2019

PRIMARY CARE PHYSICIANS of Gainesville

3780 NW 83rd Street
Gainesville, FL 32606

Patient Information Sheet

Patient's Name: _____ DOB: _____

Gender: _____ Email: _____

Mailing Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ SSN: _____

Primary Language Spoken: _____ Employer Name: _____

Marital Status: _____ Parent or Spouse Name: _____

Emergency Contact Name: _____ Phone: _____

Insurance Information

Primary Insurance Company: _____ ID #: _____ Group #: _____

Claims Address: _____ City/State: _____ Zip: _____

Policy Holder's Name: _____ DOB: _____ SSN: _____ Gender: _____

Relationship to Patient: _____ Employer: _____

Secondary Insurance Company: _____ ID #: _____ Group #: _____

Claims Address: _____ City/State: _____ Zip: _____

Policy Holder's Name: _____ DOB: _____ SSN: _____ Gender: _____

Relationship to Patient: _____ Employer: _____

Financial and Appointment Policies

As your physicians, we are committed to providing you with the best possible medical care. In order to achieve this goal, we need your assistance, and your understanding of our policies. PAYMENT FOR SERVICE IS DUE AT THE TIME OF CHECK IN: This includes copays and/or deductibles. We accept cash, personal checks, Master Card, Visa, American Express and Discover. Returned checks are subject to a service charge or 5% of the face value of the check, whichever is greater, and you will lose your privilege to write checks in our office. CANCELLED APPOINTMENTS: We require 24 hour notification. NO SHOW APPOINTMENTS: If you fail to cancel and no-show for a scheduled appointment, after the third no-show you may be discharged from the practice. MEDICARE: We are non-participating Medicare providers. We are not providers for Medicare Advantage and are not participating in the managed care network. We will file the claims to Medicare. You are responsible for office visit charges at the time of service. CHILDREN OF DIVORCED PARENTS: Payment is due at the time of check-in regardless of who is responsible by order of the divorce decree. FINANCIAL AGREEMENT: Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract. Not all services are a covered benefit in all contracts. All charges for non-covered services are your responsibility. Claims that are denied due to non-payment of insurance premium are your responsibility. We realize that emergencies do arise and may affect timely payment for your account. If such extreme cases do occur, please contact us promptly for assistance in the management of your account. Any balance on your account after 90 days, including those that insurance has not paid, collection action will be taken. There will be a $30 or 30% service fee, whichever is greater, to all accounts being forwarded to an outside collection agency. If it becomes necessary to collect any sum due through an attorney, the patient agrees to pay all responsible costs of collection, including attorney's fees, whether or not suit is filed. If you have any questions about the above information, please do not hesitate to ask us. We are here to help you.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL AND APPOINTMENT POLICIES:

Signature: _____ Date: _____