Broad Top Health & Wellness
BTAMC Inc.

ANNUAL PATIENT REGISTRATION FORM

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As a Federally Qualified Health Center (FQHC), we are required to collect the following information from every patient we serve. Per federal privacy rules (HIPAA) protected information is kept confidential and is not disclosed, unless authorized by the patient. Thank you for your cooperation and choosing BTAMC as your health care provider.

(PLEASE PRINT THE INFORMATION BELOW)

TODAY'S DATE: _____ **DATE OF BIRTH:** _____ **SEX:** ☐ M ☐ F

PATIENT FULL NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____ **WORK PHONE:** _____

EMAIL: _____ ☐ **I DO** ☐ **I DON'T** authorize BTAMC to leave a detailed message

MARITAL STATUS: ☐ Single ☐Married ☐ Domestic Partner ☐ Divorced ☐ Separated ☐ Widowed

FINANCIAL RESPONSIBILITY (Please provide insurance cards)

Guarantor Information – List person or insured name responsible for bill **(If different than patient)**

Relationship to Patient: ☐ Self/Same as Patient ☐ Spouse/Partner ☐ Parent ☐ Other: _____

Guarantor's Name: _____ **SEX:** ☐ M ☐ F

Guarantor's Address: _____

Guarantor's Primary Phone: _____ **Employer:** _____

Patient's Insurance: _____ **Insurance ID#:** _____

Guarantor/Policy Holder: _____ **Insurance Group#:** _____

Guarantor's Date of Birth: _____ **Subscriber's Social Security#:** _____

PREFERRED PHARMACY

Local Pharmacy: _____ **Mail Order Pharmacy**: _____

ON THE TABLE BELOW PLEASE CIRCLE FAMILY SIZE & ESTIMATE ANNUAL HOUSEHOLD INCOME FOR 2025

We ask every patient to share their annual household income. We only collect aggregate information because BTAMC receives federal funding for assistance programs that benefit patients with lower incomes. Your information is confidential. Thank you!

Family Size	(<=100%)	(101% - 125%)	(126% - 150%)	(151% - 175%)	(176% - 200%)	Above 200% FPL
1	$0 - $15,650	$15,651 - $19,563	$19,654 - $23,475	$23,476 - $27,388	$27,389 - $31,300	$31,301 +
2	$0 - $21,150	$21,151 - $26,438	$26,439 - $31,725	$31,726 - $37,013	$37,014 - $42,300	$42,301 +
3	$0 - $26,650	$26,651 - $33,313	$33,314 - $39,975	$39,976 - $46,638	$46,639 - $53,300	$53,301 +
4	$0 - $32,150	$32,151 - $40,188	$40,189 - $48,225	$48,226 - $56,263	$56,264 - $64,300	$64,301 +
5	$0 - $37,650	$37,651 - $47,063	$47,064 - $56,475	$56,476 - $65,888	$65,889 - $75,300	$75,301 +
6	$0 - $43,150	$43,151 - $53,938	$53,939 - $64,725	$64,726 - $75,513	$75,514 - $86,300	$86,301 +
7	$0 - $48,650	$48,651 - $60,813	$60,814 - $72,975	$72,976 - $85,138	$85,139 - $97,300	$97,301 +
8	$0 - $54,150	$54,151 - $67,688	$67,689 - $81,225	$81,226 - $94,763	$94,764 - $108,300	$108,301 +

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The data you provide is for continued grant funding and your personal information is not reported.
You may choose NOT to disclose some information below. Please select "Not Reported/Refused".
Thank you for your cooperation and choosing BTAMC as your health care provider.

Employment Status: ☐ Full-time ☐ Part-time **Employer Name:** _____ **Phone #**_____
☐ Self Employed ☐ Military Veteran ☐ Retired ☐ Disabled ☐ Student
☐ Seasonal Worker without a Residence ☐ Migratory Worker with a Residence

Shelter Status: ☐ Houseless-Street ☐ Houseless-Shelter ☐Doubling-up ☐ Public Housing ☐ N/A

Gender Identity: (How do you identify yourself today?)
☐ Male ☐ Transgender Male/Female-to-Male ☐ Refuse/Other: _____
☐ Female ☐ Transgender Female/Male-to-Female ☐ Non-binary

Sexual Orientation: ☐ Straight or Heterosexual ☐ Lesbian, Gay or Homosexual ☐ Not Reported/Refused
☐ Bisexual ☐ Pansexual ☐Asexual ☐ Queer ☐ Uncertain/Don't Know

EMERGENCY & NON-EMERGENCY CONTACTS & CONSENT TO SHARE PERSONAL HEALTH INFORMATION

I authorize BTAMC to share personal health information with the named persons, as designated below.

Name: _____ **PHONE:** _____ **Relationship:** _____
☐ **Emergency Contact** ☐ Medical ☐ Billing ☐ Scheduling

Name: _____ **PHONE:** _____ **Relationship:** _____
☐ **Emergency Contact** ☐ Medical ☐ Billing ☐ Scheduling

Name: _____ **PHONE:** _____ **Relationship:** _____
☐ **Emergency Contact** ☐ Medical ☐ Billing ☐ Scheduling

Name: _____ **PHONE:** _____ **Relationship:** _____
☐ **Emergency Contact** ☐ Medical ☐ Billing ☐ Scheduling

TREATMENT & PAYMENT AUTHORIZATION

As a patient of BTAMC, I authorize treatment for myself, or the identified minor. I consent to clinical assessment, treatment, testing or tele-health services, including audio/visual or audio only encounter. I understand BTAMC uses an integrated, team-based approach to evaluation and management. Services may include primary medical care, integrated behavioral health services, preventative or additional dental services, patient outreach support and assistance, care management services, and/or some specialty services. Additionally, our integrated care specialists may provide consultation, behavioral health assessments, counseling interventions or support services, as you and your BTAMC provider decide are appropriate. I authorize BTAMC to release my medical information for the continuum of care with other medical providers and facilities, or with insurance payors to seek reimbursement for services provided.

I understand that I am financially responsible for all service charges for myself or identified minor, whether or not the service(s) are covered by insurance. BTAMC will submit claims to my insurance company to secure payment for all services provided. I understand charges not covered by insurance such as, co-pays, co-insurance, deductibles or sliding fees are my responsibility. I understand that I may apply for Sliding Fee Discounts or set up payment arrangements with the BTAMC Billing Department. I understand any checks returned by my financial institution will incur a $25.00 charge.

PATIENT / GUARDIAN SIGNATURE: _____ **DATE:** _____

Data Entry- Staff Initials:_____**Date:** _____ **Scanned – Staff Initials:**_____**Date:** _____

"The mission of Broad Top Area Medical Center, Inc. is to provide access to affordable, high-quality care without discrimination."

Broad Top Area Medical Center, Inc.

2025 SLIDING FEE SCALE DISCOUNT PROGRAM – PATIENT EDUCATION & INTEREST FORM

FEDERAL POVERTY GUIDELINES

Broad Top Area Medical Center Inc., (BTAMC) is a non-profit Federally Qualified Health Center, our Mission is to provide access to affordable, high-quality healthcare without discrimination based on one's race, color, sex, disability, age, creed, or national origin. BTAMC will provide in-scope services to all patients, regardless of their insurance status or ability to pay. Every patient may apply for our Sliding Fee Scale Discount Program (SFS) to determine qualification. Patients may choose to decline our benefit program.

Eligibility for Sliding Fee Discounts is based on the federal poverty level (FPL) income guidelines which are adjusted annually and operate in accordance with other federal program regulations. **ALL** patients are encouraged to apply. Uninsured and under-insured patients may qualify for the program based on their household size and their family's income. Sliding Fee Scale Discount Program applications are available at every BTAMC reception desk and on-line – visit our web site: www.broadtopmedical.com

Important discount program points are:

- The Sliding Fee Scale provides significant discounts for **Medical** and **Dental** services at every BTAMC location.
- The Sliding Fee Scale **is not** an insurance program – it is a benefit offered to ALL of our patients.
- The Sliding Fee Scale benefit period is from **March 1st to the last day of February**.
- Your eligibility is based **only** on your household size and the gross annual income for your household.
- You may qualify for the program, even if you do have third-party medical insurance and/or dental coverage.
- You will qualify for the program if your household income is below and/or up to **200 %** of the federal poverty level.
- You must apply for the program to determine your qualified Sliding Fee Scale Discount.
- You must provide proof of income along with your application such as tax forms **or** pay stubs **or** bank statements.
- You are encouraged to re-apply anytime your household income or household size changes, such as when someone loses insurance, someone becomes unemployed, or if you lose **or** add a family member – even when the change is temporary.
- **You must renew your application and submit proof of income each year to qualify for Sliding Fee Scale Discounts.**
- Applications & questions can be submitted to the office in person, by mail or via secure Email to: enrollment@broadtopmedical.com

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA
* For families/households with more than 8 persons, add **$5,500** for each additional person.

ON THE TABLE BELOW PLEASE CIRCLE FAMILY SIZE & ESTIMATED ANNUAL HOUSEHOLD INCOME FOR 2025

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8	$0 - $54,150	$54,151 - $67,688	$67,689 - $81,225	$81,226 - $94,763	$94,764 - $108,300	$108,301 +

☐ **I understand that I may qualify for the Sliding Fee Discount Program but at this time, I choose to decline.**

☐ **Yes, I would like to apply for the sliding fee discount program, please contact me at this Phone Number: _____**

_____ _____
Print Name of Patient/Applicant **or** Parent/Guardian Signature of Patient Date

_____ _____
Patient/Applicant's Date of Birth Signature of Staff/Witness Date

rah – CAC/ 1.31.25

Broad Top Area Medical Center Inc

Patient and Visitor Code of Conduct

Broad Top Area Medical Center Inc., (BTAMC) is committed to providing high quality healthcare in a safe, caring, inclusive environment at all our locations. To help promote an environment of safety and mutual respect between patients and providers, BTAMC requires the patients, their families, and visitors to abide by the requirements of this Patient Code of Conduct.

Patient/Visitor Responsibilities

As a patient of BTAMC you are responsible for:

- Attending scheduled appointments or notifying your provider as soon as possible if you need to cancel, in accordance with the BTAMC's Broken/Missed Appointments & Follow-Up Visits Policy. (See attached)
- Providing accurate and complete information about your present symptoms, past illnesses, hospitalizations, medications and other matters related to your health
- Reporting unexpected changes in your condition to your provider(s)
- Following the treatment plan recommended by your provider, nurse, and other healthcare personnel or helping us understand why you are not able to do that at the time
- Promptly paying for services in accordance with BTAMC's Patient Accounting/Collections Policy (See attached), including copayments and deductibles due at the time of service or making arrangements to do so.
- Respecting the privacy of other patients and their protected health information.

Code of Conduct

BTAMC aims to provide a safe and healthy environment for everyone and expects patients, staff and visitors to refrain from behaviors that are disruptive or pose a threat to the rights and safety of others. The following behaviors are prohibited:

- Possession of firearms or any weapon.
- Engaging in threatening, intimidating, or abusive conduct
- Using profanity or similarly offensive language
- Criticizing staff in front of other patients or staff members
- Making disrespectful or discriminatory comments, actions or requests about others' race, accent, religion, gender, gender identity, sexual orientation or any other identities.
- Verbal aggression, including yelling or other actions which disrupt the care and treatment of our patients
- Physical assault such as hitting or unwanted touching.
- Possession or being under the influence of drugs or alcohol.
- Photographing and/or recording of staff without written consent.

If you experience or witness any of these behaviors, please report it to a member of the health care team.

Our staff is dedicated to providing the highest quality of care to our patients. Please show them the respect they deserve as they carry out their duties. Patient and Visitors who do not comply with this Code of Conduct will be asked to leave. Thank you.

Broad Top Area Medical Center, Inc.
Policy and Procedure

Subject: Broken/Missed Appts. & Follow Up Visits	**Supersedes Issue Date:** 04/28/2016 **Review Date**: 12/11/2023 **Effective Date:** 05/26/2022
Section: Administrative	**Page Number:** 1 of 1

Policy:

In effort to encourage patient compliance regarding follow-up instructions of identified medical problems and/or requirements for return appointments for follow-up or preventative care services. Broad Top Area Medical Center, Inc. will send the appropriate follow-up letter for missed appointment(s) and/or call the patient to reschedule the appointment.

However, if the patient does not comply with practice protocol related to the provision of care, the staff physician can make the decision to terminate the care of that patient.

Procedure:

1. **Established Patient No Shows**

In the absence of extenuating circumstances, the patient will be sent a no-show letter. These scripted letters can be found in the Forms section of the Policy & Procedure flash drive titled BTAMC_No-Show Letter. In the event of extenuating circumstances, the Primary Care Provider will determine whether the letter should be sent, or the appointment should be rescheduled.

Missed appointments and attempts made by the provider's office staff to reschedule will be documented in the individual's medical record. The Co-Directors of Clinical Operations will designate the employee responsible.

Chronically not showing for appointment's (3 or more visits) at BTAMC or referral appointments outside of BTAMC without cancelling during a 12-month period may result in termination from the practice. See Policy & Procedure on "Termination/Dismissal of Patient Care"

2. **New Patient No Shows**

If a patient misses a New Patient Office Visit Appointment, they will be informed of the Broad Top Area Medical Center policy, that a no show for your first appointment **COULD** result in you not being able to reschedule another new patient appointment for a period up to 12 months. Termination/Dismissal of patient care will be at the discretion of the scheduling provider, in coordination with the Office Manager. The scheduling provider should review the reason for the missed appointment and review past medical records/medical severity before deciding if terminating/dismissing the patient upon their first missed appointment is appropriate.

Broad Top Area Medical Center, Inc.
Policy and Procedure

Subject: Patient Accounting, Collections	**Supersedes Issue Date:** 01/28/2020 **Review Date:** 05/08/2023 **Effective Date:** 08/26/2021
Section: Financial	**Page Number:** 1 of 1

Purpose:

Broad Top Area Medical Center, Inc. (BTAMC) must make and continue to make every reasonable effort to secure payment for services in accordance with the schedule of fees. Each year, a patient/guarantor is asked to complete and sign an Assignment of Benefits form, with annual registration renewal. The patient/guarantor is asked to sign a Consent to Treatment & Billing form at each encounter.

Policy:

Broad Top Area Medical Center, Inc. (BTAMC) will make all reasonable attempts to collect Accounts Receivable that are owed from third-party payors, as well as patients in a timely manner.

Procedure:

1. Patients without insurance coverage will be registered as "self-pay" at time of service. Collection of service fee(s) or applicable discount will be expected at time of encounter.
2. A patient/guarantor that is qualified for the Sliding Fee Discount Program will be responsible for applicable charge. Collection will be expected at time of encounter.
3. A patient/guarantor with insurance is responsible for their portion of the charges. Collection of co-pay or co-insurance is expected at time of an encounter.
4. For third-party payors that are billed via hard copy (paper form), claims will be billed no more than 14 business days from the date of encounter.
5. For third-party payors that are billed electronically from the Patient Accounting System in EHR, claims will be generated daily.
6. Once EFT (Electronic funds transfer)/ERA (Electronic remittance advice) is processed from the payor, the balance is turned over to "self-pay" status and becomes the responsibility of the patient/guarantor.
7. If no response is received from third-party payor within two months from billing cycle date, the Billing Specialist will research the claim and rebill the insurance carrier.
8. If no response is received from the second submission within three months from initial billing cycle date, the charge(s) will become the responsibility of the patient/guarantor.
9. Depending on the billing cycle, patient statements are generated on a weekly basis from the Patient Accounting System. Patient statements are issued monthly for any unpaid charges and/or balances.
10. Patient balances that have aged, over 180-days from initial billing cycle date with no attempts to make payment will be adjusted to bad debt by the Billing Director or his/her designee.