

# Grace Family Medicine PLC

## New Patient Information

Thank you for choosing our office. In order to serve you properly, we need the following information.  
PLEASE PRINT

Date: \_\_\_\_\_

Patient Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_  
FIRST MI LAST JR, III, IV, SR  
City St Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Check One:  Male  Female

Check One:  Single  Married  Separated  Divorced  Widowed  
(Required) (Required)

Race/Ethnicity:  African American  Asian  Caucasian  Hispanic  Other

Place of Employment: \_\_\_\_\_

**Responsible Party or Guarantor:** This section is to be completed **only** if patient is a minor or is not mentally, physically, and/or legally capable of handling his/her own finances.

Person responsible for this account: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Is this person a patient at our office?  Yes  No

**Insurance:** Do you have insurance?  Yes  No If yes, read and complete the following. If no, go to 2<sup>nd</sup> page. Please read your insurance card in its entirety, front and back, and then answer the following questions. Please note that the 'primary insured' is the person who not only is covered by this insurance policy, but also owns this insurance policy.

**Primary Insured:** \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_ ID#: \_\_\_\_\_

Insurance Co. Claims Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

How much is your:  Deductible \_\_\_\_\_ & After Deductible Percentage \_\_\_\_\_ %  Co-pay Amt \_\_\_\_\_

Is this person a patient at our office?  Yes  No

**Do you have additional Insurance Coverage?**  Yes  No If yes, read and complete the following. If not, go to 2<sup>nd</sup> page.

Primary Insured: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

Insurance Co. Claims Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

How much is your:  Deductible \_\_\_\_\_ & After Deductible Percentage \_\_\_\_\_ %  Co-pay Amt \_\_\_\_\_

# Grace Family Medicine, PLC

## Privacy Statement and Release (HIPAA)

By law, if you are over 18 years of age, we cannot discuss your health or financial/billing information with anyone without your written consent. Please list anyone you give permission for Grace Family Medicine to speak to concerning your health or financial/billing information or indicate "None" and initial each line. Please remember that in order to obtain or discuss any information by telephone, the person calling, if not our patient, must be listed on this form. We may use your date of birth as an identifier in some cases.

\*\* Please note: If the patient is *under* the age of 18, parents must list themselves on this form by law\*\*

1. Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Phone \_\_\_\_\_
5. Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Phone \_\_\_\_\_

Patient's Signature (or Parent if patient is a minor) \_\_\_\_\_

Patient Name Printed \_\_\_\_\_ Date: \_\_\_\_\_



## Grace Family Medicine Summary Statement of Financial Policy

For all patients who are interested, please ask office staff for your copy of our three full page financial policy statement. The full HIPAA document is also available for your review upon request.

1. GFM files electronic claims with insurance companies with whom we are contracted.
2. GFM accepts assignment of fees by insurance companies. For those insurance companies we are not contracted with, the guarantor is responsible for the full amount on the day of service and may seek reimbursement from their insurance company directly with a receipt provided by GFM.
3. All patients have a \$50.00 credit limit that can not be exceeded before they are seen again. Urgent/emergent referrals will be made for those who cannot bring their account under \$50.00 before their next at GFM. It is the guarantor's responsibility to keep their account current.
4. Athena is our billing company. You will receive statements from them from time to time, however, please contact the office staff at GFM for any billing questions.
5. Please do not leave the office without talking to the staff about payment arrangements. Failure to do this will result in a personal call from Dr. Adams. Communication must always occur with the office staff at each encounter.
6. Current self pay patients are expected to keep their account in good standing.
7. No fights about money will be tolerated. We will not use bill collectors to obtain patient balances. Keep your account current and under the \$50.00 credit limit and all will be fine.
8. We accept credit, debit, cash and personal checks. Returned check fee is \$35.00 and will result in the automatic loss of the privilege of a \$50.00 credit limit.
9. You must provide and maintain accurate insurance information for all services received at GFM. An administrative fee for rendering inaccurate/expired insurance is \$35.00.
10. **Please be aware that Saturday visits are considered urgent, critically sick visits that can not wait for the normal work week to be seen and that there is a \$25.00, after hours charge, in addition to the charge for the visit. Some insurance companies DO NOT COVER THIS CHARGE!**
11. We are your friends. Let's all work hard together to keep money issues clear and transparent so GFM can focus on the important business of providing excellent care to you and your family.

**Please sign and attest to your acceptance of these terms on the patient signature form.**

# Grace Family Medicine After Hours Call Policy

Dr. Adams and his staff at Grace Family Medicine are excited you have entrusted your healthcare to us. We take this responsibility very seriously and want you to know we will work hard to provide for the medical needs of you and your family to the best of our God-given ability. We understand that people sometimes have medical needs and/or questions that arise after hours. In this community, we are blessed to live within driving distance of three excellent hospitals: Virginia Baptist, Lynchburg General and Bedford Memorial. Dr. Adams has had extensive dealings with the fine people who operate and work in these facilities and believes all three facilities are highly equipped to handle all emergencies. Dr. Adams and his staff will not be available for after hours calls at Grace Family Medicine.

## 1. Critical Labs

If a patient has a critical lab that comes back after hours, Dr. Adams will be called by the lab and will seek to notify the patient to the best of his ability. It is the responsibility of the patient to insure that GFM always has the most accurate contact information in our system. Dr. Adams cannot and will not take any responsibility for an adverse outcome if a patient's phone number in our records is no longer in service or is inaccurate. At each visit, every patient must inform us of any changes in their contact information.

## 2. Prescription Refills

All requests for prescriptions are to be sent to the patient's pharmacy of record. They will then send GFM an electronic message. Dr. Adams and his staff will decide if the refill will be approved or if the patient needs to be seen.

## 3. New Medication Requests Without Being Seen By Medical Staff

Dr. Adams and his staff do not believe it is safe, nor prudent, to diagnose and treat over the phone. For proper and thorough diagnosis and treatment, a patient must be physically seen in the office. This will insure accurate diagnosis and avoid mistakes that could prove detrimental to the patient. Accurate diagnosis and treatment will also contribute to conserving your healthcare dollars by avoiding treatments that may not be effective and will facilitate your recovery from illness faster.

## 4. After Hours Voicemail Message

For any patient who calls the office outside of normal business hours, they will hear a pre-recorded message by Dr. Adams with the following instructions:

"Hello, You have reached Grace Family Medicine either outside of normal business hours of Monday through Thursday 8:30AM to 5:00PM and Saturday mornings beginning at 9:00AM to 11:00AM OR we are on the phone with other patients. If you need a refill on a medication, please contact your pharmacy and they will contact us regarding a refill. Please allow up to 48 hours for your refill to be processed. If you believe you are having a medical emergency, please hang up and call 911 or report to the nearest emergency room at Bedford Memorial or Lynchburg General Hospital. If you have a child with a fever, please see your fever sheet. If you have chest pain, sudden loss of vision, slurred speech, airway swelling or suicidal thoughts, these are all signs of potential life threatening emergencies that cannot wait until the next business day. Call 911. Please do not leave a message on this voicemail. Messages are not checked and we will not return your call. Please try your call again later and we will promptly address your concerns. Thank you very much and may the Lord bless you!"

You will be asked to sign a statement on the signature page confirming you have read and understood the 4 major points of the After Hours Policy of Grace Family Medicine. Remember, **we will be available**, during the office hours listed above, to always address your needs and concerns in the most professional, prompt and courteous manner as you respect the policies we have outlined in this document.