



Welcome to Alpine Family Medicine

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Thank you for choosing us to care for your family. Our goal is to treat you like we would want to be treated.

Patient Name: _____ Date of Birth: ____/____/____ M F

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Social Security #: _____ - _____ - _____ (Not required for patient's under 18 years of age)

E-mail: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Many prescriptions are sent electronically. Which pharmacy would you like your prescriptions sent to?

Preferred Pharmacy: _____ City: _____

Do you have Insurance? Yes No (If no insurance, payment is due in full on date of service).

Name of Insurance: _____ Policy or ID#: _____

Policyholders Name: _____ Relation to Patient: _____

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

Do you have Secondary Insurance? Yes No

Name of Insurance: _____ Policy or ID#: _____

Policyholders Name: _____ Relation to Patient: _____

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

Due to HIPAA privacy laws, if you (the patient) are over 18 years of age, our office cannot discuss any details regarding your office visits or billing account information unless you choose to list their names in the line provided below (this includes spouses, parents or other family members). *****You are not required to list anyone if you so choose.**

I authorize Alpine Family Medicine to use and disclose my health information to the following persons:

I have read and agree to all terms, conditions and policies on the following page.

Signature of Patient or Legal Guardian: _____ Date: _____

Terms and Conditions:

- I hereby give my consent for Alpine Family Medicine to use and disclose my protected health information (PHI) to carry out treatment, payment and health care operations (TPO).
- I have the right to review the Notice of Privacy Practices prior to signing this consent. Alpine Family Medicine reserves the right to revise its notice of Privacy Practices at any time. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Alpine Family Medicine, 155 W Canyon Crest Rd. Ste. 200, Alpine Utah, 84004.
- With this consent, Alpine Family Medicine may call my home, cell phone, leave messages, send me regular mail, or e-mail in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls or communications pertaining to my clinical care, including laboratory test results, among others. I understand that such calls may be generated by an automated dialing system.
- I also agree to be responsible for any fees not covered by insurance and any collection charges (which will include a 33.3% collection fee added to the account balance), interest charges of 1.5% (18% APR), late payment fees or legal fees on accounts past due.
- I authorize Alpine Family Medicine, LLC to charge my major credit/debit card, which I may provide to be kept on file, with the patient portion of balance remaining including late payment fees, if said portion has not been paid within 90 days from original billed date. I understand that I will be immediately forwarded to a collection company without notice, in the event that the amount charged to my major credit/debit card to bring my account current, does not clear or is declined.
- No Show/Late Policy: I understand that in order for Alpine Family Medicine to stay on schedule, I agree to keep all scheduled appointments or notify of cancellation within 24 hours. This will include same day appointments that are scheduled and not kept. I understand that I may be billed \$25.00 for appointments if I am more than 20 minutes late or do not show.

Insurance and Billing Policies:

Our office is in network with most major insurance plans. We do ask that you provide the most updated copy of your insurance card on each visit. It is your responsibility to provide us with accurate information, and it is fraudulent to knowingly present invalid insurance information.

We will NOT file your insurance claims without a copy of your current ID card. If you need medical services and you do not have your insurance card, you may still keep your appointment; however, you will be asked to pay for services in full prior to being seen. We will quote you the best estimate possible based on the reason for your visit; however it is not a guarantee that there will not be additional amounts due at check-out based on what was actually done during your visit. All insurance companies have a deadline for claim filing and if you supply us with your insurance card within that time frame we will file your claim. When the claim is paid, you will be reimbursed for any overpayment you made. If we do not receive the information until after the claim filing deadline has passed, we will not submit the claim, therefore you will not be able to get any reimbursement from us for your visit. Since it is your responsibility to give us the correct information, you are the one held accountable. If you do not furnish us with the correct information to be able to file your claim within that time limit, you are responsible for the entire charged amount. We will not re-file the claim to a different insurance.

Out-of Network Coverage & Non-Covered Services. While our office has contracts with most of the major health insurance carriers, that does not guarantee that our practice is contracted with each individual plan those carriers offer. It is ultimately your responsibility to check with your insurance company prior to your visit to verify that we are listed with your plan as in-network providers. Due to the volume of available plans currently in the insurance market, we are unable to know the coverage offered by each of these plans. We will do our best to keep you as informed as possible based on current information our practice has been given by each insurance carrier, but we cannot be held liable for services you receive that are processed as either out-of-network or non-covered by your individual plan. If we are not contracted with your specific insurance plan, you will be considered a cash pay and payment is due on the day services are performed. We will gladly provide you with an itemized bill that you can then use to file a claim with your insurance company. Also, keep in mind that if we are not contracted with your insurance company we are not held by their negotiated rates and you therefore may not be reimbursed 100% of the amount you paid.

Co-pays, Co-Insurance & Deductibles. **We are required by your insurance plan to collect co-pays on the date of service.** This will be collected upon check-in along with any other balances owed on your account. Failure to do so will result in your appointment being rescheduled to the next available open appointment time on another day except in the case of emergent medical situations. We reserve the right to collect a down payment of \$50.00 on the date of service for patients with high-deductible insurance plans until that deductible is met. For your convenience we accept MasterCard, Visa, American Express & Discover cards. We also accept Cash and Personal Checks. Our office will charge a "Non-Sufficient-Funds" fee of \$20.00 for any bounced check(s) and will require payment via major credit/debit card or cash from that point forward.

Annual Examinations vs. Problem Visits. Due to Insurance laws, we cannot conduct both an annual exam and address any health problems you may be experiencing in the same office visit. An "annual exam" is an office visit that enables the Physician to evaluate your overall health and make sure you are not developing any unexpected problem or illnesses. Unless there is a major new finding, or a significant medical problem which must be addressed, we must only conduct an "exam" and submit the service to your insurance company as a routine, annual or preventive examination. If anything is found during the annual exam or if you are experiencing an acute medical issue at the time of the annual exam, you will be given the choice to return for a separate office visit to have the problem(s) addressed or be seen for the problem(s) on that date and return on a separate date for your "annual exam".

Your physician may recommend that screening tests are performed during your annual exam. Despite being recommended by your physician, it is possible your insurance will not consider them medically necessary, even if a positive family history for a condition exists. Most insurance plans have specific guidelines for coverage of screening tests and if your insurance determines the tests to be non-covered, you will be responsible for paying for them. The tests cannot be submitted as anything other than screening, unless you have specific, documented symptoms on the date of service that warrant the test. Even if the results of these screening tests show some problem, if they were done for screening purposes they must be submitted that way to your insurance company, and it is illegal to change the information on the claim for payment purposes. It is impossible for us to know the lab and screening coverage offered by each insurance plan. It is your responsibility to check with your insurance before accepting the recommended tests. We will not be held liable for failure of payment by your insurance for services already performed or recommended tests which you accepted.