

TMC Medical Network - Patient Information Packet

Demographics

Name: _____ **Preferred Name:** _____
FIRST M.I. LAST

Sex: Male Female **Date of Birth:** _____ **Birth State:** _____

Social Security #: _____ **Status:** Married Single

Ethnicity: _____ **Race:** _____

Primary Phone: (____) _____ Type: Home Work Mobile

Secondary Phone: (____) _____ Type: Home Work Mobile

Email Address: _____

Mailing Address: Street Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Permanent Address: Street Address: _____ Apt: _____

(If different from above)

City: _____ State: _____ ZIP: _____

Personal Contacts Please provide at least one Emergency Contact.

Name: _____	Relationship: _____
Phone: (____) _____	This person is my Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
This person may do the following (check all that apply): <input type="checkbox"/> Pick up referrals <input type="checkbox"/> Pick up prescriptions/ medications	

Name: _____	Relationship: _____
Phone: (____) _____	This person is my Emergency Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
This person may do the following (check all that apply): <input type="checkbox"/> Pick up referrals <input type="checkbox"/> Pick up prescriptions/ medications	



Employment Information

Employment Status: Full-time Part-time Student – Full-time Student – Part-time
 Self-employed Not employed Active Military Duty Retired

Employer Name: _____ **Employer Phone:** (____) _____

Employer Address: Street Address: _____ Suite: _____
City: _____ State: _____ ZIP: _____

Guarantor Information *Complete if individual financially responsible is anyone other than patient (e.g. patient is a minor).*

Name: _____ **Relationship to Patient:** _____
FIRST M.I. LAST

Sex: Male Female **Date of Birth:** _____ **Social Security #:** _____

Mailing Address: Street Address: _____ Apt: _____
City: _____ State: _____ ZIP: _____

Employer Name: _____ **Employer Phone:** (____) _____

Employer Address: Street Address: _____ Suite: _____
City: _____ State: _____ ZIP: _____

Communication Preferences

Please identify your communication preferences. TMC Medical Network (“TMN”) may use this information to provide you with timely notification regarding upcoming appointments, immunization and health exam due dates, and laboratory results. Your preferences indicated here will not affect how TMN distributes billing statements.

- I prefer that TMN contact me via (check all that apply): MyChart Mail Telephone
- I prefer that TMN not contact me to provide notifications.

Healthcare Directives: Healthcare Directives provide your healthcare providers with information about your preference of care related to life support issues (machines, drugs, & treatment) if you are unable to state your wishes at the time care is rendered due to catastrophic circumstances.

- I would** like to receive information at this time regarding Healthcare Directives such as living will and medical power of attorney authorizations.
- I would NOT** like to receive information at this time regarding Healthcare Directives such as living will and medical power of attorney authorizations.



TMC Medical Network Insurance & Cancellation Policy

Thank you for choosing TMN as your healthcare provider. Our mission is to provide exceptional healthcare with compassion. The information in this policy is important to ensure you are receiving quality healthcare while benefiting from TMN and your health insurance.

Insurance: TMN participates in most insurance plans, including Medicare. If you are not insured by a plan with which we contract, payment in full is expected at each visit. If you are insured by a plan with which we contract, but do not have an up-to-date medical insurance card, payment in full is required for each visit until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Non-covered services: Please be aware that your insurance may not cover every medical service. You must pay for these services in full at the time of visit.

Proof of insurance: All patients must complete our Patient Information form before seeing a TMN provider. TMN requires a copy of a government issued ID and up-to-date proof of medical insurance.

Claim submission: TMN will submit your claims and assist you in any way reasonably possible to help get your claims paid. Your insurance company may need you to supply certain information directly to them; it is your responsibility to comply with their request. If your insurance company does not pay your claims in 45 days, the balance will automatically be billed to you. Your insurance benefit is a contract between you and your insurance company; TMN is not party to that contract.

Coverage changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Nonpayment: Should your account become ninety (90) days delinquent, you will receive a letter advising you that your account needs to be paid within ten (10) days. Please be aware that if a balance remains unpaid, TMN will refer your account to a collection agency. The patient or guarantor will be responsible for all costs of collection including attorney fees, collection fees, and contingent fees to collection agencies of not less than 35%. The contingency fees will be added and collected by the collection agency immediately upon our referral of your account to the collection agency of our choice.

Minors: For all services rendered to minor patients, TMN will rely on the Guarantor information provided unless payment is otherwise made.

Appointment Cancellation/No Show. When you schedule an appointment with TMN, we set aside enough time to provide you with the highest quality care. As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Multiple no-shows or late cancellations may result in dismissal from the practice.

TMN values your health and wellness and wants to ensure you receive the highest quality of care from our healthcare professionals. If you have questions or need further information regarding TMN health services and policies, please ask a member of our team.

I, _____, have read and understand the TMN Insurance & Cancellation Policy.
Name of Undersigned

I further understand that I may ask at any time for additional information regarding TMN health care services and policies.

Signature of Patient or Patient Representative

Date



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Notice of Health Information Practices

You are receiving this notice because your healthcare provider participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information. This Notice explains how the HIE works and will help you understand your rights regarding the HIE under state and federal law.

How does Health Current help you to get better care?

In a paper-based record system, your health information is mailed or faxed to your doctor, but sometimes these records are lost or don't arrive in time for your appointment. If you allow your health information to be shared through the HIE, your doctors are able to access it electronically in a secure and timely manner.

What health information is available through Health Current?

The following types of health information may be available:

- Hospital records
- Medical history
- Medications
- Allergies
- Lab test results
- Radiology reports
- Clinic and doctor visit information
- Health plan enrollment and eligibility
- Other information helpful for your treatment

Who can view your health information through Health Current and when can it be shared?

People involved in your care will have access to your health information. This may include your doctors, nurses, other healthcare providers, health plan and any organization or person who is working on behalf of your healthcare providers and health plan. They may access your information for treatment, care coordination, care or case management, and transition of care planning and population health services.

You may permit others to access your health information by signing an authorization form. They may only access the health information described in the authorization form for the purposes stated on that form.

Health Current may also use your health information as required by law and as necessary to perform services for healthcare providers, health plans and others participating with Health Current.

The Health Current Board of Directors can expand the reasons why healthcare providers and others may access your health information in the future as long as the access is permitted by law. That information is on the Health Current website at healthcurrent.org/permitted-use.

Does Health Current receive behavioral health information and if so, who can access it?

Health Current does receive behavioral health information, including substance abuse treatment records. Federal law gives special confidentiality protection to substance abuse treatment records from federally-assisted substance abuse treatment programs. Health Current keeps these protected substance abuse treatment records separate from the rest of your health information. Health Current will only share the substance abuse treatment records it receives from these programs in two cases.



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One, medical personnel may access this information in a medical emergency. Two, you may sign a consent form giving your healthcare provider or others access to this information.

How is your health information protected?

Federal and state laws, such as HIPAA, protect the confidentiality of your health information. Your information is shared using secure transmission. Health Current has security measures in place to prevent someone who is not authorized from having access. Each person has a username and password, and the system records all access to your information.

Your Rights Regarding Secure Electronic Information Sharing

You have the right to:

1. Ask for a copy of your health information that is available through Health Current. Contact your healthcare provider and you can get a copy within 30 days.
2. Request to have any information in the HIE corrected. If any information in the HIE is incorrect, you can ask your healthcare provider to correct the information.
3. Ask for a list of people who have viewed your information through Health Current. Contact your healthcare provider and you can get a copy within 30 days. Please let your healthcare provider know if you think someone has viewed your information who should not have.

You have the right under article 27, section 2 of the Arizona Constitution and Arizona Revised Statutes title 3, section 3802 to keep your health information from being shared electronically through Health Current:

1. You may “opt out” of having your information available for sharing through Health Current. To opt out, ask your healthcare provider for the Opt Out Form. After you submit the form, your information will not be available for sharing through Health Current.
Caution: If you opt out, your health information will NOT be available to your healthcare providers even in an emergency.
2. You may exclude some information from being shared. For example, if you see a doctor and you do not want that information shared with others, you can prevent it. On the Opt Out Form, fill in the name of the healthcare provider for the information that you do not want shared with others.
Caution: If that healthcare provider works for an organization (like a hospital or a group of physicians), all your information from that hospital or group of physicians may be blocked from view.
3. If you opt out today, you can change your mind at any time by completing an Opt Back In Form that you can obtain from your healthcare provider.
4. If you do nothing today and allow your health information to be shared through Health Current, you may opt out in the future.

IF YOU DO NOTHING, YOUR INFORMATION MAY BE SECURELY SHARED THROUGH HEALTH CURRENT.

H-Notice of HIO English_05-12-17



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