

Timarron Family Medicine

200 Pecan Creek Dr.

Southlake, TX 76092

Phone: (817) 481-4739 Fax: (817) 481-5198

PATIENT INFORMATION FORM

Name of Patient: (last) _____ (first) _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Sex: Male Female

Date of Birth: _____ Social Security # _____

Marital Status: Minor Single Partner Married Divorced Widowed

Employer: _____ Occupation: _____

Email: _____

Name and location of your pharmacy: _____

Insurance Information

Primary Insurance: _____ Secondary Insurance: _____

Policy Subscriber: _____ Policy Subscriber: _____

Subscriber DOB: _____ Subscriber DOB: _____

Subscriber SSN: _____ Subscriber SSN: _____

Subscriber Employer: _____ Subscriber Employer: _____

(If your insurance plan is not through your employer please write "private policy")

*Please note to file your claims to insurance we need the subscriber's social security number. This is not optional.

Emergency Contact Information

Name: _____ Phone #: _____

Relationship to Patient: _____

PLEASE TURN OVER PAGE



Timarron Family Medicine

All copays and deductible amounts are due at time of service. We accept cash, personal checks as well as MasterCard, Visa and Discover. There will be a \$25.00 charge for all returned checks. Your services are always filed to your insurance; usually within 2 business days of your visit. Payment from your insurance is expected within 45 days of said visit. If you are not on one of the many insurances that we accept or this is a third party billing situation then full payment is expected at the time services are rendered. If there is a patient balance due on your account you will receive monthly statements from the office.

There will be a 1.5% finance charge on accounts after 30 days. If the account remains unpaid for 90 days and there has been no attempt by the patient or legal guardian to make payment arrangements, or failure to comply with previously set payment schedule the account may be turned over to a collection agency. It is up to the patient to know your insurance coverage and to keep us notified of any changes with your insurance policy. Any non-covered services will be your responsibility and will be billed directly to you.

Please note there is a \$60.00 fee for not showing up/late canceling your appointments. The fee increases to \$100.00 for not showing up/late canceling for physical exams. If you are unable to keep your scheduled appointment we do require 24 hours' notice.

Patients not signed up for a Tiered Access Health Plan will be charged a \$25.00 Administration Fee for their first three visits of the year. This fee is in response to the increasing cost of running a business in today's healthcare environment. This fee is non-negotiable. For more information on the Tiered Access Health Plan please see the front desk or visit our website at www.timarronfamilymedicine.com.

I consent to the treatment for the care of the patient indicated on this registration form. I hereby authorize assignment of all medical insurance benefits to Timarron Family Medicine for services rendered. Authorization is hereby granted to release information as may be necessary to process and complete insurance claims. I also authorize release of information necessary to complete referrals to other healthcare facilities as deemed necessary by my primary physician.

Date: _____

Signed (patient/legal guardian if patient is a minor): _____

APPENDIX

Risks of using electronic communication

The Physician will use reasonable means to protect the security and confidentiality of information sent and received using the Services ("Services" is defined in the attached Consent to use electronic communications). However, because of the risks outlined below, the Physician cannot guarantee the security and confidentiality of electronic communications:

- Use of electronic communications to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.
- Employers and online services may have a legal right to inspect and keep electronic communications that pass through their system.
- Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
- Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of the Physician or the patient.
- Even after the sender and recipient have deleted copies of electronic communications, back-up copies may exist on a computer system.
- Electronic communications may be disclosed in accordance with a duty to report or a court order.
- Videoconferencing using services such as Skype or FaceTime may be more open to interception than other forms of videoconferencing.

If the email or text is used as an e-communication tool, the following are additional risks:

- Email, text messages, and instant messages can more easily be misdirected, resulting in increased risk of being received by unintended and unknown recipients.
- Email, text messages, and instant messages can be easier to falsify than handwritten or signed hard copies. It is not feasible to verify the true identity of the sender, or to ensure that only the recipient can read the message once it has been sent.

Conditions of using the Services

- While the Physician will attempt to review and respond in a timely fashion to your electronic communication, **the Physician cannot guarantee that all electronic communications will be reviewed and responded to within any specific period of time. The Services will not be used for medical emergencies or other time-sensitive matters.**

- If your electronic communication requires or invites a response from the Physician and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the electronic communication and when the recipient will respond.
- Electronic communication is not an appropriate substitute for in-person or over-the-telephone communication or clinical examinations, where appropriate, or for attending the Emergency Department when needed. You are responsible for following up on the Physician's electronic communication and for scheduling appointments where warranted.
- Electronic communications concerning diagnosis or treatment may be printed or transcribed in full and made part of your medical record. Other individuals authorized to access the medical record, such as staff and billing personnel, may have access to those communications.
- The Physician may forward electronic communications to staff and those involved in the delivery and administration of your care. The Physician might use one or more of the Services to communicate with those involved in your care. The Physician will not forward electronic communications to third parties, including family members, without your prior written consent, except as authorized or required by law.
- You and the Physician will not use the Services to communicate sensitive medical information about matters specified below [check all that apply]:
 - Sexually transmitted disease
 - AIDS/HIV
 - Mental health
 - Developmental disability
 - Substance abuse
 - Other (specify):
- You agree to inform the Physician of any types of information you do not want sent via the Services, in addition to those set out above. You can add to or modify the above list at any time by notifying the Physician in writing.
- Some Services might not be used for therapeutic purposes or to communicate clinical information. Where applicable, the use of these Services will be limited to education, information, and administrative purposes.
- The Physician is not responsible for information loss due to technical failures associated with your software or internet service provider.

Patient initials _____

APPENDIX CONTINUED

Instructions for communication using the Services

To communicate using the Services, you must:

- Reasonably limit or avoid using an employer's or other third party's computer.
- Inform the Physician of any changes in the patient's email address, mobile phone number, or other account information necessary to communicate via the Services.

If the Services include email, instant messaging and/or text messaging, the following applies:

- Include in the message's subject line an appropriate description of the nature of the communication (e.g. "prescription renewal"), and your full name in the body of the message.
- Review all electronic communications to ensure they are clear and that all relevant information is provided before sending to the physician.

- Ensure the Physician is aware when you receive an electronic communication from the Physician, such as by a reply message or allowing "read receipts" to be sent.
- Take precautions to preserve the confidentiality of electronic communications, such as using screen savers and safeguarding computer passwords.
- Withdraw consent only by email or written communication to the Physician.
- **If you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on the Services.** Rather, you should call the Physician's office or take other measures as appropriate, such as going to the nearest Emergency Department or urgent care clinic.
- Other conditions of use in addition to those set out above: *(patient to initial)*

I have reviewed and understand all of the risks, conditions, and instructions described in this Appendix.

Patient signature _____

Date _____

Patient initials _____