

Luis F. Pineda, M.D., P.C.

Date: _____

Demographic Update:

Name: _____

Address: _____

Phone: _____

Home: _____ Cell Phone: _____ Work/Alternate: _____

Email: _____

Do we have permission to speak to anyone regarding your case or health information: _____

Name

Phone

Is there anyone you wish to list that we are not to speak to regarding your healthcare: _____

Name

Phone

Office Policy Change:

_____ (Initial)

In view of maintaining patient confidentiality, and under the HIPAA compliance laws, we ask that only clinical staff enter our kitchen/breakroom area. Patients/family members kindly direct any request that would lead you to enter into this area with our front desk or lab staff and we will be happy to assist you as needed.

Prescription Monitoring Controlled Substance:

_____ (Initial)

We now require all patients receiving long term controlled substance prescriptions to sign an agreement with our facility. This agreement details our 2016 policy and procedures, which include but are not limited to: State website monitoring to check for prescriptions from multiple providers/facilities, mandatory drug testing – which may have an out of pocket cost to you, on file pharmacy information, no weekend or evening prescriptions and termination for violation.

Referrals:

_____ (Initial)

If you have chosen an insurance carrier that requires you to have a referral to see the doctor (Medicaid – patient 1st, United HealthCare, Tricare/Humana) it is your responsibility to contact your primary care doctor and request the referral, verify we have the referral and keep up with the number of visits and expiration date the referral contains. If you see the doctor without a referral and your insurance company does not pay you will be responsible for the cost of the visit.

Copayments, Deductibles, Out of Pocket Cost:

_____ (Initial)

You are responsible for paying your copayment at the time of visit. If you do not have your copayment and it is not an emergency you may be asked to reschedule your appointment. Deductibles and Out of Pocket cost are outlined in the insurance you have selected. We cannot take monthly payments for these cost. You will be required to pay them when they are applied by your insurance carrier to your account. Failure to pay will result in the account being sent to collections. This brings attorney fees/penalties/collection fees of up to 40% and possible termination with our practice.