

Baton Rouge Clinic Urgent Care

7479 Perkins Road
Baton Rouge, LA 70808
(225) 246-9997

Dear Prospective Patient:

Thank you for your interest in Baton Rouge Clinic Urgent Care. It is our primary goal to provide a high-quality, cost-effective alternative to traditional emergency room medicine and a time saving and after-hours alternative to your family doctor.

To help speed your visit at BRCUC and return you on the road to good health as quickly as possible, we ask that you print out and complete this entire document prior to your arrival. We also ask that you be prepared to provide a driver's license and insurance identification card when you arrive.

We look forward to seeing you.

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Patient Billing Acknowledgement

Insurance/Billing

On August 21, 1996, President Clinton Signed the Health Insurance Portability and Accountability Act, known as HIPAA. This law impacts all areas of the health care industry and was designed to improve the efficiency of health care by standardizing the exchange of administrative and financial data, and to protect the privacy, confidentiality and security of health care information.

A major concern in the law was the security and privacy of electronic health records and their transmission between health care entities. The security consists of more than just firewalls – organizations must ensure the confidentiality and integrity of their health records, and transmission of data must be authenticated and have the property of non-repudiation. Additionally, security policies and procedures must be documented and implemented. Baton Rouge Urgent Care has taken a number of technological and administrative steps in order to protect such data. Baton Rouge Clinic Urgent Care has a policy requiring all employees to read and sign a confidentiality agreement. This agreement states that the employee understands that we process confidential data and that the employee agrees not to directly or indirectly disclose any information in an inappropriate manner. Baton Rouge Clinic Urgent Care aggressively enforces this and other agreements applicable to confidential data. Confidentiality obligations are also an integral part of our business and trading partner agreements with entities to which we transmit transactions or from which we receive transactions, such as clearinghouses. Baton Rouge Clinic Urgent Care will neither pursue nor knowingly retain a customer relationship with an entity that is either unwilling or unable to concur with reasonable privacy and confidentiality obligations.

Baton Rouge Clinic Urgent Care recognizes that the transfer of medical data must be carried out in a manner that minimizes the risks of inappropriate disclosure and that safeguards the privacy and confidentiality of data that may identify individuals in their roles as patients and consumers. Baton Rouge Clinic Urgent Care corporate policy is to observe all existing state and federal laws and regulations relating to the transmission, storage, and access to records and other health care data, and to maintain the security and confidentiality of patient-specific information.

The physicians of this office are contracted with many of the local and national managed care plans. However, there are some plans that we do not currently have contracts with. If you belong to a plan that we are not contracted with, our insurance/billing office will be glad to file a claim for you with the understanding that full payment is due at the time of service. Your claim will probably be applied to an out-of-network deductible or totally rejected.

It is important for you to understand that the patient is ultimately responsible for the fees that are not covered by the provider in this case. If you have any questions concerning the coverage your plan has with Baton Rouge Clinic Urgent Care, please call the patient relations department of your provider.

The responsible party will also be responsible for any durable medical equipment (splints, crutches, ace wraps, etc.) and medications not covered by the insurance plan or applied towards the deductible.

Thank you.



Patient Information Sheet

Patient Information

MRN (Epic) _____

Name _____ Social Security # _____ Sex: M F
Last First Middle

Date of Birth _____ other known name(s) _____

Mailing Address _____
City State Zip

Parish _____ Country _____ permanent address temporary address

Home phone _____ Work phone _____ Mobile phone _____

Email address _____ Language _____

Person outside of household to contact in case of emergency or in case we must reschedule an appointment for you.

Name _____ Phone #'s _____ Relationship _____

Marital Status: (circle one)

- Married
- Divorced
- Legally Separated
- Single
- Widowed
- Significant Other
- Unknown
- Other

Ethnicity: (circle one)

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown
- Patient Refused

Race: (circle one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Unknown Other Patient Refused

I acknowledge that I have received a NOTICE OF PRIVACY PRACTICES
Initialed by: _____
Date: _____

Primary Care Physician _____

Responsible Party Information (Guarantor)

Name _____ Social Security # _____ Sex: M F
Last First Middle

Date of Birth _____ other known name(s) _____

Mailing Address _____
City State Zip

Parish _____ Country _____ Relationship to patient _____

Home phone _____ Work phone _____ Mobile phone _____

Employer _____

Employer address _____
City State Zip

Employer phone _____ Employer fax _____

Employment Status: (circle one) disabled full time part time not employed on active military duty retired
Self-employed student full-time student part-time unknown

Subscriber Information (if different from Guarantor)

Name _____ Social Security # _____ Sex: M F
Last First Middle

Date of Birth _____ other known name(s) _____

Mailing Address _____
City State Zip

Parish _____ Country _____ Relationship to patient _____

Home phone _____ Work phone _____ Mobile phone _____

Employer _____

Employer address _____
City State Zip

Employer phone _____ Employer fax _____

Employment Status: (circle one) disabled full time part time not employed on active military duty retired
Self-employed student full-time student part-time unknown

Insurance Information

(Primary Coverage)

(Secondary/Supplemental Coverage)

Insurance Company _____

Insurance Company _____

Ins Address _____

Insurance Address _____

City _____ State _____

City _____ State _____

Zip _____ Phone _____

Zip _____ Phone _____

Relationship to Patient _____

Relationship to Patient _____

Insurance ID # _____

Insurance ID# _____

Effective Date _____

Effective Date _____

Group # _____

Group # _____

Name on Card _____

Name on Card _____

Covered Through: (circle one) current employer retirement
Cobra/continuation of benefits
Other _____

Covered Through: (circle one) current employer retirement
Cobra/continuation of benefits
Other _____

Employer Size: (circle one) 1-19 employees
20-99 employees
100+ employees

Employer Size: (circle one) 1-19 employees
20-99 employees
100+employees

Authorization and Assignment

I authorize The Baton Rouge Clinic to release medical information that may be necessary to request claim reimbursement from insurance companies to whom claims may be submitted.

I also assign claim payments including major medical benefits to be made payable to The Baton Rouge Clinic. I understand The Baton Rouge Clinic will refund to me any overpayment upon request, regardless of insurance.

This authorization and assignment may be revoked by me at any time by a written notice.

Signed _____ Date _____