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FAMILY FOCUSED CARE
HEALTH FUSION OF TEXAS
FITNESS FUSION
SPA FUSION

PATIENT NAME: _____ DOB: _____

MEDICAL ALLERGIES: _____

MEDICAL HISTORY DIAGNOSIS (✓ all that apply)	Self	Mom	Dad	Sister	Brother	G-Mother	G-Father
Allergic Rhinitis/Hay Fever							
Anemia							
Arthritis							
Asthma							
Blood Transfusion							
Breast Cancer							
Cataracts							
Colon Cancer							
Depression							
Anxiety							
Mental Illness							
Diabetes							
Drug/Alcohol/Physical Abuse (circle which applies)							
Emphysema							
Lung Problems							
Endometriosis							
Hearing Problems							
Heart Disease							
Heart Attack							
High Blood Pressure							
High Cholesterol							
Irritable Bowel Syndrome							
Kidney Problems							
Migraines							
Neurological Disease							
Peptic Ulcer Disease/GI Problems							
Positive TB test/Tuberculosis							
Sexually Transmitted Disease							
Stroke							
Thyroid Problems							
Other: _____							

Other Medical Condition(s):

Do you use any form of tobacco?
☐ Yes ☐ No
Type & Amount:

Do you drink Alcoholic beverages?
☐ Yes ☐ No
Amount:

Treated for Substance Abuse?
☐ Yes ☐ No

Sexually Active?
☐ Yes ☐ No

Women Only

Age Menses Began: _____
Regular Menses? ☐Y ☐ N
LMP: _____
Last PAP _____ Mammo _____
# of Pregnancies _____
Form of Contraception _____
OB/GYN Dr. _____

Hospitalizations/Surgeries
(Reason or Type /Year)

Current Medications
(Medication/Dosage/Frequency)

1
2
3
4

I certify the above information is correct to the best of my knowledge. I will not hold my provider or any staff member responsible for any error or omissions that I may have made during the completion of this form.

Signature _____ Date _____

Patient's Name: _____ DOB:_____

Marital Status: S M W D Sex: M F S.S.#_____

Address: _____ City:_____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____ Work Phone #_____

Email Address: _____

Ethnicity: _____ Language: _____

Employer Name and Address: _____

Preferred Pharmacy: _____

Release of Information: Please specify persons that confidential medical information may be released to for the above named patient. You have the right to revoke this consent, in writing, except where we have already made disclosures on your prior consent. Under the requirements of HIPAA, we are not allowed to give this information without patients consent.

Spouse's Name: _____ DOB: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

ONLY complete if under the age of 18:

Person Responsible for Account: _____ DOB: _____

Relation to Patient: _____ Phone #: _____

Primary Insurance: _____ Phone #:_____

ID #: _____ Group #: _____

Insured Name: _____ DOB: _____ Relation: _____

Employer: _____ Phone #: _____

Consent to Treatment: I authorize and direct Family Focused Care/ Health Fusion of Texas to perform treatment upon me. I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the outcome of the treatment. I have read the above statements and hereby consent to the treatment for myself or the minor named above.

Assignment of Benefits: I authorize Family Focused Care/ Health Fusion of Texas to treat the above named patient and to release any medical records required by the insurance company in order to process claims and necessary to secure payment. This authorization will remain in effect until revoked by me in writing. A photocopy of this authorization is to be considered valid as an original. I understand that I am financially responsible for all charges whether or not paid by said insurance.

Acknowledgment of Privacy/Office Policies: I acknowledge that I have seen a copy of the Privacy and Office Policies for Family Focused Care. If I would like a copy for myself, I can ask the front desk.

Signature: _____ Relation to Patient_____ Date: _____

(Responsible Party)

Office Policies of Family Focused Care/Health Fusion

We would like to thank you for choosing Family Focused Care and Health Fusion of Texas as your medical provider.

Appointments: We see patients by appointment only. Same day appointments are usually available for urgent or sudden illness. If you are more than 15 minutes late to your appointment you will need to reschedule your appointment.

After Hours and Emergencies: For a serious emergency call 911 right away. If you are not sure and you call our office, please be sure to tell the person who answers the phone that it is an emergency. After hours you will reach a voice mail and someone from the office will return your call.

Urgent Need or Sudden Illness: We have a limited number of same day or "work-in" appointments available every day. Please call early in the day, as these spots fill up quickly. If there are no available appointments we will offer an appointment however, you must know you may have an additional wait time.

Cancellations & No Show: Please call within 24 hours if you are unable to keep your scheduled appointment. This allows us to provide that time slot to another patient. If you No Show to your appointment you will be charged a No Show fee of $30.

Treatment of Minors: Patients under the age of 18 must be accompanied by a responsible adult or have written permission, for treatment, from a parent or guardian.

Lab Work: We try to draw labs in the office, but some insurance companies require that we send out lab work. If you want your lab work to be sent to a specific lab, i.e., Quest or LabCorp make sure to tell us every time. A limited number of lab services will be billed by our office. All other services will be billed by the contracted lab. You may receive a bill from CPL, Quest, or LabCorp. Please contact their billing department prior to calling our office. We do not have access to their billing system.

Labs Ordered by Other Physicians: We do not routinely draw lab work which has been ordered by other physicians. However, we will try to fulfill this request if you are here for an appointment.

Complete Physical Exams: We believe that routine, annual complete physical exams with screening lab tests are very important to the maintenance of good health. However, insurance benefits vary; some policies cover "wellness" and others cover visits when you have an illness. Please learn about your benefits prior to your appointment so you will know what is covered by your insurance plan.

Nurse or Medical Assistant: We often refer to staff that assist our providers as "nurses". They are "Medical Assistants or Mas" and are extremely helpful and involved in providing excellent care to our patients. MAs have technical school or on-the-job training in providing medical assistance to the providers. They take blood pressures, weigh you, ask about your symptoms, give injections, schedule tests and call in prescriptions. They work under the direct supervision of the providers.

Speaking with a "Nurse": To speak with a nurse you can choose that option from the auto-attendant or be transferred by the receptionist. Often at the time you call the nurse may be helping the provider, so your call is answered by the voicemail. Please leave a detailed message-including your full name and a date of birth. Typically the nurse will call you back the same day, but please allow 24 hours.

Prescriptions and Refills:

• Please have your Pharmacy fax us a refill request or get a prescription refill at your appointment. These will only be handled during office hours.
• If you need to call for refills, don't wait until you have run out. Most refills require the provider's approval. If your provider is out for the afternoon, it may be the next day (or Monday) before it can be authorized.
• Don't go to the pharmacy to wait for your prescription to be called in. Call them first to see if it is ready.
• Refill requests called to us before 12:00 noon will be normally be handled by the end of the day. After 12:00 noon, it may be the next morning before your request can be addressed.
• Some medications have potential side effects that must be monitored. We require a follow-up appointments every 3 months for these medications. Be sure to keep those follow-up appointments.
• Some prescriptions cannot be called in. The prescription must be printed for you to pick up.
• Don't call after hours for prescription refills. There is no access to your chart and we may not be able to help you.

Samples: We sometimes offer you samples to help you try out a new medication before you purchase it. Remember that samples are not a long term way to fill your prescription. We do not always have samples of your medications. Please do not rely on samples for medications you take long term.

Narcotics: We do not prescribe narcotics for chronic use. We do not call in narcotics after hours. If you require use of narcotics, our providers will refer you to a pain management specialist.

Referrals: Sometimes this can be done on the same day as your appointment and sometimes it can take 7-10 days, depending on your insurance and/or the urgency of your situation. Someone will contact you as soon as the referral authorization is obtained. As a patient, it is your responsibility to ensure that your specialist is on your plan. Please understand that it can sometimes take a few weeks to get an appointment with a specialist. This is not something we have control over.

Dismissal: If you are "dismissed" from the practice it means you can no longer schedule appointments, get medication refills or consider us to be your provider. You have to find a doctor in another practice.

Common Reasons for Dismissal

• Failure to keep appointments, frequent no-shows
• Noncompliance, which means you won't follow physician instructions about an important health issue
• Abusive to staff
• Failure to pay your bill

Dismissal Process

We will send a letter to your last known address, via certified mail, notifying you that you are being dismissed. If you have a medical emergency within 30 days of the date on this letter, we will see you. After that, you must find another provider. We will forward a copy of your medical record to your new doctor after you sign a release form and payment for medical records is collected.

Again our office is pleased to have the opportunity to serve you. Our primary mission is to provide you with quality, cost-effective healthcare. Together, we (patients & staff) are trying to adapt to the changing ways of healthcare. The following outlines some of the financial & procedure steps required by your insurance & our office.

No Insurance: Payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our Accounts Manager.

Insurance: Although we are contracted with several insurance companies, it is your responsibility to make sure that our providers are in your plan. It is also your responsibility to know your insurance benefits. As a courtesy to our patients we will file primary insurance and most secondary insurances from our office. In order to do this we will require information from you. We will need all your demographic and insurance information prior to your appointment. We ask that at the time of your appointment you bring your insurance card and a photo ID as well as any other forms that will assist in making sure that your claim is filed correctly. If correct information is not provided and services are not paid within 60 days you may be subject to a reprocessing fee of $25. At the time of service you will be responsible for all fees that are not covered by your insurance, including co-pays, co-insurance, deductibles and non-covered services or items received. The co-pay cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier. We strive to be as accurate as possible in calculating your responsibility but, with so many variations in policies and fee schedules, we are not always exact. You may receive a statement from our office for any balance due. For your convenience we accept cash, checks, credit cards (Visa, MasterCard, American Express and Discover). Payments are also accepted by phone. If you receive payment from the insurance company, please forward the payment & all other papers received, to our office. Please do not send the payment back to the insurance company.

Auto Accident, Liability Injury or Workers Compensation: If your injury is a result of any of these scenarios, you are required to contact your insurance company to verify where you can receive treatment. If seen at our office, you are required to pay for services in full at the time of the visit. We will not file your insurance, but will provide you with a receipt to do so.

Return Checks: There will be a $30 charge assessed for any check returned by your bank for any reason.

Disability, Insurance Forms, Attending Physician Statements, FMLA: There will be a charge of $25.00 for the completion of medical forms or you may be required to schedule an appointment. Payment is due at the time that you pick-up these forms. Please allow 7-10 days for the completion of these forms. If you would like the forms mailed to you or the insurance, payment will be due prior to mailing. FMLA forms require you come in for an appointment.

Medical Records: We will provide you a copy of your medical records upon request and for a fee. You will need to sign a medical records release prior to having them copied. Please allow up to 30 days for this request to be processed.

Billing: If you receive a bill from us, it is because we believe the balance is your responsibility. Please contact your insurance company first. If you have any questions after contacting your insurance company, please contact Cindy at 972-347-1320 ext. 310 or cindy@familyfocusedcare,com. If you cannot pay your entire balance, please call to make payment arrangements.

Collections: Accounts that are not paid within 30 days begin our in house collection process. If your balance becomes 65 days old, your provider will be notified and you may be subject to dismissal from the practice.

Acknowledgement

I acknowledge that I have received and read a copy of the Family Focused Care & Health Fusion of Texas Office and Financial Policies.

Acknowledge of Privacy Policies:

- I understand and agree that I will be financially responsible for any and all charges for services not paid by my insurance for my visits. This includes any fees or services provided by the provider or provider's staff.
- I understand and agree that it is my responsibility and not the responsibility of the provider or clinic to know if my insurance will pay for my visit and/or if a prior authorization is required. I agree to make full payment for any and all denied claims for any reason.
- I understand and agree it is my responsibility to know if y insurance has any deductible, co-payments, co-insurance, out-of-pocket, usual & customary limit, or any other type of benefit limitation for the services I receive, and I agree to make full payment.
- I understand and agree it is my responsibility to know if the provider I am seeing is a contracted in-network provider recognized by my insurance company or plan, it may result in claims being denied or higher out of pocket expense to me. I understand and agree to be financially responsible and make full payment.

If you would like to obtain a copy of these policies please ask front desk.