ERIK S. JONES, DO

Board Certified Family Physician

Sarai Graves, PA-C

Certified Physician Assistant

222 N. 2ND ST, STE 311

BOISE, ID 83702

Phone: (208) 344-6080 Fax: (208) 344-6079

PEDIATRIC ANNUAL REGISTRATION

PATIENT INFORMATION DATE: _____

FULL LEGAL NAME: _____
LAST FIRST MIDDLE

_____
PREFFERED NAME/NICKNAME

_____
STREET ADDRESS/P.O BOX

_____
CITY STATE ZIP

PREFERRED PHONE:_____ CONTACT TYPE/PERSON:_____

SECONDARY PHONE:_____ CONTACT TYPE/PERSON:_____

DOB:_____ SSN:_____

RACE:_____ _ LANGUAGE PREFERENCE:_____

ETHNICITY: HISPANIC:___ NON-HISPANIC:___ OPT OUT:___

PREFERRED PHARMACY:_____

CROSS STREETS:_____

PERSON TO CONTACT IN CASE OF EMERGENCY (MUST BE SOMEONE OTHER THAN RESPONSIBLE PARTY)

NAME _____ PHONE _____

RESPONSIBLE PARTY INFORMATION (PARENT OR GUARDIAN IF PATIENT IS A MINOR)

***PLEASE BE AWARE THAT THE ADULT WHO BRINGS IN A MINOR IS THE RESPONSIBLE PARTY**

NAME: _____
LAST FIRST MIDDLE

DOB: _____ SSN _____
MM/DD/YYYY

_____
ADDRESS PHONE

YOU MUST PROVIDE PROOF OF INSURANCE AT THE TIME OF YOUR INITIAL VISIT. IF YOU DO NOT HAVE YOUR INSURANCE CARD YOU WILL BE CONSIDERED A SELF PAY PATIENT AND FULL PAYMENT WILL BE DUE AT THE TIME OF YOUR VISIT. YOU ARE ALSO RESPONSIBLE FOR PAYING ANY COPAYMENTS OR COINSURANCE DUE AT THE FRONT DESK PRIOR TO YOUR VISIT. THANK YOU

ERIK S. JONES, DO
Board Certified Family Physician
Sarai Graves, PA-C
Certified Physician Assistant

222 N. 2ND ST, STE 311
BOISE, ID 83702
Phone: (208) 344-6080 Fax: (208) 344-6079

FINANCIAL OFFICE POLICY

PAYMENT POLICY:

- **All deductibles, co-pays and patient responsibility payments are due and payable at the time of service.** Any exceptions to this must be discussed prior to seeing the doctor.
- We accept CASH, CHECKS, DEBIT, VISA, MASTERCARD, AMERICAN EXPRESS and DISCOVER.
- Checks returned for insufficient funds are subject to a $50 service charge. If a check is returned, you will have 30 days from the date of our notification to pay the balance plus all applicable charges.

INSURANCE:

- **It is the responsibility of the patient or parent/guardian to know the benefits of your insurance plan.**
- We participate with and are contracted with many insurance companies and will bill your charges with our office to your insurance company. In order to do this accurately, we must have corrected and updated insurance information. Please notify us of any changes at each visit.
- Please be aware that some or all the services provided and billed to your insurance company may not be a covered benefit. These non-covered benefits will be billed as patient due after notification from your insurance company has been received. Refer to your insurance contract or contact your insurance customer service center if you have any questions.

HEALTH SHARE INSURANCE PLANS:

- We will no longer be billing any office services to Health Insurance Plans, this includes office visits, labs, vaccines, and any other in-office procedures or testing.
- **Patients with these plans will be considered "Self-Pay," and will be required to pay for these appointments in full.** Patients can then submit their payments to their insurance plans for reimbursement.
- Patients can pay at the time of service for a discounted price or can request to be billed for the balance. Please ask the front desk about cash prices.
- If you are concerned about cost, we suggest discussing coverage of any office services with your insurance prior to receiving them.

INTEREST:

- We reserve the right to charge interest in the amount of 1.5% per month on past due accounts as allowed by state law.

ERIK S. JONES, DO
Board Certified Family Physician
Sarai Graves, PA-C
Certified Physician Assistant

222 N. 2ND ST, STE 311
BOISE, ID 83702
Phone: (208) 344-6080 Fax: (208) 344-6079

FINANCIAL OFFICE POLICY CONTINUED

MINOR PATIENTS:

- Non-emergency treatments will be denied without a parent/guardian present or without prior consent. A parent/guardian who schedules an appointment for an unaccompanied minor is authorizing care for that visit. Emergency treatment will not be withheld, however. We will make every effort to contact a responsible party.
- The responsible adult accompanying the minor will be responsible for payment at the time of service.
- We cannot be held responsible to try to collect from multiple sources (i.e. divorced parents). We will bill the responsible party at the address listed.

OVERDUE/EXCESSIVE BALANCES:

- **Accounts that reach over $500 without a payment** from the patient or guardian may result in the denial of appointment requests and medications refills. In these instances, we require patients or guardians to sign a Payment Agreement, that includes making regular monthly payments towards the balance. Failure to make a significant payment or to sign a Payment Agreement may result in sending the patient's account to collections.
- **Patients with balances that are over 120 days past** due without a payment from the patient or guardian may result in the denial of appointment requests and medications refills. In these instances, we require patients or guardians to sign a Payment Agreement, that includes making regular monthly payments towards the balance. Failure to make a significant payment or to sign a Payment Agreement may result in sending the patient's account to collections.

NO SHOW - CANCELLATION POLICY:

- **It is required that a 24-hour notice be given to cancel any scheduled appointment.**
- If a 24-hour notice is not given and you fail to show up for your appointment, we reserve the right to charge the patient or the responsible party **a fee of $100.00 per occurrence.**
- If you call, but it is less than 24-hour notice, or arrive too late to be seen for your appointment, we reserve the right to charge you **a fee of $50.00 per occurrence.**
- Upon a second violation of the no show-no cancellation policy, dismissal from the practice may occur.

We appreciate the opportunity to provide your healthcare services. The following is a statement of agreement with our financial office policies.

ERIK S. JONES, DO
Board Certified Family Physician
Sarai Graves, PA-C
Certified Physician Assistant
222 N. 2ND ST, STE 311
BOISE, ID 83702
Phone: (208) 344-6080 Fax: (208) 344-6079

IN-NETWORK HOSPITAL FACILITIES

Our clinic is privately owned and is not connected to either local hospital network; St. Luke's or St. Alphonsus. While our providers hold privileges at both hospitals, we are a separate entity.

Many insurance plans will have a preference or strict in-network facility policy that requires their customers to use either St. Luke's hospital network or St. Alphonsus' hospital network. Some insurance companies will notate their preference on your insurance card, most will not.

We will need patients to inform our clinic staff of which hospital network their insurance prefers should the need for a specialist referral, advanced imaging, or pathology services arise.

PATIENT INSTRUCTIONS:

- **If you are unaware of your insurance company's in-network requirements**, please call the Member Services Number located on the back of your insurance card.
- **If your insurance carrier does not have a preference**, please note this on the "Patients Insurance Preferred..." line below. Clinic staff can discuss facility options that best suit your needs.
- **Failing to inform the clinic of your in-network preferences can cause unnecessary out-of-pocket costs, delays in ordering imaging, or specialist referrals.** Patients are liable for any expenses resulting from out-of-network costs.
- For patients that do not clarify their preferred pathology laboratory, **our clinic will send your sample to St. Alphonsus. You will be responsible for any corresponding pathology bills from their laboratory.**

Please note below which hospital facility your insurance prefers, **St. Luke's or St. Alphonsus.**

Patients Current Insurance Carrier Date

Insurance Preferred In-Network Facility Date

SIGNATURE OF PATIENT ***OR*** LEGAL GUARDIAN/REPRESENTATIVE DATE

ERIK S. JONES, DO
Board Certified Family Physician
Sarai Graves, PA-C
Certified Physician Assistant

222 N. 2ND ST, STE 311
BOISE, ID 83702
Phone: (208) 344-6080 Fax: (208) 344-6079

ANNUAL WELLNESS EXAM & LABS POLICY

Most insurance plans pay for an Annual Wellness Visit and certain screening tests without deductibles or co pays. As your health care provider, we encourage you to have one every year and want you to be aware of the specific guidelines for the wellness visit. An Annual Wellness Visit is not a comprehensive physical exam.

The Annual Wellness Visit will include:

- Updating your medical and social history, including a list of all your health care providers
- Assessing health risk factors and the presence of any medical conditions
- Blood pressure, height, weight, and BMI measurements
- Screening for conditions related to cognitive impairments, depression, and functional status.

At this visit your provider will work with you to create a personalized plan to help keep you healthy over the next few years. Subsequent Annual Wellness Visits will update the information gathered at the first visit. The Annual Wellness Visit is not a physical exam but rather a review of your health, plus education and counseling about preventive services.

To provide our patients with the most comprehensive medical care, if you have other chronic or acute medical conditions**, we may perform a physical exam and/or cover medical issues at the time of your appointment which is not considered part of the Annual Wellness Visit. If this is done, a separate office visit charge will be billed where deductibles and co pays would apply.**

Lab panels that are ordered for this exam are based on your specific needs. We cannot guarantee that your specific panel will be covered without deductible or co-pay as each insurance carrier has different guidelines. For specific lab questions please consult your insurance plan.

ERIK S. JONES, DO
Board Certified Family Physician
Sarai Graves, PA-C
Certified Physician Assistant

222 N. 2ND ST, STE 311
BOISE, ID 83702
Phone: (208) 344-6080 Fax: (208) 344-6079

MEDICATION REFILL POLICY

REQUESTING REFILLS:

- It is your responsibility to request refills from your pharmacy in a timely manner when necessary. Approval of your refill may take up to three (3) business days so please be courteous and do not wait to call. If you use a mail order pharmacy, please contact the pharmacy fourteen (14) days before your medication is due to run out.
- **Medication refills will only be addressed during regular office hours** (Monday-Thursday 8am-4pm & Friday 8am-12pm). The on-call physicians will not return any phone calls regarding refills. Please notify your provider on the next business day if you find yourself out of medication after hours. No prescriptions will be refilled on Saturday, Sunday or Holidays so please plan accordingly.
- Refills can only be authorized on medication prescribed by providers from our office. We will not refill medications prescribed by other providers.

CHANGING PHARMACIES:

- If you change pharmacies, it is your responsibility to notify the office of the change. If a prescription is sent to the incorrect pharmacy due to the office not being notified in a timely manner, we will be unable to resend the prescription until the next business day.

PRIOR AUTHORIZATION FOR MEDICATIONS:

- Some medications require prior authorization. Depending on your insurance this process may involve several steps by both your pharmacy and your provider. The providers and pharmacies are familiar with this process and will handle the prior authorization as quickly as possible. Only your pharmacy is notified of the approval status. Neither the pharmacy nor the provider can guarantee that your insurance company will approve the medication. Please check with your pharmacy or your insurance company for updates.

APPOINTMENTS FOR REFILLS:

- It is important to keep your scheduled appointment to ensure that you receive timely refills. Repeated no shows or cancellations will result in a denial of refills. **All prescriptions require a follow up appointment every 3 to 6 months.**

ADJUSTING MEDICATIONS:

- **If you have any questions regarding medications, please discuss these during your appointment.** If for any reason you feel your medication needs to be adjusted or changed, please contact us immediately. New symptoms or events require a clinic appointment. Your provider will not diagnose or treat over the phone.

ERIK S. JONES, DO
Board Certified Family Physician
Sarai Graves, PA-C
Certified Physician Assistant

222 N. 2ND ST, STE 311
BOISE, ID 83702
Phone: (208) 344-6080 Fax: (208) 344-6079

HIPAA
Privacy Rule Disclosure Of Private Health Information

PRINT PATIENT NAME: _____

PRINT NAME OF LEGAL GUARDIAN/REPRESENTATIVE: _____

Please list below the names of persons, family, or friends, that you authorize our providers to disclose your private health information to. Married partners are not entitled to HIPAA status and therefore must be specified by the patient.

_____

_____

_____

_____

_____

_____

SIGNATURE OF PATIENT **OR** LEGAL GUARDIAN/REPRESENTATIVE DATE

ERIK S. JONES, DO
Board Certified Family Physician
Sarai Graves, PA-C
Certified Physician Assistant
222 N. 2ND ST, STE 311
BOISE, ID 83702
Phone: (208) 344-6080 Fax: (208) 344-6079

FINANCIAL OFFICE POLICY

FINANCIAL OFFICE POLICY CONTINUED

IN-NETWORK HOSPITAL FACILITIES

ANNUAL WELLNESS EXAM & LABS POLICY

MEDICATION REFILL POLICY

HIPAA - PRIVACY RULE DISCLOSURE OF PRIVATE HEALTH INFORMATION

I have read and understand these office policies. By signing this form, I am agreeing that I have been notified of, and will adhere to, the above guidelines. I will have all questions answered before signing. Failure to sign does not void patient of responsibility to adhere to office policies and procedures.

PRINT PATIENT NAME DATE OF BIRTH

PRINT NAME OF LEGAL GUARDIAN/REPRESENTATIVE DATE

SIGNATURE OF PATIENT **OR** LEGAL GUARDIAN/REPRESENTATIVE DATE