

Welcome to Nashua Medical Group

173 Daniel Webster Highway South, Nashua, NH 03060-5230

PATIENT INFORMATION

Date: August 10, 2009

Sex: _____

Name: _____

Date of Birth: _____

Address: *If indicating a PO Box also include a street address*

PO Box: _____

Home Phone: _____

I Agree to remove block to accept return calls

Street: _____

Cell Phone: _____

City: _____

Employer: _____

State: _____ Zip Code: _____

Work Phone: _____

I agree to receive automated appointment reminder calls. Authorization denied

Primary Care Physician: _____

How did you hear about us? _____

EMERGENCY CONTACT INFORMATION

Whom should we contact in case of an emergency?

Name: _____ Relationship: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

INSURANCE INFORMATION

Primary

Insurance Co. Name: _____

Group Name: _____

Subscriber: _____

Subscriber DOB: _____

Policy #: _____

Group #: _____

Effective Date: _____

Secondary

Insurance Co. Name: _____

Group Name: _____

Subscriber: _____

Subscriber DOB: _____

Policy #: _____

Group #: _____

Effective Date: _____

PERSON RESPONSIBLE FOR PAYMENT

Name: _____ Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Signature below authorizes and acknowledges the following:

- **ASSIGNMENT OF BENEFITS:** I agree to assign any right I may have to receive payment from a health insurance plan or other payor(s) for services rendered by SJ Physician Services, INC (SJPS). I understand that I am financially responsible for all balances that are not covered by my health insurance plan or payor, as appropriate, based on the terms of contracts or the law. For example, the payment of non-covered services, deductibles and co-payments are considered to be the patient's responsibility. I also understand that I am financially responsible for collection costs should my account become delinquent.
- I acknowledge that I have received a copy of SJH/Nashua Medical Group's *Notice of Privacy Practices*
- **NOTICE REGARDING RELEASE OF HEALTH INFORMATION:** Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and as further explained in St. Joseph Healthcare's (SJHC) Notice of Privacy Practices, SJPS may use and disclose medical information to physicians or other providers for the purposes of providing treatment, and to payors for the purpose of payment for medical treatment. HIPAA also permits SJHC and its affiliated companies to use medical information for healthcare operations.

I have read and understand the payment policy and agree to abide by its guidelines.

Patient/Guardian Signature: _____

Date: August 10, 2009

Patient's Rights and Responsibilities

(Adapted from New Hampshire RSA 151:21)

Patient's Rights

- I. As a patient of Nashua Medical Group, you will be treated with consideration, respect and dignity as an individual.
- II. Your Nashua Medical Group provider will inform you of your health care needs and give you an opportunity to participate in the planning of your care and treatment.
- III. You have a right to urgent or emergency medical care at any time. For this reason, a physician is always on-call. You should seek emergency care at the closest hospital emergency room. For urgent care after normal office hours, our answering service will page the physician on-call.
- IV. Nashua Medical Group ensures confidential treatment of your medical record information, including electronic and paper medical record data. Your written consent is required to release information to anyone not authorized by law to receive it. The medical record information is considered property of the patient. You are entitled to copies of the information, for a reasonable cost, upon your request.
- V. You shall not be denied appropriate medical care on the basis of race, religion, color, national origin, sex, disability, marital status, sexual preference or source of payment.
- VI. You are entitled to select the provider of your choice, as long as your insurance company approves the provider and the provider is accepting new patients.

Patient's Responsibilities

- I. The patient is expected to manage his/her personal financial affairs. If you wish for Nashua Medical Group to bill your insurance company, you are expected to produce an updated insurance ID card or appropriate paperwork so that Nashua Medical Group can bill for services rendered. You may be asked to sign a payment waiver if we cannot verify your insurance information.
- II. You are expected to pay the copay amount, if appropriate, at the time of service. Other fees, coinsurance or deductibles are expected to be paid within 20 days of receipt of the payment statement.
- III. You are expected to request referrals for non-emergent services, rendered by providers other than Nashua Medical Group, prior to receiving the services. Nashua Medical Group will not process referrals for services already received except for emergency or urgent needs. In general, it takes three (3) business days to process referrals.
- IV. You are expected to verify your insurance benefits and specialist information with your insurance company before seeking services.
- V. We request 48-hour notice for all prescription renewal requests. Please make your best effort to plan ahead.
- VI. We understand that you may need to cancel or reschedule an appointment. We ask that you call us at least 24 hours ahead of time, unless otherwise advised. Since the physician's schedules are very busy, many patients are waiting for an appointment. With proper notice, we can care for all our patients more effectively. Charges may apply to missed appointments without prior cancellation.
- VII. Many insurance plans require you to select a Primary Care Provider. If you wish to select a new Primary Care Provider, you must first call your insurance company. After you make the selection, please notify us of the change.
- VIII. You are expected to keep us updated and informed of any demographic changes: addresses and phone numbers. You are expected to remove blocks from private lines in order to receive call backs from Physicians or staff.



August 10, 2009

Dear Patient,

Nashua Medical Group is required by a federal law, the Health Insurance Portability and Accountability Act (HIPAA), to make sure that your personal health information (PHI) is kept private. Although Nashua Medical Group has always safeguarded the confidentiality of your health information, HIPAA requires us to inform you of our privacy practices.

PHI is information about you, including demographic information collect from you, that can reasonably be used to identify you and that relates to your past, present, and future physical or mental health condition, the provision of health care to you, or the payment for that care.

Along with this letter, you will receive the detailed SJH/Nashua Medical Group Notice of Privacy Practices. Patients downloading this document via Nashua Medical Group's website can obtain the handout at their first visit. This document will explain in detail:

- A definition of Protected Health Information (PHI)
- Permitted uses and disclosures of your PHI
- Disclosures of your PHI that require written authorization
- Your right to access and receive copies of your PHI
- Your right to request an amendment to your PHI
- Your right to confidential communications
- Your right to an accounting of disclosures of your PHI
- A description of how to file a complaint if your feel your privacy rights have been violated.
- Your right to request limits on uses and disclosures to your PHI

Please share this information with any other member of your family who receives care at Nashua Medical Group. If you believe that this policy has been violated with respect to information about you or a family, member cared for by NMG, please follow the complaints procedure in the Notice.

Federal law requires us to document that you received this Privacy Notice. Please acknowledge receipt on the Registration Form. Thank you for taking the time to read SJH/Nashua Medical Group's Notice of Privacy Practice.

Sincerely,

Kathy Grinley

Operations Manager



Payment Policy for the Nashua Medical Group

Thank you for choosing us as your Primary Care Provider. We are committed to providing you with quality and affordable health care. Below you will find our facilities Payment policy. Please read it and ask us any questions you may have.

Insurance: We participate with many insurance plans. If you have a question about participation please speak to our Main Reception staff or call our Business office at 603-891-4450. All patients must complete our patient registration form before seeing the doctor. We must obtain a copy of your current valid insurance id card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim. Please be advised that we confirm insurance coverage and ask to see your insurance id card at each visit.

Co-payments and Deductibles: All co-payments and deductibles must be paid at time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Private Pay Patients: If you do not have insurance or are covered by an insurance we do not participate with, you are responsible for a DEPOSIT of \$75-\$100 at time of service depending on the type of visit. You will be billed additional fees, if applicable, at a later date. For your convenience we accept personal checks, cash, credit and debit cards. Payment in full will be expected within 20 days of receipt of your statement. If your bill exceeds \$200.00 a payment plan can be worked out. Please contact our Business office staff at 603-891-4450 and they will discuss options with you.

Custodial Parents: If you are the custodial parent, by law you are responsible for payment of your child's medical bills, even if you are not the carrier of your child's insurance policy. Our agreement to care for your child is made with you.

Non-Covered Services: Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by your insurer. You must pay for these services within 30 days of being notified of your financial responsibility.

Claims Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim within 45 days, the balance may be billed to you.

Nonpayment: If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless previously negotiated. Please be aware that if a balance remains unpaid, we will defer your account to a collection agency and you may be discharged from the practice. If this is to occur, you will be notified that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.