



PATIENT INFORMATION FORM

NAME: _____ **DATE OF BIRTH:** _____
ADDRESS: _____ **MARITAL STATUS:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **STUDENT STATUS:** _____
SSN: _____ **GRADE:** _____
HOME PHONE: _____ **CELL PHONE:** _____
ALLERGIES: _____
PHARMCY OF CHOICE AND LOCATION: _____
TODAYS SYMPTOMS: _____

PRIMARY DOCTOR: _____
CURRENTLY PREGNANT: YES OR NO **BREASTFEEDING:** YES OR NO

RESPONSIBLE PARTY

NAME: _____ **DATE OF BIRTH:** _____
ADDRESS: _____ **MARITAL STATUS:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **SSN:** _____
HOME PHONE: _____ **SEX:** _____ **EMPLOYER:** _____
WORK PHONE: _____ **CELL PHONE:** _____

INSURANCE

PRIMARY INSURANCE: _____ **SECONDARY INSURANCE:** _____
INSURED: _____ **INSURED:** _____
PATIENT RELATIONSHIP: _____ **PATIENT RELATIONSHIP:** _____
INSURED ID#: _____ **INSURED ID#:** _____
GROUP #: _____ **GROUP #:** _____
COPAY AMOUNT: _____ **COPAY AMOUNT:** _____

EMERGENCY CONTACT

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____
NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____
NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

I HEREBY AUTHORIZE RELEASE OF INFORMATION NECESSARY FOR MY INSURANCE COMPANY TO PROCESS MY CLAIM. THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

I HEREBY AUTHORIZE PAYMENT DIRECTLY TO MIDWEST CONVENIENT CARE INSURANCE BENEFITS OTHERWISE PAYABLE TO ME. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR CHARGES NOT PAID IN A TIMELY MANNER BY MY INSURANCE.

AUTHORIZATION

SIGNED: _____ **DATE:** _____



Midwest Convenient Care, LLC

550 Maple Valley Drive
Farmington MO 63640
(573) 454-2466
Fax (573) 454-2544

60 Nesbit Drive
Bonne Terre MO 63628
(573) 358-1700
Fax (573) 358-1702

123 N. Mine LaMotte
Fredericktown MO 63645
(573) 561-1334
Fax (573) 561-1335

MCC BILLING POLICY

1. All Patients will be billed every 30 days.
2. After 30 days, if that payment has not been received you will receive a payment due bill and it is your responsibility to contact your insurance company and question the status of the claim. Meanwhile, you should contact our office for payment options.
3. After 60 days, if that payment is not made on your account you will receive a bill letting you know that payment is now very delinquent and if payment is not made further actions will be taken.
4. After 90 days, you will receive a final notice that if payment is not made within 15 days your account will be turned over to a collection agency.
5. Remember, this is your insurance company, we will assist you by billing them for your services but it is up to you to contact them when payment is not made. Also, this bill has been incurred by you or your family member so ultimately you are responsible for the bill.
6. If your account goes to collection you will also be responsible for all collection fees that are applied to our office by collection agency.
7. If your account is forwarded to legal, you will be responsible for all legal fees and cost incurred by our office.

X _____
Signature of patient or responsible party

Date

X _____
Printed name of responsible party



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MCC FINANACIAL POLICY

We are dedicated to providing the best possible care for you and we want you to completely understand our financial policies.

1. Payment is due at the time of service unless arrangements have been made in advance. We do accept Visa, Master Card, and Discover.
2. Keep in mind that your insurance policy is basically a contract between you and your insurance company. As a service to you, we will file your insurance claim if you assign the benefits to the provider. In other words, if you agree to have your insurance company pay the provider directly and not you. If your Insurance Company does not pay the practice in a reasonable period we will look to you for payment. If we later receive a check from your insurance, we will refund any overpayment to you.
3. We have made prior arrangements with many insurance companies and other health plans to accept an assignment of benefits. We will bill them, and you are required to pay a copayment at the time of your visit.
4. If you are insured by a plan that we do not have prior arrangements with, we will prepare and send the claim for you on an unassigned basis. This means the insurer will send the payment directly to you. Therefore, our charges for you care are due at the time of service.
5. Not all insurance plans cover all services. In the event that your insurance plan determines a service to be "not covered" you will be responsible for the complete charge. Payment is due upon receipt of statement from our office.
6. We do not bill motor vehicle accidents. Payment is due for these services at the time of service. We will then present you with a receipt for your payment and you can forward it on to the correct carrier for reimbursement.

I have read and understand the financial policy for Midwest Convenient Care and I agree to be bound by its terms. I also understand and agree that Midwest Convenient Care may amend such terms from time to time.

X _____
Signature of patient or responsible party

Date

X _____
Printed name of patient



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MCC PRIVACY POLICY

I hereby acknowledge that I was offered/received the brochure entitled "Notice of Privacy Policies and Practice" for Midwest Convenient Care.

X _____
Name of Patient (PRINT) _____
Date

X _____
Signature of Patient or Representative _____
Relationship (if applicable)



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MCC Notice of Privacy Policies and Practices

Dear Patients

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Introduction

At Midwest Convenient Care we are committed to treating and using protected health information about you responsibly. This notice describes the personal information we collect and how we use or disclose that information. It also describes your rights as they relate to your protected health information. This notice is effective October 1, 2007 and applies to all protected health information as defined by federal regulations.

Understanding your medical record/health information

Each time you visit Midwest Convenient Care, a record of your visit is made. Typically, this record contains information about your visit including your examination, diagnosis, test results, treatment as well as other pertinent healthcare data. This information, often referred to as your health or medical record serves as:

- Basis for planning your care and treatment
- Means of communication with other health professionals involved in your care
- Legal document outlining and describing the care you received
- A tool that you, or another payer (your insurance company) will use to verify that services billed was actually provided
- An education tool for medical health providers
- Basis for public health officials who might use this information to assess and/or improve state as well as national healthcare standards
- A tool that we can reference to ensure the highest quality of care and patient satisfaction

Understanding what is in your record and how your health information is used helps you to ensure its accuracy, determine what entities have access to your health information, and make an informed decision when authorizing the disclosure of this information to other individuals.

Your Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information must be in writing
 - The right to receive confidential communications concerning your medical condition and treatment
 - The right to inspect and copy your protected health information
 - The right to amend or submit corrections to your protected health information
 - The right to receive a printed copy of this notice
-

Our Responsibilities

Convenient Care is required to:

- Maintain the privacy of your health information
- We are required by law to provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by terms of this notice
- Notify you if we are unable to agree to a requested restriction and acknowledge revisions with notifications
- Accommodate reasonable requests you may have regarding communication of health information via alternative means and / or locations

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Any updates will be posted in our office. We will not use or disclose your health information without your authorization, except as described in this notice.

How we may use and / or disclose your health information

We will use your health information for treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions and providing treatment. For example: results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will use your information for payment. Your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated in order to pay for the service rendered to you.

We will use your information for regular health operations. Our health information may be used as necessary to support the day-to-day activities and management of Midwest Convenient Care.

Business Associates: In some instances, we have contracted separate entities to provide services to us. These “associates” require your health information in order to accomplish the tasks that we have asked them provide. An example of these “business associates” might be a collection agency.

Communication with family: Due to the nature of our field, we will use our best judgment when disclosing health information to a family member, other relatives, or any other person that is involved in your care or that you have authorized to receive this information. We will ask patients 18 years and older to sign a consent to release information. We will ask patients 18 years and older to sign a consent to release information to anyone other than themselves.

Healthcare oversight: Federal law requires us to release your information to an appropriate health oversight agency, public health authority or attorney, or other federal / state appointee if there are circumstances that require us to do so.

Public health reporting: Your health information may be disclosed to public health agencies as required by law.

Law enforcement: Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations and to comply with government mandating reporting.

Other uses and disclosures: Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.

If you believe that your privacy rights have been violated, please contact the aforementioned practice Privacy Official or you may file a complaint with the office of Civil rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either of the manager or with the Office of Civil Rights. The address for the Manager and Office for Civil Rights are listed below:

Midwest Convenient Care Manager
550 Maple Valley Drive
Farmington MO 63640

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Ave
S.W. Room 509F, HHH Building
Washington DC 20201