



PATIENT REGISTRATION FORM

In order to serve you better, please *complete* all of the information below.
All information will be strictly confidential. (Please print)

Patients Name: _____ **Sex:** M F **Birth Date:** ____/____/____
Last First MI

Address: _____ **Marital Status:** Single [] Widowed []
Street City State Zip Code Married [] Divorced []

Phone #: (____) - (____) - (____) - _____ **Patient's Social Security #:** ____ - ____ - ____
Home Work Cell

E-Mail Address: _____ **Occupation:** _____

Employer: _____ **Address:** _____ **Phone:** (____) - ____ - ____

Race: American Indian/Alaska Native [] Asian [] Black/African-American [] Native Hawaiian/Other Pacific Island []
White (Including Hispanic) [] Other Race [] Decline []

Ethnicity: Hispanic or Latino [] Non-Hispanic or Non-Latino [] Other [] Decline []

Preferred Language: English [] Spanish [] Other _____ Decline []

Emergency Contact: _____ (____) - _____ **Relationship to Patient:** _____
Name Phone

RESPONSIBLE PARTY OR SPOUSE INFORMATION

Name: _____ **Relationship to Patient:** _____
Last First

Address (if different from patient): _____ **Birth Date:** ____/____/____

Phone #: (____) - (____) - (____) - _____ **Responsible Party's Social Security #:** ____ - ____ - ____
Home Cell

INSURANCE COVERAGE

Primary Insurance: _____
Company Name Address

Subscriber's Name: _____ **Patient Relationship to Subscriber:** _____

Subscriber's Birth Date: ____/____/____ **Policy #:** _____ **Group #:** _____ **Phone #:** (____) - ____ - ____

Secondary Insurance: _____
Company Name Address

Subscriber's Name: _____ **Patient Relationship to Subscriber:** _____

Subscriber's Birth Date: ____/____/____ **Policy #:** _____ **Group #:** _____ **Phone #:** (____) - ____ - ____

Medicare Lifetime Signature on File (Medicare Patients Only)

I request that payment of authorized Medicare benefits be made on my behalf to Hill Country Medical Associates for any services furnished me by physicians of the group. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information to determine these benefits payable for related services.

Patient Signature _____
Date

Private Insurance Authorization for Assignment of Benefits/Release of Information

I, the undersigned, authorize payment of medical benefits to Hill Country Medical Associates (HCMA) for any services furnished to me by the physicians of the group. I understand that I am financially responsible for any amount not covered by my contract. I also authorize HCMA to release, to my insurance company or their agent, information concerning health care, advice, treatment, or supplies provided to me. This information will be used for the purpose of evaluating and administering claims benefits.

Patient, Parent, or Guardian Signature (if child is under 18 years old) _____
Date



Hill Country Medical Associates HEALTH CONTRACT

Thank you for choosing Hill Country Medical Associates (HCMA) for your health care needs. We appreciate the opportunity to care for you and your family. HCMA will provide the best possible treatment and advice based on current medical evidence – we respect your right to information and will discuss appropriate or medically necessary treatment options regardless of cost or benefit coverage. The following information is provided for your benefit so that we may better serve you. Please take the time to read the entire document.

- 1. Hours of operation.** We are available 8:00 AM - 5:00 PM Monday thru Friday and on Saturday from 9:00 AM – Noon for urgent care only. For after hour emergencies, an on-call physician is available through our answering service. Please hold calls regarding refills and appointments for during office hours. We have a limited number of same-day appointments available which will be made available starting at 7:30 AM on weekdays and 8:30 AM on Saturday.
- 2. Continuity of Care.** Our physicians are able to give the best care if you provide a complete medical history. Please let us know of all doctors you are seeing and let us help coordinate referrals when possible.
- 3. Hospital.** Our physicians work with the physicians at the New Braunfels area hospitals when you require inpatient care. If you need emergency care, please go to the Emergency Department at one of the local hospitals for evaluation, if possible. We recommend that you familiarize yourself with their locations in advance.
- 4. Appointment time.** Out of respect for your schedule, we strive to stay on time with our appointments. In order to assist us with this, we ask that you arrive 10-15 minutes early for your appointment. Patients arriving past their appointment time may need to be rescheduled. We allow 15 minutes for most acute visits and 30 minutes for physicals. To help us stay on schedule, we are usually able to address 1 – 3 problems during a visit. Multiple problems may require additional appointments.
- 5. Annual Physicals.** We emphasize preventive care as a valuable tool for better health. Appointments for physicals will be focused on preventive services. Additional health problems may need to be addressed at a follow up visit. MEDICARE Wellness Visits (to include Welcome to MEDICARE) are not annual physical exams.
- 6. Cancellations.** We request that you notify us at least 24 hours in advance when cancelling or rescheduling your appointment. If you cancel or reschedule your appointment without a 24 hour notice, this may be considered a no-show or missed appointment. Regardless, we ask that you call to notify us if you cannot make your appointment. Continued missed appointments (three or more) may result in termination of care.
- 7. Refills.** We have found that processing refills through your pharmacy is the most efficient and accurate method. We request you contact your pharmacy first, and they will call/fax us with the necessary information to refill your medicine. No refills will be done after hours or on weekends except in cases of a medical emergency (defined as a threat to life, limb or eyesight). Please allow 2 business days to process refill requests and 5 business days if a prior authorization is needed from your insurance.
- 8. Payments.** All applicable fees, deductibles, coinsurance or copays must be paid at the time of service. This office will verify your benefits to the best of our ability once you supply your correct insurance information. However, verification of coverage does not mean that all services rendered will be covered during your visit and non-covered services will be your responsibility to pay. Outstanding balances must be paid prior to further appointments/refills. Please refer to our Financial Policy for additional information regarding payment responsibilities.
- 9. Staff support.** The physicians of HCMA and our staff are dedicated to your health. Because your physician is not always immediately available, many questions or concerns can be addressed by communicating through our staff. Our staff members are extensions of our physicians and serve as valuable resources in delivering timely care, so please treat them with respect. Any discourteous behavior towards our staff will not be tolerated. Our goal is to provide the same courtesy to you.
- 10. Paperwork.** We are happy to complete paperwork/forms related to your health care. Your physician may request that you come in for an appointment to address the paperwork. Your physician may charge fee for completing paperwork without a visit. Please allow 5 business days for completion of paperwork.
- 11. Noncompliance.** Your total health is the result of a committed partnership between you and your physician. We reserve the right to discontinue this relationship for noncompliance with your care plan or any of the above policies.

Hill Country Medical Associates
774 Landa Street
New Braunfels, TX 78130

FORMULARY BENEFITS DATA CONSENT FORM

Formulary Benefits data are maintained for health insurance providers by organizations known as Pharmacy Benefits Managers (PBM). PBM's are third party administrators of prescription drug programs whose primary responsibilities are processing and paying prescription drug claims. They also develop and maintain formularies, which are lists of dispensable drugs covered by a particular drug benefit plan.

By signing below I give permission for **Hill Country Medical Associates** to access my pharmacy benefits data electronically through RxHub. This consent will enable **Hill Country Medical Associates** to:

- Determine the pharmacy benefits and drug copays for a patient's health plan.
- Check whether a prescribed medication is covered (in formulary) under a patient's plan.
- Display therapeutic alternatives with preference rank (if available) within a drug class for non-formulary medications.
- Determine if a patient's health plan allows electronic prescribing to Mail Order pharmacies, and if so, e-prescribe to these pharmacies.
- Download a historic list of all medications prescribed for a patient by any provider.

In summary, we ask your permission to obtain formulary information, and information about other prescriptions prescribed by other providers using RxHub.

Patient Name (PRINTED)

Date of Birth

Patient/Guardian Signature

Date

Hill Country Medical Associates

Financial Policy

Thank you for choosing Hill Country Medical Associates (HCMA) as your health care provider. We are committed to providing excellent healthcare to our patients. As part of the professional relationship between yourself and HCMA, we are providing this information to assist you in understanding our financial policy.

At your first visit, you will be asked to sign a statement indicating you have received this policy.

It is important to begin by emphasizing that in becoming a patient, a relationship is being established between you and the medical providers of HCMA. If you have medical insurance, that relationship is between you and your insurance company (and possibly your employer). As such, it is your responsibility to know and understand the coverage provided by your insurance company. **Ultimately, you are financially responsible for services rendered by our providers.**

Here are a few things you need to know so we can assist you in meeting your financial obligation to HCMA.

- We need your most current insurance information available at the time of your visit. Failure to provide this information in a timely manner may result in claims being denied by your insurance company. Please bring a copy of your current insurance card or proof of coverage to each visit.
- Before you receive services, you must verify that we are participating providers with your insurance plan. If we are not participating providers and you still wish to be seen, payment is due in full at the time of service. We will provide you with a detailed invoice for you to file with your insurance company for reimbursement.
- We may accept assignment of insurance after verification of your coverage. Please be aware that some or perhaps all of the services rendered may not be covered in full by your insurance company. A list of insurance plans which HCMA accepts assignment from can be found on the bulletin board in our waiting rooms.
- We charge what is usual and customary for this area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- If your insurance plan includes a copay, we are *required* to collect it at the time of service. Please be prepared to pay at the conclusion of your visit. A \$10.00 service charge may be added to your balance to cover the cost of sending a bill for your copay.
- Coinsurance and/or deductibles are due at the time of service. We will estimate the amount owed based on information from your insurance company. If additional amounts are owed after the insurance company has paid the claim, you will be responsible for the difference, regardless of our initial estimate.
- **It is your responsibility to provide us with your most current billing information.**
 - ❖ We understand that when you change your address or phone number(s), you may not remember to notify your physician's office. That being said, it is important that we have the correct information available, to include your mailing address and all available phone numbers.
 - ❖ You will be asked to verify this information each time you make an appointment and each time you are seen in the office.
- If you have an account balance, we will send a statement to the most recent billing address you have provided to us. If you have questions regarding your balance or dispute its validity, please contact our billing staff as soon as possible after receipt of the initial statement. You can contact them by calling (830) 625-0305 and selecting Option 3.
- **Payment in full is due upon receipt of your statement.** Balances not paid in full within 30 days of *statement issue date* will be deemed past due. Past due accounts will be subject to a \$10.00 rebilling fee.
- **Past due accounts may be referred to an independent collection agency for further collection activity.**
- If you are unable to pay your balance in full, you must contact our billing staff, either by phone or in person, to discuss a payment schedule. Once payment arrangements have been made, it is your responsibility to fulfill that agreement. Failure to follow the payment schedule may result in your account being referred to an independent collection agency and/or termination of the patient care relationship.
- A \$25.00 fee will be added to the original balance for checks returned by your financial institution.
- A \$25.00 "No Show" fee may be levied for failure to cancel or reschedule an appointment at least 24 hours prior to your appointment time.
- HCMA has an on-call physician available after hours to address your urgent medical concerns. A \$15.00 fee may be assessed for after-hours care requiring diagnosis and treatment of your medical condition.
- **Patients with past due accounts, who have not previously made payment arrangements, will be required to meet in person with a member of the billing staff prior to making any routine or preventive care appointments.**

The providers at HCMA make decisions regarding your health care based on their best medical judgment. This may mean that they recommend laboratory tests, x-rays, or procedures that may not be covered by your health plan (if you have one). You need to be familiar with your health insurance benefits. The time to address your coverage/cost concerns is before the procedure(s) are done.

We understand that the "financial" side of healthcare can be confusing and we want to begin our relationship by making our financial policy known. We at HCMA look forward to meeting your current and future health care needs. If you have any billing questions, you can reach our billing staff by calling (830) 625-0305 and selecting Option 3.