Lincoln Park Family Physicians SC

1317 W Diversey Pkwy, Chicago, IL 60614 • P-773-665-9355 • F-773-665-0403 • www.lpfamilymd.com

PATIENT DEMOGRAPHIC FORM

☐PATIENT INFORMATION

First Name: ___________________________________ Last Name: _______________________________ Sex: ☐M ☐F

Address: ____City:_________________State:____Zip:_________

Home Phone: ______________________Work Phone: ______________________ Cell Phone: _________________________

Birth date: ______________________ Marital Status: ☐Single ☐Married ☐Other

Social Security: ___________________________________ Maiden Name: _____________________________

Race: _________________________ Language Preference: _________________ Ethnicity: ___________________________

Email Address: ____

☐INSURANCE INFORMATION (Must be filled out if Patient is not the policyholder)

PRIMARY INS Co. Name: ____

Member ID: ____ Group: ____

Policyholder's Name: ____ Sex: ☐M ☐F

Address: ____City:________________________ State: ____ Zip: ___________

Birth Date: __________________ Phone: ______________________ Relationship to Patient: _________________________

SECONDARY INS Co. Name: ____

Member ID: ____ Group: ____

Policyholder's Name: ____ Sex: ☐M ☐F

Address: ____City:________________________ State: ____ Zip: ___________

Birth Date: _______________ Phone: _______________________ Relationship to Patient: ____________________________

☐EMERGENCY CONTACT

Name: ____ Phone: ____________________________

Relationship to Patient: ____

☐PHARMACY

Local: ____________________________________Phone:___________________________Fax:_________________________

Mail Order: ________________________________Phone:___________________________Fax:_________________________

Our billing office is pleased to file your insurance claim as a courtesy to you with the insurance company listed above. The Patient is responsible for all co-insurance, co-pays, and deductibles and denied services billable to the patient per their contractual obligations. We will bill all commercial insurance companies as long as you provide us with the necessary and most up to date information at time of service.

If you're insurance cannot be verified you will be self-pay at time of service.

By signing below I acknowledge that I consent to and understand Lincoln Park Family Physicians Notice of Patient Responsibilities. I hereby authorize payment directly to Lincoln Park Family Physicians for benefits otherwise payable to me. In the event my insurance company forwards payment directly to me, I will deliver such payment to Lincoln Park Family Physicians. I understand that I am financially responsible for charges not covered by this authorization. If my account balance is referred to an outside agency for collections, all cost will be added to my current balance at the time of placement. I also authorize Lincoln Park Family Physicians to release any information acquired in the course of my examination or treatment in the processing of these claims.

PATIENT/GUARDIAN SIGNATURE: ____**DATE:**___________________

Lincoln Park Family Physicians S.C.

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Lincoln Park Family Physicians, S.C. may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Lincoln Park Family Physicians' Notice of Privacy Practices for a more complete description of such uses and disclosures.

I have a right to review the Notice of Privacy Practices prior to signing this consent. Lincoln Park Family Physicians S.C. reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Lincoln Park family Physicians' Privacy Officer at 1317 W. Diversey, Chicago, Illinois 60614.

With my consent, Lincoln Park Family Physicians S. C. may call my home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items, collection calls and any call pertaining to my clinical care, including laboratory results among others.

With my consent, Lincoln Park Family Physicians, S.C. may mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements as long as they are marked Personal and Confidential.

However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to Lincoln Park Family Physicians' use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Lincoln Park Family Physicians, S.C. may decline to provide treatment to me.

At my request, I authorize Lincoln Park Family Physicians, S.C. to disclose to:

____ _____________________________________

Printed Name *Relationship*

The following Protected Health Information:

☐ Medical Information ☐ Billing Information ☐ Both

____

Signature of Patient or Legal Guardian

____ ________________________________

Print Name of Patient or Legal Guardian Date

This authorization will continue until revoked by you (the patient) in writing

Lincoln Park Family Physicians, S. C.

Dear Patient,

"Welcome to your Wellness Checkup"

What is the difference between a Wellness/Preventive Visit and a Regular Office/Sick Visit and how are they billed?

A **"WELLNESS/PREVENTIVE"** visit is when you are healthy, have no medical complaints or needs and are not receiving any follow up care to any pre-existing illnesses or medical issues and all you are receiving is a complete physical examination with preventive screenings and education.
Your insurance will be billed for a preventive/wellness visit only.

A regular office/sick visit is when you have medical complaints or needs that you would like to have addressed or a new medical concern is detected and addressed during the visit.

If any of these additional concerns are addressed during your preventive checkup, **then your insurance will be billed for both a preventive/wellness visit AND an office/sick visit.**

You are financially responsible for any office visit charges that are not covered under your Wellness/Preventive insurance policy benefits.

If you have any questions or concerns regarding your individual insurance benefit policies **PLEASE** call your insurance company to verify your coverage and understanding of your benefits prior to your visit.

Prevention is the best medicine.

Having an annual physical examination can provide early disease protection, which in turn can help to prolong and improve your life. The physical examination will ensure that unseen yet important health issues like blood pressure, cholesterol levels, or heart disease are not forgotten.

Your annual physical exam is a great opportunity to refocus your attention on prevention and screening:

- At age 50, it's time to begin regular screening for colorectal cancer. People with immediate family members with colorectal cancer may need to be screened before age 50.
- For most women, age 40 marks the time to begin annual mammogram screening for breast cancer.
- Everyone should have their cholesterol (lipids) checked every five years after age 20, according to the American Heart Association.

"Our goal is to keep you healthy and happy"

Lincoln Park Family Physicians SC

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NOTICE OF PATIENT RESPONSIBILITIES AND POLICIES

APPOINTMENT HOURS: Appointment times are on Mondays and Thursdays between 10:00am and 6:30pm, Tuesdays and Wednesdays between 9:00am and 4:30pm, and on Fridays between 9:00 am and 11:30am. To schedule an appointment please call our office at 773-665-9355 on Mondays and Thursdays between 8:30am and 6:45pm, Tuesdays and Wednesdays between 8:30am and 4:45pm, and on Fridays between 8:30 am and 11:30am

LATE APPOINTMENT ARRIVAL: We strive to see all patients on time for their scheduled appointment. If you are a returning patient please plan to arrive at least 10 minutes prior to your scheduled appointment to check in. New patients please arrive 30 minutes prior to your appointment to complete the new patient paperwork. If you arrive 5 or more minutes late for your appointment time, you may be asked to reschedule for the next available appointment time.

MISSED APPOINTMENT: A missed appointment is when you fail to show up for an appointment without a phone call, fail to cancel within one business day or arrive 15 minutes past your scheduled appointment time.
If you miss your appointments, you compromise the care that we are able to provide you and other patients that may have needed an appointment. Effective May 1st 2011 all 1st time missed Appointments will be charged a $25 fee billed to your account that is non-covered by Insurance. Effective May 1st 2012 all 2nd and further missed appointments will be charged a $50 fee billed to your account that is non-covered by insurance.

PRESCRIPTION REFILL GUIDELINES: We have developed a policy for handling prescription refills in the hope that our time may be spent caring for our patients and delivering the best care possible. One way we try to keep our medical assistants available to take patient phone calls with urgent problems and questions is by limiting pharmacy and medication refill calls. Please notify your pharmacy if you are requesting refills and have them fax your refill request to our office at 773-665-0403. Prescription refills are only done during our regular business hours and will be responded to within 72 hours. When a refill by phone is necessary, please be prepared to provide the name of the medication, strength, dosage, and the pharmacy number.

PHONE MESSAGES: In order to provide the best care possible to our patients and allow our scheduled patients to be seen by our medical providers without multiple interruptions our medical staff are available to take messages for our medical providers during office hours. When leaving a message please indicate your name, the patient's name, the reason for your call, and phone number where you can be reached. The medical staff will alert the medical provider of a message and will call the patient back with the providers response in a timely manner. Please be aware that certain messages may require a visit with a medical provider.

AFTER HOURS: If you have an urgent issue after regular business hours, please call the main office number. The operator will take your name, phone number, reason for call, and help you reach our on-call medical provider. The on-call medical provider returns patients phone calls as soon as possible and assists them with urgent medical issues that cannot wait until regular business hours. In case of emergency, please call 911.

LABORATORY TESTING: Please call in advance to schedule an appointment for any lab tests ordered by a medical provider. In order to ensure accurate laboratory testing is done, a patient must have an order for lab tests from one of our medical providers in their chart, a written order from another medical provider's office, or obtain approval for requested lab work from a medical provider in the office prior to scheduling an appointment. We use HealthLab & Quest for our lab services; however a patient that does not wish to use HealthLab or Quest must request an alternate lab service prior to any lab work. The lab service may bill your insurance separately for any test we do not bill for in our office. The turnaround time on lab results can vary, however routine labs usually take 2-3 business days, while cultures and biopsies generally take 1-2 weeks to receive the results. After lab results have been received and reviewed by the medical provider one of our medical staff will call the patient to inform them of their results. In order for an HIV test, and occasionally other tests to be performed, a return visit with a medical provider is required.

PATIENT FORMS: We understand that there are forms that may need to be completed by one of our staff and/our medical providers. These forms include, but are not limited to disability forms, Family Medical Leave forms, Attending Physician Forms, school forms, itemization of charges, etc. In order for our office to properly complete any forms on our patients' behalf we require the patient to complete all patient portions of any form and provide any information needed to assist the provider in completing the form prior to submitting the form to our office. Please allow 6 business days for our office to complete any forms.

Lincoln Park Family Physicians SC
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NOTICE OF PATIENT RESPONSIBIITIES AND POLICIES

MEDICAL RECORDS: In order to best serve our patients we recommend our patients request copies of their lab or test results when they are given the results by one of our staff members, or providers. A copy of a single test or a lab is no charge to our patients. Please be aware that in order to receive a copy of multiple pages of your medical records a completed release form must be submitted to our office. This service will be out sourced to our medical records vendor and there may be a charge. Depending on when a patient was last seen medical records can take up to 30 days for our office to process the request, however recent patient's records are usually copied on Tuesday following the submitted request. Please refer to our medical records request form for more information.

FINANCIAL RESPONSIBILITY: As a patient it is in your best interest to know and understand your insurance plan benefits and responsibility for any deductibles, co-insurance, or co-payment amounts prior to any visit. Please have your current insurance card with you at all times, as well as a photo ID. You are responsible to notify us of your insurance plan and to provide us the necessary information about your insurance policy. It is your responsibility to know your insurance company's patient responsibilities and procedures. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service, or procedure, you are responsible for payment of these charges. To find out what your insurance plan covers and what your financial obligation may be, call the customer service or member services department of your insurance company (the phone numbers are on your insurance card). If you do not have any insurance coverage for the visit please notify us when you schedule the appointment and a time of service payment will be due at the time of visit. Resolution of any outstanding balance is expected prior to obtaining additional services from Lincoln Park Family Practice. Please refer to the Lincoln Park Financial Policy which is on our website, or at the front desk of the office for more information.

PREAUTHORIZATION AND REFERRAL GUIDELINES: Some insurance plans may require preauthorization, or referrals for services and tests. It is your responsibility to know your insurance company's patient responsibilities and procedures. If proper insurance procedures are not followed, you may be liable for full payment of the bill. If your insurance company requires a referral and/or prior authorization you must contact our office at least 6 business days prior to seeing a specialist, or having any testing done. Please refer to the Lincoln Park Financial Policy for more information.

HIPPA NOTICE OF PRIVACY PRACTICES: Protecting the privacy of your health information of our patients is important. Within the Lincoln Park Family Physicians Notice of Privacy Practices binder we are pleased to tell you about a federal law that is designed to help protect the privacy of health information and explains our use of your medical or health information. The law is known as the HIPAA Privacy Rule. The Privacy Rule requires us to give you access and copies of our Notice of Privacy Practices. Prior to signing acknowledgment of the privacy rule you have a right to access, review, and request copies of Lincoln Park Family Physicians, S.C., Notice of Privacy Practices.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION: In accordance with the Lincoln Park Family Physicians Notice of Privacy Practices, Lincoln Park Family Physicians S.C. may use and disclose protected health information about patients to carry out treatment, payment, and healthcare operations. Lincoln Park Family Physicians S.C. may call a patient's home or other designated location and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out healthcare operations, such as appointment reminders, insurance items, collection calls, and any call pertaining to my clinical care, including laboratory results among others. Lincoln Park Family Physicians S.C. may mail to a patient's home or other designated location any items that assist the practice in carrying out healthcare operations, such as appointment reminder cards and patient statements as long as they are marked confidential. A patient may revoke their consent to disclose protected health information in writing except to the extent that the practice has already made disclosures in reliance with their prior consent and upon a patient revoking consent Lincoln Park Family Physicians S.C. may decline to provide treatment to the patient.

Please do not hesitate to contact our office with any questions, or comments.

HEALTH HISTORY AND DATABASE

Please complete both sides of this form completely. All information is confidential and is reviewed by your physician.

Name ______________________

Today's Date ______________ **Birth Date** ______________ **Age** ______________

What is the reason for your visit?

Place a ✔ next to conditions you have now or have had in the past.

☐ AIDS or HIV positive	☐ Depression	☐ High cholesterol	☐ Psychiatric disorder
☐ Alcohol or drug addiction	☐ Diabetes	☐ Kidney disease	☐ Rheumatic fever
☐ Anemia	☐ Diverticulosis	☐ Kidney stones	☐ Scarlet fever
☐ Anorexia	☐ Emphysema	☐ Liver disease	☐ Stroke
☐ Appendicitis	☐ Epilepsy	☐ Measles	☐ Suicide attempt
☐ Arthritis	☐ Glaucoma	☐ Migraine headaches	☐ Thyroid disorder
☐ Asthma	☐ Goiter	☐ Miscarriage	☐ Tuberculosis
☐ Breast disorder	☐ Gout	☐ Multiple sclerosis	☐ Ulcers
☐ Bronchitis	☐ Heart problem	☐ Mumps	☐ Urinary infections
☐ Bulimia	☐ Heart attack	☐ Pacemaker	☐ Venereal disease
☐ Cataracts	☐ Hepatitis	☐ Pneumonia	
☐ Cancer	☐ Hernia	☐ Polio	
☐ Chicken pox	☐ Herpes	☐ Prostate disorder	

List Hospital Admissions, Operations, Illnesses, and Serious Injuries (not including pregnancies)	**Year**	**Illness or operation**	**Year**	**Illness or operation**

List all medications you are now taking including over the counter medications, supplements and vitamins.		**Medication allergies**	**Vaccine**	**Year of last**	**Test/exam**	**Year of last**
			Tetanus		Tuberculosis	
			Flu Shot		Cholesterol	
			Pneumonia		Eye exam	
			Date of last complete physical?			

Females only-please complete.

Number of pregnancies	Birth control method
Number of live births	Date of last menstrual period
Number of abortions	Date of last pap smear
Number of miscarriages	Date of last mammogram

Family history — **If any blood relative has suffered any of the following, please indicate below with a ✔.**

	Mother	Father	Brother or Sister	Child	Grandparent
Alcohol abuse	☐	☐	☐	☐	☐
Anemia	☐	☐	☐	☐	☐
Arthritis	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
Bleeds easily	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Drug abuse	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐	☐
Heart attack	☐	☐	☐	☐	☐
High cholesterol	☐	☐	☐	☐	☐
Heart disease	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Kidney problems	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐
Thyroid Problem	☐	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐	☐

REORDER # 0103364

Symptoms: Mark (c) for current problems or check (✔) for past problems

Constitutional
- ☐ Chills
- ☐ Chronic fatigue
- ☐ Fever
- ☐ Loss of appetite (recent)
- ☐ Sweats
- ☐ Weight gain
- ☐ Weight loss

Eyes
- ☐ Blurred vision
- ☐ Double vision
- ☐ Eye infections frequent
- ☐ Eye pain
- ☐ Failing vision

ENMT
- ☐ Bleeding gums
- ☐ Decreased hearing
- ☐ Difficulty swallowing
- ☐ Ear infections
- ☐ Ear pain
- ☐ Hoarseness
- ☐ Painful swallowing
- ☐ Recurrent nose bleeds
- ☐ Ringing in ear
- ☐ Sinus trouble
- ☐ Sore throats

CV
- ☐ Chest pain
- ☐ Dizzy spells
- ☐ Fainting spells
- ☐ Heart murmur
- ☐ High blood pressure
- ☐ Irregular pulse/palpitations
- ☐ Leg pain when walking
- ☐ Rapid heartbeat
- ☐ Swollen ankles
- ☐ Varicose veins/phlebitis

Respiratory
- ☐ Asthma or wheezing
- ☐ Bronchitis or chronic cough
- ☐ Pneumonia or pleurisy
- ☐ Shortness of breath

Gastro-intestinal
- ☐ Abdominal pain
- ☐ Bloating
- ☐ Bloody or tarry stools
- ☐ Change in bowel habits
- ☐ Constipation
- ☐ Gallbladder problem
- ☐ Heartburn
- ☐ Hemorrhoids
- ☐ Hernia
- ☐ Jaundice or Hepatitis
- ☐ Persistent nausea or vomiting
- ☐ Rectal bleeding
- ☐ Vomiting blood

Allergy/Immunology
- ☐ Hay fever or allergies
- ☐ Hives
- ☐ Severe allergic reaction

GU
- ☐ Decrease in urine force/flow
- ☐ Loss of bladder control
- ☐ Painful or frequent urination
- ☐ Urethral discharge
- ☐ Venereal disease

Males only
- ☐ Discharge from penis
- ☐ Erectile difficulties
- ☐ Lump in testicles
- ☐ Prostate cancer
- ☐ Sore on genitals

Females only
- ☐ Abnormal pap smear
- ☐ Irregular cycle
- ☐ Menstrual flow is heavy
- ☐ Painful intercourse
- ☐ Painful menstruation
- ☐ Vaginal discharge

Skeleton and Muscles
- ☐ Arthritis or rheumatism
- ☐ Back pain
- ☐ Bone fracture or joint injury
- ☐ Cold feet
- ☐ Gout
- ☐ Muscle weakness
- ☐ Osteoporosis or thin bones
- ☐ Pain, Location:

Skin
- ☐ Change in moles
- ☐ Easy bruising
- ☐ Lump in breast or nipple
- ☐ Nipple discharge
- ☐ Non-healing sore
- ☐ Persistent rashes
- ☐ Psoriasis or eczema
- ☐ Skin cancer or tumors

Neurological
- ☐ Dizzy or room spins
- ☐ Frequent or severe headaches
- ☐ Memory loss
- ☐ Numbness/tingling sensations
- ☐ Seizures
- ☐ Stroke
- ☐ Tremor / hands shaking

Psychiatric
- ☐ Depression
- ☐ Excessive moodiness
- ☐ Mental illness
- ☐ Nervousness
- ☐ Phobias
- ☐ Sleeping difficulty

Endocrine
- ☐ Excessive hunger/thirst
- ☐ Flushing/menopause
- ☐ Frequently cold
- ☐ Frequently hot
- ☐ Hot Flashes

Hematologic/Lymphatic
- ☐ Anemia
- ☐ Swelling/lump in armpits
- ☐ Swelling/lump in groin
- ☐ Swelling/lump in neck

Health Risk Assessment (Please describe any that apply.)

Tobacco use	Caffeinated beverages
Alcohol use	Occupation
Drug use	Exposure to hazardous substances
Intravenous drug use	Regular exercise
Do you have any special needs related to cultural beliefs? (i.e. diet, blood transfusions, religious practices- if so describe)	☐ Yes ☐ No
Do you have any special educational or communication needs?	☐ Yes ☐ No
Do you have any physical developmental or learning disabilities?	☐ Yes ☐ No
Any food allergies or intolerances?	☐ Yes ☐ No
Please check (✔) next to items you have in your household.	☐ Smoke detector ☐ Carbon dioxide detector ☐ Firearms or weapons ☐ Fire extinguisher
Do you routinely wear your seatbelt?	☐ Yes ☐ No
Do you wear a helmet while biking or rollerblading?	☐ Yes ☐ No
Have you ever been a victim of domestic violence abuse or sexual assault?	☐ Yes ☐ No
Are you currently sexually active?	☐ Yes ☐ No
Do you practice safe sex?	☐ Yes ☐ No
Number of partners in; 1) last year, 2) lifetime?	
Information completed by patient's family member or significant other?	☐ Yes ☐ No
Previous physician and or office location with your medical records?	
Is English your primary language? If not, what is?	☐ Yes ☐ No

The information above is accurate and complete to the best of my knowledge.

Signature Date

Reviewed Date

REORDER # 0120996

LINCOLN PARK FAMILY PHYSICIANS, S.C

John W. Tenhundfeld, M.D   Wendy A. Ploegstra, MSN, RN, FNP-BC

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Credit Card on File Policy

We have implemented a payment policy requiring a credit/debit card being kept on file as of July 2, 2012.
As you may be aware, the current healthcare market has changed resulting in insurance companies transferring more costs to you the policyholder, we need to ensure that we have a guarantee of payment on file in our office and balances are paid in a timely manner. Your credit card will only be used for: **Deductibles**, **Coinsurance** and **Balances** due. This process is simple, easy as well as cost efficient for you and our office.

Please keep in mind that this by no means will compromise your ability to dispute a charge or question your insurance companies' payment of your visit. All claims will be submitted to the insurance company that you provide at time of service.

Our office reviews all patient responsibility amounts assigned by your insurance to ensure your claim has been properly adjudicated. If what is adjudicated (processed) by the insurance company does not match your benefits we verified at time of service, we will contact your insurance company or you to correct the issue. Members typically receive their Explanation Of Benefits (EOB) prior to the provider. If you have any questions or concerns with the patient responsibility amount owed, please contact our office immediately for an explanation.

Here's how it works:

1. If your balance is under $100, we will then charge your credit card on file (CCOF) and your account will be satisfied and paid in full.
2. If your balance is over $100, and you have not authorized us to use the CCOF, you will receive an email and paper statement giving you the opportunity to pay by other means. If we do not receive payment or additional information from you (such as to set up a payment plan) within the next billing cycle, we will then go ahead and satisfy your account by utilizing the CCOF.
3. During the time you leave a CCOF, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment.
4. Should your credit card be mistakenly run, we will immediately issue a refund.
5. Copays are due at time of service and are not part of the CCOF policy.

I have read and understand the Credit Card On File Policy. I authorize Lincoln Park Family Physicians, S.C., to run my credit card for the purposes stated above.

____
Name: (Please Print)

Signature: ____ Date: ____________________

I authorize Lincoln Park Family Physicians, S.C. to charge outstanding balances on my account to the following credit card: (Please Print Clearly)

Visa MasterCard American Express Discover

Account #____ Exp. Date: _____________

Credit Card Holders Name (Please Print) ____

Security Code (digits on back) __________________ Zip Code linked to card: ________________

Email Address: ____

Is it Okay to charge card if balance is over $100.00? _______________

Signature: ____ Date: __________________

Altering this form will not change the policies on the previous page. All policies are the same for all patients.

Financial Policies And Procedures

At Lincoln Park Family Physicians (LPFP), we care for patient finances as well patient health. In an effort to inform patients of our financial policies and procedures, we provide this handbook.

We are Here to Help

Thank you for taking the time to read our policies. Patients should not hesitate to call with any questions regarding this handbook. We wish to work as a team with our patients to ensure insurance claims are processed accurately.

1.) Prepare for Your Visit

Be sure to bring these items every visit:

- Insurance Card
- State/Photo ID
- Cash / Check / Credit card
- Information required to fill out forms (see Required Information section below)

New patients are advised to arrive 30 minutes prior to appointment time to fill out paperwork. If patients have the internet and a printer, new patient paperwork can also be printed, filled out, and brought in for the appointment.

REQUIRED INFORMATION

Be prepared to provide:

- Patient name, address, phone number, gender, date of birth, social security number, insurance ID and group number.
- Subscriber name, address, phone number, gender, date of birth, social security number, relationship to patient
- If patient is not the Responsible Party, provide the Responsible Party's name, address, phone number, gender, date of birth, social security number, and relationship to patient. Be sure to tell the front desk that bills are supposed to be sent in the Responsible Party's name
- For any out of state Blue Cross Blue Shield plans, please provide the state the policy is from or the plan code. Both items should be found on the patient's insurance ID card.

If any of this information is not provided, payment in full will be required at time of service.

CONFIDENTIALITY

Patient information is private and protected. LPFP is HIPPA compliant.

TIME OF SERVICE PAYMENTS

The following are expected at time of service:

- Copays
- Self-insured patient payments
- Any balances aged past 30 days
- Payment for services rendered to patients whose insurance is out of network or out of the country
- Payment for services that are non-covered due to policy exclusions or a pre-existing condition
- Payment in full for services rendered to patients whose insurance could not be verified or who refused to provide aforementioned required information.

UNDERSTANDING YOUR BENEFITS

It is the patient's responsibility to understand his/her benefits and coverage for each visit and to keep us informed of any changes.

This helps us to better accommodate the patient at time of service and helps the patient to better anticipate any out of pocket expenses. Please be familiar with the following:

- Exclusions on the policy, which can include pre-existing conditions
- Dollar or service maximums on any services
- Whether there is a deductible, how high it is, and what services it will be applied to
- Reason for appointment, with regard to whether it is a "Well visit" or a "Sick Visit". A "Well Visit"

will be covered by Preventative Benefits and can include, but is not limited to, any preventative tests, physical exams, and immunizations. A "Sick Visit" will be covered by Office Visit Benefits and can include, but is not limited to, any visit you have with a provider that addresses a present complaint or condition. Please note whether your benefits cover these services.

- Whether your plan covers mental health benefits

2.) UNDERSTANDING THE INSURANCE CLAIM PROCESS

How does it work?

1. See the provider
2. Office sends the claim to the insurance company the next business day.
3. Insurance company processes the claim
4. Insurance company sends the patient and provider an Explanation of Benefits
5. Office's billing department either charges any patient due balance to card on file or sends one statement to the patient for remainder of balance

EXPLANATION OF BENEFITS (EOB)

Explanation of Benefits documents are sent by payors to both enrollees and providers after a claim is processed. This document illustrates:

- Provider payment
- Write offs/ Contractual Adjustment
- Patient responsibility

However, an EOB is not a bill; it is simply an explanation of how benefits were applied. The patient's bill will come from LPFP. Please pay promptly.

CLAIM PROCESSING

There are four ways a patient can incur a balance:

1. Copay
2. Coinsurance
3. Deductible
4. Non-covered charges due to exclusions/maximums on policy

One or all of these balances can be incurred by any one claim simultaneously; it depends on the patient's policy. Patients are encouraged to review their EOBs to ensure the insurance company processed their claim appropriately according to their insurance benefits. See the definitions at the end of this page for a better explanation of each of these terms.

ADDITIONAL INFORMATION

Often, before insurance companies can correctly process a claim, they request additional information. This requested information can include, but is not limited to:

- Update of Coordination of Benefits (COB)
- The date and accident/injury occurred
- Onset of an illness/condition
- Student Status
- General records update
- Additional information may also be requested from a provider other than us

It is the patient's responsibility to provide the additional information to the insurance company. Patients will receive a notification from their insurance and a letter/statement from us. Thirty days are allowed for providing said requested information to the insurance company before we turn the entire balance over to patient responsibility.

3.) PATIENT FINANCIAL RESPONSIBILITIES

PATIENT STATEMENTS

Patient monthly statements generally go out around the 15th of every month. Patients will receive a statement from us with the remaining balance once we receive a reply from the insurance company. Payment is due within 15 days of receiving the statement.

PAYMENT OPTIONS

Our office accepts Visa, MasterCard and American Express. Our office also accepts check or cash. Please do not send cash by mail. There will be a $50.00 fee for all returned checks. As of Sept.1, 2012, you can use Auto Pay via your credit card. You can also make payments through our website.

THIRD PARTY BILLS

In addition to receiving bills from us, patients may also receive bills for services provided by a third party. These charges may be for lab, radiology, hospital, or other services. While your provider orders these services, said third parties provide them and payment should be made directly to the third party. It is advised that patients call the third party directly with any questions.

PAYMENT PLANS

Sometimes, unexpectedly large balances are incurred. If a balance cannot be paid in full, patients may call the office to set up a payment plan within 10 days of receiving a statement.

How a payment plan works:

LPFP uses an online system to set up a payment plan that automatically deducts from an account designated by the patient

Only a credit card or a debit card with a Visa/MasterCard logo can be used for this online system

A maximum of six (6) deductions can be made with an amount no less than $50.00 per deduction

Billing will negotiate with the patient the amount to be deducted, the date of first deduction, and the dates of subsequent deductions (the date of deduction has to be the same every month, i.e. the first of every month). Deductions are possible monthly or bi-monthly and will continue until the balance is paid down.

There is a service fee of $1.50 each time a deduction is made, which is added to the total balance.

If a plan defaults due to insufficient funds, it is the patient's responsibility to either call with a new credit card or pay the remaining balance in full at that time.

Patients will still receive monthly statements to help track balance status.

Patients may consider paying LPFP the balance in full with a credit card, so as to make payments at their discretion.

OVERDUE BALANCES

We urge patients to keep their accounts current and in good standing with our office. Sending in partial or inconsistent payments is not acceptable and it will not keep overdue accounts from referral to a collection agency. If a payment cannot be made on time, it is crucial that patients call to set up a payment plan. All account balances past due will be referred to a collection agency.

RECEIPTS

Patients receive receipts for any payment made at the front desk. It is encouraged that patients keep these receipts for their own records. Patients will receive a receipt via email if LPFP has that information.

4.) DEFINITIONS AND COMMONLY USED TERMS

ACCEPT ASSIGNMENT: Accept assignment means the provider has agreed to accept an in-network insurance company's fee schedule for services rendered.

ALLOWED AMOUNT: Contracted dollar amount a provider accepts as payment from in-network insurance company. This amount is the billed amount reduced by the provider discount.

BILLED AMOUNT: Dollar amount charged to an insurance company for services provided to a patient on a service date.

COINSURANCE: An insurance policy provision under which the insurer (insurance company) and the insured (patient) share costs incurred after the deductible is met, according to a specific formula. Coinsurance is expressed as a percentage or pair of percentages generally with the insurer's portion stated first. The maximum percentage the insured will be responsible for is generally no more than 50%. Coinsurance indicates how an insurer and an insured will share the costs of a bill that exceeds the insurance policy's deductible up to the policy's stop loss. Once the insured's out-of pocket expenses equal the stop loss, the insurer will assume responsibility for 100% of any additional costs.

COPAY: The amount an insured person is expected to pay for a medical expense at the time of the visit.

DEDUCTIBLE: The amount that an insurance policy holder has to pay out-of-pocket before reimbursement begins in accordance with the coinsurance rate.

DEPENDENT: An individual who is covered under the subscriber's insurance policy. Generally this

individual is related to the subscriber; i.e. spouse, child.
IN NETWORK: Providers that have a contractual agreement with the insurance company. Being in-network
means that the provider has agreed to a discounted rate for members of the contracted insurance carrier.
NON-COVERED/INELIGIBLE: Services that are not covered by the insured's insurance policy. The resulting charges are patient responsibility.
OUT OF NETWORK / NON-PARTICIPATING INSURNACE: Providers that DO NOT have a contractual agreement with the insurance company. Out of network providers will still submit insurance claims for the patient, however, the insurance company will reimburse the patient directly. Patients can still be seen by an out of network provider; however, a higher out of pocket expense can be accrued.
PROCEDURE CODE: Numbers or alphanumeric codes used to identify specific services provided by a medical professional. Also known as a CPT code (Current Procedural Terminology).
PROVIDER DISCOUNT: Difference between the billed amount and the allowed amount. Also known as a write-off or the amount above the "contracted rate" of provider payment.
PROVIDER PAYMENT/CLAIMS PAYMENT: Dollar amount paid by an insurance company to the provider for a date of service.
PROVIDER: An organization or person who delivers health care professionally and systematically. This can include, but is not limited to, doctors, nurse practitioners, hospitals, labs, and specialists.
RESPONSIBLE PARTY: The party responsible for paying a patient's bills.
SELF-INSURED, SELF-PAY: A patient who has no insurance coverage is considered "self-insured". Self-insured
patients are welcome at LPFP and are encouraged to inquire about payment arrangements.
SERVICE DATE: The date the patient was seen by the provider. Also know as Date of Service.
SUBSCRIBER: The party whose name the insurance policy is under; the insurance policy holder.
We thank all our patients for their cooperation. Again, do not hesitate to call with questions.
Thank you,

Lincoln Park Family Physicians