



Your Partner in Health

Welcome to Lake Arlington Family Medicine. We are honored you have chosen Lake Arlington Family Medicine to provide your primary care services. Lake Arlington Family Medicine uses a model of care designed to improve the coordination of your health care with an emphasis on your all-around well-being. We work with other health care providers to take care of you. **You** are the most important member of your care team. We will work with you regarding decisions about your health and health care.

Scheduling Appointments:

It is our policy to ensure that scheduling options are available to address your immediate care.

Guidelines for Care during Regular Office Hours & After Hours:

1. Regular Office Hours: Monday-Friday 8 am to 5 pm. We are closed for lunch from noon to 1:30 pm. For urgent health problems during regular office hours, contact our office at 817-496-4957 or online at lakearlingtonmedicine.com to schedule an urgent same-day appointment. In most instances, one of our providers will be able to see you that day.
2. After-Hours Care: If your health problems cannot wait until regular office hours, please call 817-496-4957. A medical professional is available to help you. You can also schedule appointments after hours at lakearlingtonmedicine.com.
3. Urgent Care: If you have an urgent health problem that you feel requires immediate attention, please go to the nearest urgent care facility.
4. Emergency Care: If you have a health problem that you feel cannot wait without risking serious damage to your health, please call 911.
5. Follow-up Care: If you do find it necessary to seek after-hours health care services, please contact Lake Arlington Family Medicine afterward to schedule a follow-up appointment.

Prescriptions and Refills:

We use electronic prescribing to improve prescription safety and efficiency. **Prescriptions and refills are issued only during regular office hours.**

Roles in your Care:

We are a strong advocate of the concept of continuity in patient care. By maintaining a long-standing relationship with you, we can monitor your development and coordinate the care you receive across various settings while encouraging a healthy diet, exercise and other benefits of preventive medicine.

**Acceptance of Liability Waiver/Insurance Filing
Informed Consent**

There are many health insurance plans available to employers and individuals. All plans are not equal. There can be significant variance on services covered, deductibles, co-pay requirements, network requirements, pre-authorization for services, and other requirements of the policy. **It is the insured's responsibility to verify that the services requested and the physicians are covered by the terms of your insurance plan.** If there are any questions the insured is to call his/her insurance carrier to confirm coverage.

We will bill the insurance carrier on the patient's behalf. If any services are denied as out of network, not covered by the terms of the policy, policy not in force, not medically necessary, or deductible/co-pay issues, the patient or responsible party will be billed.

I have been advised of the billing protocol of Lake Arlington Family Medicine. I recognize and accept responsibility for payment should the services provided by my physician be excluded or not covered by my insurance plan.

Patient Signature _____ Date _____

The information requested on this form is necessary to comply with Federal Regulations, to properly establish the medical record, and filing insurance claims. It is important that all information is complete. Thank you.

Patient Last Name _____ First _____ MI _____ Social Security Number _____

_____/_____/_____ M F M S D W Other Full Part Full Part Self Ret
Date of Birth **Sex** **Marital Status** **Student Status** **Employment**
(circle one)

Mailing Address _____ City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____ Email _____

How did you hear about Lake Arlington Family Medicine?
Drive-by/Sign _____ Family/Friend _____ Insurance Provider _____ Other: _____

Authorization to Release Information

I authorize Lake Arlington Family Medicine to release all medical information necessary to process claims for payment of services provided by The Physician's Clinic, PA.

Patient Signature _____ Date _____

Assignment of Benefits

I assign and authorize payment of all medical benefits, commercial insurance, workers comp, and government agencies directly to Lake Arlington Family Medicine.

Patient Signature _____ Date _____

Acknowledgement of Review of Notice of Privacy Practices

I have review this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand I am entitled to receive a copy of this document.

Furthermore, by my specific initials, I authorize my physician and his/her staff, to contact me by the designated means below:

- _____ Home Phone
- _____ Home Answering Machine/Voice Mail
- _____ Office/Work Place, Voice Mail
- _____ Cell Phone/Voice Mail
- _____ Email

Additionally, by my initials, I authorize my physician and his/her staff, to communicate information regarding appointments, medical results, and billing issues to:

Initials	Name	Phone	Relationship

This Authorization shall remain in force until revoked in writing, Attention of Privacy Officer

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative

Description of Personal Representative's Authority



Physicians have always protected the confidentiality of our patient's person health information (PHI) by securing medical records away from open access and refusing to reveal information. Additionally, state and federal laws also set security standards to ensure confidentiality of this sensitive information. The federal government has published regulations know as the "Privacy Rule", which protect health information that is maintained by physicians, hospitals, and other health care providers and health plans.

These new regulations protect virtually all patients regardless of where they live or receive health care. Every time you see a physician, are admitted to the hospital, fill a prescription, or send a claim to a health plan, your physician, the hospital, and any other health care provider must comply with the "Privacy Rule". All health information, including written, oral or electronic, is protected.

The privacy rule also provides you certain rights, such as the right to have access to your medical records. However, there are exceptions. We also take precautions in our office to safeguard your PHI, such as training our employees and employing computer safety measures.

In the reception room, we have placed several copies of our "NOTICE OF PRIVACY PRACTICES". This notice contains details on how your PHI is handled by our office and how you can exercise your rights with regards to your health records. You may request, from the receptionist, a copy of the "NOTICE OF PRIVACY PRACTICES" to take with you for further review.

Federal regulations require that we document that the patient has been advised of our privacy practices and offered a copy of the notice. We must also receive documentation of the patient's authorization for communication. We require that you complete the attached form to serve as the formal documentation for both notice and consent for communication. If you have any questions regarding our privacy practices you may schedule a meeting with our privacy officer for further detail and review.

Thank you for your patience and assistance.

Missed Appointments and Late Arrivals Policy

The physicians and staff of Lake Arlington Family Medicine make significant effort to assure that we respect our patient's time and maintain a reasonable appointment schedule. We avoid overbooking of patient appointments and schedule the appropriate amount of time to manage the patient's designated condition.

Because we do limit the number of appointments, it is important that all patients commit to keeping their appointments as scheduled. A missed appointment may prevent a sick patient from obtaining immediate care.

All patients that are unable to maintain a scheduled appointment are instructed to call Lake Arlington Family Medicine 24 hours in advance to reschedule or cancel the appointment. Failure to notify the physicians office within the 24 hour period will result in a NO SHOW fee of \$50. This fee will not be billed to the insurance carrier and is the patient's responsibility.

Patients that miss three or more appointments without notice will be subject to termination from the practice.

Patients that arrive 15 minutes or more past their scheduled appointment time may be required to reschedule their appointment or may be seen as a work in appointment. Patients that have arrived as scheduled will be seen with priority. If the schedule is full and conditions do not allow for work ins, the late arrival may be asked to reschedule to a different date.

We do appreciate your assistance in maintaining an accurate appointment schedule and will continue to do our best to honor your time.

I have read, understand and agree to this Missed Appointments and Late Arrivals Policy.

Patient/Representative Signature

Date

Printed Patient/Representative Name

Medical History

Name: _____ DOB: _____

Preferred pharmacy AND address: _____

Preferred lab company:

(circle) Quest - Labcorp - Clinical Pathology Laboratory(cash pay lab) - Other: _____

Allergies: _____

Hospitalizations/surgeries/ER visits AND approximate dates: _____

Family Medical History: _____

Preventive Care (Last Physical/Stress Test/Colonoscopy, etc.) _____

WOMEN ONLY:

Last pap smear: _____ Last mammogram: _____

Social History (Alcohol/Drugs?): _____ Smoking?(cigarettes or E-cigs): _____

Medical Issues and Diagnosis Date (example: Hypertension 04/2018, Diabetes, High Cholesterol, Stroke, Cancers, etc.)

Medication List

Name	Dosage	Frequency
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Lake Arlington Family Medicine, PA (LAFM) participates in Medicare and most commercial insurance plans offered nationally and specifically in the North Texas Market. We do our best to ensure that all of our services are covered by the patient's plan, but some services listed below may not be covered by your insurance policy.

Listed below are the few services that a patient's plan may not cover. If the patient's insurance does not cover services, the patient will be responsible for the full fee.

It is the patient's responsibility to verify their insurance coverage for any of the procedures listed below.

Weight Loss: Most insurance carriers now cover weight loss when the patient's BMI is over 30. We do recommend the patient call their insurance carrier to confirm that the provider's services, laboratory services, and prescription medications are covered.

Patient Signature

Date

Vitamin B 12 Injection: Vitamin B12 Injection coverage is generally limited to a single diagnosis of Precious Anemia or specific digestive disorders. If a B12 injection is requested, the patient is to pay the fee at the time of service.

Patient Signature

Date

Pre-Operative Clearance, Cosmetic or Bariatric Surgery: Most insurance carriers do cover pre-operative clearance exams without difficulty. However, if the procedure is designated Cosmetic, most insurance carriers will not cover the pre-operative clearance. Patients that are having Cosmetic procedures will be required to pay the pre-operative clearance fee at the time of service.

Other pre-operative clearance evaluations may be subject to a deductible or coinsurance fee. Pre-Operative clearance for Cosmetic procedures are to be paid at time of the visit.

Patient Signature

Date

Auto Accident: LAFM does not participate as a provider for any auto accident management. The patient will be required to pay for medical care at the time of service. As a courtesy, LAFM will provide the patient with an itemized claim form, by mail, for the auto-related encounter. The patient is to submit the insurance claim to the appropriate auto carrier for reimbursement.

Patient Signature

Date

Limited Benefit Plan (LBP) Insurance: LAFM does not participate in any LBP insurance plans. These plans are very limited in coverage and may or may not cover sickness or preventative care. If you are participating in an LBP plan, the patient's responsibility is to contact the insurance carrier to confirm what services are covered. Patients in LBP's are required to pay at the time of service.

Patient Signature

Date

Updated No Show Policy

Due to an increase in no shows in the office, **the no show fee is now \$50**. This fee will not be billed to the insurance carrier and is the patient's responsibility.

Patient Signature

Date