



Thank you for choosing us for your healthcare needs. Our goal is to provide and maintain a good physician-patient relationship. The following are our Office Policies as well as Financial Policy, which we ask you to review and initial.

Thank you in helping us to provide you with the best possible care.

Appointment Information

- If you WALK IN for an appointment you will be seen AFTER our scheduled appointments and by the first available provider.
- ONLY 2 no-shows are allowed. Once you have 2 no-shows, any future appointments will be scheduled by availability on the date you call. You will be considered a no-show once you are 15 minutes late for your appointment. Please contact our office 24 hours prior to your appointment if you need to cancel or reschedule.
- All medications (including over the counter) must be brought to every appointment in the original medicine bottle.
- We MUST have previous labs/records if we are going to continue to manage care that was started by another physician.

NO EXCEPTIONS

Initial _____

Consent to Release Information/HIPAA Policy

- I have been offered a copy of our HIPAA Policy
- I authorize the following individuals to be able to obtain financial information, appointment details and medical information. I understand that unless they are listed below, we will not release your private medical information to anyone other than your insurance company and other doctors/facilities as requested. Please list any persons you would like to have access to your billing, appointment of health information (with the exclusion of information that is protected under State and Federal law), such as your spouse, caretaker or other family member.

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General Information

- Your co-payment, deductible, coinsurance, or payment in full is due at the time of service. We accept cash, check, and Credit/Debit Cards.
- Insurance cards must be presented at every appointment.
- Address, Phone Number and other demographic information must be given at registration of every appointment.

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Responsible Party/Guardianship

- If another party, other than the guardian bringing a minor or patient to appointment is responsible for the bill. Bridgewater must have legal documentation of this order and correct guarantor information such as address and phone number for the responsible party or the account will be the responsibility of the party accompanying the minor

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Automobile/Worker's Compensation and Other Liability Cases

- Bridgewater Medical Center will bill your employer's worker's compensation/car insurance, etc. insurance carrier and follow all other procedures as required by the states laws. As the patient, it is your responsibility to notify us prior to the visit that it is a work related case and/or accident and to provide us with the appropriate worker' compensation/auto policy information. In the event that the correct information is not obtained, patient will be responsible for the fill balance of the bill

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Contracted Facilities

- Bridgewater Medical Center uses the following companies and/or providers for diagnostic testing. You will receive a separate bill from these companies and/or providers.
Multicare (OMHS), Dr. Horsley (Radiologist), Lab Corp, Ameritox, Cardiac Monitoring Service

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Regarding Insurance

- Bridgewater providers participate in a wide variety of managed care plans. We are happy to bill your health insurance carrier as a courtesy to you. We suggest that all patients review their health care coverage with their carrier prior to receiving services or treatment. It is the responsibility of the patient to notify us of any changes in the insurance policy. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare Program and/or other medical insurances. The patient/financial guardian will be responsible for any remaining balances. Additionally, it is you responsibility to obtain and track referrals for your visits.

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Self-Pay Patients

- Patients without health insurance are expected to pay at time of service.

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Payment Arrangements

- Bridgewater Medical Center can work out a payment plan for outstanding balances owed under certain circumstances of financial hardship. We are willing to meet with you to dices your situation and try to work out a plan that will meet both your needs and the needs of Bridgewater Medical Center. Please consult with one of our billing staff for further information.

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Past Due Balance

- Bridgewater Medical Center contracts with Hillcrest Collection Agency for Past Due Balances. After six months of no contact from the patient, or failed payment arrangements – accounts could be turned over to Hillcrest Collection Agency. You agree to reimburse us the collection fees of any collection agency, which shall be based on a percentage at a maximum rate of 33 1/3% of the amount due at the you're your account is placed with a collection agency, and all costs and expenses incurred for any collection efforts on your account, including reasonable attorney's fees incurred by the collection agency. This contract shall cover all medical treatment and services until revoked by either party in writing.

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Returned Checks

- There will be a \$50 (per County Attorney) returned check fee on all returned checks. In the event that a check is returned for insufficient funds, we reserve the right to call your bank and to verify funds for any future checks that are presented for payment on your account and/or require cash only at visits.

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Messages/Paperwork/Refill Request

- There will be a \$35 fee for FMLA paperwork, and we require 72 business hours for completion.
- We require 48 hour notice for ALL medication refills. Clinical staff will work on refill request before and after seeing scheduled patients. Please contact our office regarding refills BEFORE you are out. We do not accept fax refill request from pharmacies.
- Medical Record Request may take up to 7 business days to process. First copy is free of charge. Any additional copies will be \$1.00 per page.
- Please note that ANY prescription refill needed for mail order will be given to you, not mailed or faxed from this office.
- ANY messages left for the nursing staff will be reviewed with the provider available, and your call will be returned within 24-48 hours. Please let us know if your message requires an urgent reply.

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Test Results

- Clinical Staff will attempt to notify you 2 times by phone for any test/lab results or referral information. Messages will only be left asking you to contact our office. After these 2 attempts, a letter asking you to contact our office will be sent to the mailing address we have on file for you.

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I/We do hereby consent to and authorize the performances of all treatments and medical services deemed advisable by the physicians and staff of Bridgewater Medical Center to me or to the below named minor of whom I am the parent or legal guardian. I understand that I am directly responsible for all charges incurred for medical services for myself and my dependents regardless of insurance coverage, excluding only authorized services provided under a valid HMO contract. I furthermore authorize Bridgewater Medical Center to release information requested by insurance company and/or its representatives. I fully understand this agreement and consent will continue until canceled by me in writing. Thank you for your understanding. Please let us know if you have any questions or concerns.

I have read, understand, and agree to this Policy.

Patient Name: _____ Date: _____

Patient/Responsible Party Member's Signature: _____

Responsible Party Member's Name: _____ Relationship _____