Patient Information & Financial Policy

Thank you for choosing Bayside Family & Sports Medicine

Patient Information

Patient Name _____ **Date** _____
First Middle Last

SSN _____ **Birthdate** _____ **Primary Phone** _____ **Secondary Phone** _____

Address _____ City _____ Zip _____

Email Address: _____ **Patient Portal** (Follow My Health): Yes No

(Please Circle) **Gender**: Male Female **Marital Status:** Minor Minor w/ Custody Agreement Single Married

Patient (or parent) Employer _____ Work Phone _____

Business/Winter Address _____ City _____ State _____Zip _____

Spouse (or parent) Name _____ Spouse Work Phone _____

Race: (Circle One) White / American Indian or Alaskan Native / Asian / African American / More than 1 race / Native Hawaiian / Other Pacific Islander / Refused to report

Ethnicity (Circle One) Hispanic or Latino / Not Hispanic or Latino / Refused to report

I acknowledge receipt of and understand Bayside Family & Sports Medicine's new patient information and financial policy.

_____

Patient / Legal Representative Signature

After reviewing the financial policies, I would like to enroll in billing option:

- ❑ Option 1 - Fully Automated Billing Cycle – w/ Credit Card on File (Complete section below)
- ❑ Option 2 - Standard Billing Cycle – w/ Credit Card on File (Complete section below)
- ❑ Option 3 - Standard Billing Cycle

Please direct any billing questions or disputes to the billing department.

_____

To be completed ONLY if choosing Options 1 or 2 above: By signing below, I hereby authorize Bayside Family & Sports Medicine to charge my Credit Card for any physician visits, procedures, and tests, treatments and/or services which may be provided at Bayside Family & Sports Medicine.

Indicate type of credit card to be charged

☐American Express ☐Mastercard ☐Visa ☐Discover

Credit Card Number: _____ Expiration Date: ___/___ CVV Code: _____

Name (as it appears on the credit card): _____

Name of all patients covered under this card: _____

_____

Patient Signature to authorize Credit Card charges.

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Know Your Insurance Contract Before Your Visit: Our team may order tests, procedures, and other resources. We provide this care in a cost-conscious manner, but patients are responsible for co-pays, deductibles, non-covered labs, non-covered procedures, and varied coverage with specialty services. **You are responsible for the financial obligations of these services, according to your contract with your insurance provider.**

Payment At Time of Service: Any charges which are patient responsibilities (co-pays, deductibles, self-pay, or outstanding balances), are expected at the time of service. Failure to pay copay or deductible responsibilities will result in a charge on the credit card on file, at the close of business. Should you choose not to leave a card on file, or your card is declined, an appointment hold may be placed on your account until your balance is satisfied.

After-Hours and On-Call Services: The fee for all after-hours consultations is $10.00

Appointment Arrival: In order to keep patient visits on schedule, we ask that you arrive to our office on time. Should you arrive more than 10 minutes after your scheduled appointment time, we reserve the right to reschedule your appointment.

Missed Appointments: If you are unable to keep your scheduled appointment, you are responsible for cancelling **24 hours prior** to your scheduled appointment. Failure to cancel or no show is a missed appointment. The fee for a missed appointment is $100.00. The fee for a missed Medical Assistant appointment is $30.00.

Controlled Substance / Opioid / Opioid Like Substance Prescriptions
Should you receive a Controlled Substance prescription, a medical contract and Controlled Substance Policy is reviewed with you. You will be responsible for the following fees.

Type II Controlled Substance	$60 Annual fee, per prescription
Type III-V Controlled Substance	$30 Annual fee, per prescription.

Records Request and Open Notes: Patient Portal is available to view your personal health information. Should you request copies of your medical record, there may be a processing charge. Charge varies based on materials, format, and quantity.

Payment Options: For your convenience, our practice provides you with 3 payment options to choose from.
CREDIT CARDS ON FILE: You may keep an active credit/debit/HSA card on file for payment processing after your insurance is billed. Your credit card number is kept in a secure location in your medical chart.

Option 1 (Fully Automated Billing Cycle – Credit Card is on File): At the close of each month, any outstanding balance is automatically charged to the credit card you have on file. We mail a copy of your processed charge. YOU WILL NOT RECEIVE A BILLING STATEMENT.

Option 2 (Standard Billing Cycle – Credit Card is on File): At the close of each month, you will receive a standard billing statement and have the opportunity to pay by cash, credit card or check. If your balance has not been paid in full by the next billing cycle, any outstanding balance is charged to the credit card you have on file. If your credit/HSA card is declined, an appointment hold may be placed on your account until your balance is satisfied. We mail a copy of your processed charge.

Option 3 (Standard Billing Cycle): At the close of each month, you will receive a standard billing statement and have the opportunity to pay by cash, credit card or check. If your balance has not been paid in full by the next billing cycle, an appointment hold may be placed on your account until your balance is satisfied.

PLEASE NOTE YOU WILL RECEIVE A STATMENT ONLY IF YOU CHOOSE OPTION 2 OR 3.