ARKANSAS FOOT & ANKLE SPECIALISTS

Aaron C. Teufel, DPM
Associate, American College of Foot & Ankle Surgeons
1794 E. Joyce. Suite 2. Fayetteville, AR 72703
Phone: 479-935-3378 l Fax: 479-935-336
www.ArkansasFoot.com

PATIENT INFORMATION

First Name: _____Last Name:_____ MI:_____ Gender: __M __F

Suffix (Jr, Sr, III): _____SS#: _____Age: _____ Date of Birth: _____

Cell: (___) _____ Email:_____

How did you hear about our office? _____ Race: _____

Address:_____City:_____ State: _____Zip:_____

Emergency Contact Name: _____Relation: _____Phone#:(____) _____

Reason for your visit TODAY: _____

Primary Care Physician:_____

INSURANCE INFORMATION – (IF NOT PRIMARY HOLDER)

Policy Holder Name:_____ DOB:_____ Sex: _____ Relation: _____

PHARMACY:

Location: _____ Address: _____

MEDICAL HISTORY (This MUST be completed, if it doesn't apply to you please put NA)

Medical conditions: _____

Diabetic? Yes __ No __ **(If yes)** Last A1C: _____ Date of: _____

Drug allergies and type of reaction: _____

All Prior surgeries:_____

Current medications:_____

_____

Height:_____ Weight:_____ Shoe size:_____

Have you ever used:

Tobacco: Yes: __ No:____ If yes, how often_____

Alcohol: Yes:__ NO:____ If yes, how often_____

Medical Information Release Form (HIPAA Release Form)

Release of Information

Name: _____ Date of Birth: ____/____/____

I authorize the release of information including the diagnosis, records, examination results,

medication dose changes, and claims information.

This information may be released to:

☐ - Spouse _____

☐ - Child(ren) _____

☐ - Other _____

Messages

Please call ☐ Home phone _____ ☐ Cell phone is _____

If unable to reach me:

☐ - You may leave a detailed message OR ☐ - Please leave a message asking me to return your call

E-mail Messages

☐ - Use my e-mail address to send messages for me to contact the nurse for information OR

☐ - Use my e-mail to leave detailed messages and information.

☐ Attach lab results to the e-mail message.

My e-mail address is _____

This Release of Information will remain in effect until terminated by me in writing.

This release specifically excludes any psychiatry and psychology evaluations/records which are

further restricted by HIPAA regulations.

Patient Signature: _____ Date: ____/____/____

Witness Signature:_____ Date: ____/____/____

PRACTICE FINANCIAL POLICY

Thank you for choosing Arkansas Foot and Ankle Specialists as part of your health care team. We arecommitted to meeting your healthcare needs and keeping your insurance and other financial arrangements as simple as possible. We ask that you take a few moments to read our Financial Policy and sign below. **By signing below, you are agreeing to these terms:**

1. You are ultimately responsible for payment of charges for services you receive from this practice including those covered by your insurance. As a convenience, this practice will submit claims for reimbursement with your insurance provider; however, all payment responsibility is ultimately yours.

2. If you have no insurance, you are responsible for all services rendered.

3. Your insurance policy is a contract that exists between you and your insurance company.Our relationship is with you, the patient, and not the insurance company. If you have questions about your policy, please call the phone number provided on the back of your insurance card.

4. It is your responsibility to know the specifics of your policy (referral requirements, in and out of network physicians and facilities, etc.). Most private insurance policy plans now have deductibles, copayments, co-insurances, maximums, and limitations (out of pocket expenses).

5. **Immediate payment is expected at the time of service.** This may include a co-pay and additional payment if this practice determines that the cost of your visit today will not be reimbursed by your insurance provider**. This often happens if your deductible is not yet satisfied.**

6. Care estimates are not guaranteed to be reflective of final charges for your visit. Your insurance company will make a final determination as to how much you owe after the claim for your visit is processed

7. If your annual out of pocket expenses have not been met, and if Arkansas Foot and AnkleSpecialists is **unable** to estimate your care, you will be asked to pay a $125 deposit during your visit. This will be applied to your account and a statement will be sent reflecting any additional monies owed following response from your insurance carrier.

8. Should your account reflect a credit following final claim determination by your insurance company, Arkansas Foot and Ankle Specialists will issue you a check via mail within 30 days of ourreceipt of your final claim determination.

9. Ultimate payment by your insurance company cannot be guaranteed by our staff. If you have any concerns; we advise you to contact your insurance company.

10. We rely on you to inform us of all insurances in effect and to notify the office immediately ofany changes with your insurance. If you do not inform us of changes, you will be responsible for the services rendered.

11. When multiple insurance policies exist, it is the patient's responsibility to inform us which policy is the primary plan. If we are not provided ALL insurance information at the time of service, you will be responsible for paying Arkansas Foot and Ankle Specialists directly and submitting for reimbursement from your insurance company.

12. Past due accounts, more than 90 days, will be turned over to our collection agency and a $35 administrative fee will be added to the account balance.

I understand that Arkansas Foot and Ankle Specialist are NOT ACTIVE with Medicaid. I understand Arkansas Foot and Ankle Specialist will NOT BILL Medicaid and any Coinsurance, Deductibles and Copays will be my responsibility and due at the time of service.

I have read and understand the Financial Policy & Privacy Practices of Arkansas Foot and Ankle Specialists

Patient's Name (print):_____Date of Birth_____

Patient's/Guardian's Name_____

Signature_____Date:_____

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: 7/1/2019

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Arkansas Foot and Ankle Specialists.

Foot and Ankle Specialists. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information-Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

· The right to request restrictions on the use and disclosure of your protected health information

· The right to receive confidential communications concerning your medical condition and treatment

· The right to inspect and copy your protected health information

· The right to amend or submit corrections to your protected health information

· The right to receive an accounting of how and to whom your protected health information has been disclosed

· The right to receive a printed copy of this notice

Arkansas Foot and Ankle Specialists' Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Aaron C. Teufel, DPM. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Complaints

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Aaron C. Teufel, DPM

Arkansas Foot and Ankle Specialists

1794 E. Joyce, Suite 2

Fayetteville, AR 72703

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address.

You will not be penalized or otherwise retaliated against for filing a complaint.