-American
❑ Native Hawaiian/Other Pacific Islander ❑ White ❑ Other Race ❑ Refuse to Report

Preferred Language: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Secondary Address: _____

City: _____ State: _____ Zip Code: _____

Email Address*: _____

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

Additional Patient Information

Primary Care Physician: _____ Phone: (_____) _____-_____

Insurance Company:_____

Responsible Party/Guarantor: _____

Relationship: _____ Phone: (_____) _____-_____

Emergency Contact: _____ Phone: (_____) _____-_____

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 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: ____/____/_____

BayCare Urgent Care

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 misunderatanding, 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.

Patient (print name): _____

Patient (or legal guardian's) Signature: _____

If legal guardian, relationship: _____ Date: ____/____/_____

BayCare Urgent Care

Release of Information

BayCare Urgent Care reserves the right to communicate protected health information (PHI) with family or friends when it is deemed in the best interest of the patient as described in the Notice of Patient Privacy Practices.

In order to have your PHI shared in other circumstances with members of your family or friends, please list those individuals below that we are authorized to release information to, and the type of information we are authorized to release.

Entity to Receive Information: *Check each person/entity to whom you authorize the release of PHI.*	**Description of Information to be Released:** *Check each type that can be released to person/entity identified to the left.*
❑ Spouse (Provide name & phone number)	❑ Financial ❑ Medical
❑ Parent (Provide name(s) & phone number)	❑ Financial ❑ Medical
❑ Children (Provide name(s) & phone number)	❑ Financial ❑ Medical
❑ Siblings (Provide name(s) & phone number)	❑ Financial ❑ Medical
❑ Other (Provide name(s) & phone number)	❑ Financial ❑ Medical

Patient Acknowledgement

I understand that I have a right to revoke this authorization at any time. I understand that a revocation is not effective in cases where the information has already been disclosed, but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to re-disclosure by the recipient, and may no longer be protected by federal or state law.

I understand that I have the right to refuse to sign this authorization, and that my treatment will not be conditioned on signing. This authorization shall be in effect until revoked by the patient.

Patient (print name): _____

Patient/Authorized Person Signature: _____

Relationship: _____ Date: ____/____/_____

BayCare Urgent Care

Patient Medical History

This is a confidential record of your medical history and will not be released to any person unless you have authorized us to do so.

Patient Name: _____ Date: _____/_____/_____

Date of Birth: _____/_____/_____ ❑ New Patient ❑ Existing Patient

Reason for today's visit? _____

Is this related to a Work Injury? ❑ Yes ❑ No **Is this related to an Auto Accident? ❑ Yes ❑ No**

Allergies

Are you allergic to any medications? ❑ Yes ❑ No

If yes, please list: _____

Medications

List all medications you take on a regular basis (including over-the-counter, herbal or natural remedies).

Medication Name	Dosage	Daily Frequency	Medication Name	Dosage	Daily Frequency
1.			3.		
2.			4.		

** *See reverse side of this form for additional space* **

Patient Medical History

Condition	Personal	Family	Condition	Personal	Family
Anemia/Blood Problems	❑ Yes ❑ No	❑ Yes ❑ No	High Cholesterol	❑ Yes ❑ No	❑ Yes ❑ No
Arthritis	❑ Yes ❑ No	❑ Yes ❑ No	Kidney/Bladder Problems	❑ Yes ❑ No	❑ Yes ❑ No
Asthma	❑ Yes ❑ No	❑ Yes ❑ No	Liver Problems/Hepatitis	❑ Yes ❑ No	❑ Yes ❑ No
Cancer	❑ Yes ❑ No	❑ Yes ❑ No	Lung Problems	❑ Yes ❑ No	❑ Yes ❑ No
Depression/Anxiety	❑ Yes ❑ No	❑ Yes ❑ No	Seizures	❑ Yes ❑ No	❑ Yes ❑ No
Diabetes	❑ Yes ❑ No	❑ Yes ❑ No	Shortness of Breathe	❑ Yes ❑ No	❑ Yes ❑ No
Eye Disorder/Glaucoma	❑ Yes ❑ No	❑ Yes ❑ No	Sinus Problems	❑ Yes ❑ No	❑ Yes ❑ No
Headaches/Migraines	❑ Yes ❑ No	❑ Yes ❑ No	Stroke	❑ Yes ❑ No	❑ Yes ❑ No
Heart Disease	❑ Yes ❑ No	❑ Yes ❑ No	Thyroid Problems	❑ Yes ❑ No	❑ Yes ❑ No
Heartburn (reflux)	❑ Yes ❑ No	❑ Yes ❑ No	Ulcers/Colitis	❑ Yes ❑ No	❑ Yes ❑ No
High Blood Pressure	❑ Yes ❑ No	❑ Yes ❑ No	Other		

Have you had any hospitalizations/surgeries/serious illness in the past 3 years? ❑ Yes ❑ No

If yes, please list: _____

Use of tobacco products? ❑ Never ❑ Rarely ❑ Moderate ❑ Daily ❑ Prior

Pharmacy

*** *See reverse side for explanation of our in-office medication dispensing program* ***

Preferred Pharmacy Name: _____ Location: _____

Pharmacy phone number: (_____) _____-_____

Patient (print name): _____

Patient/Authorized Person Signature: _____

Relationship: _____ Date: ____/____/_____

BayCare Urgent Care

Patient Medical History – cont.

Medications – continued

Medication Name	Dosage	Daily Frequency	Medication Name	Dosage	Daily Frequency
5.			9.		
6.			10.		
7.			11.		
8.			12.		

In-office Medication Dispensing Program

In an effort to better serve our patients, BayCare Urgent Care has a medication dispensing program, which allows you to have your prescriptions* filled in our office before you leave – saving you a trip to the pharmacy and on your way to feeling better. Below are some key points about our program:

- In most cases, our prices are comparable to your insurance co-pay or those offered by a pharmacy.
- These medications will not be filed with your insurance carrier, and will not go towards your deductible.
- This is a self-pay only program. Payment can be made with cash/credit/check at check-out.

* *Please ask one of our team members for more information, and a complete list of medications available for purchase.*

BayCare Urgent Care