



2503 Highway 150, Suite 105  
 Hoover, AL 35244  
 Phone: (205) 987-6801  
 Fax: (205) 987-6810

**\*\*Please complete paperwork in its entirety\*\***

**PATIENT INFORMATION**

Name (First, Middle Initial, Last) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Address \_\_\_\_\_ Apt# \_\_\_\_\_ Home # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work # \_\_\_\_\_  
 Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender:  Male  Female Cell # \_\_\_\_\_  
 Marital Status:  Single  Married  Widowed  Other: \_\_\_\_\_ Email \_\_\_\_\_  
 Best Form of Contact:  Home  Cell  Email  Other: \_\_\_\_\_ PCP \_\_\_\_\_  
 Race \_\_\_\_\_  Prefer not to answer Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 Employment Status:  Employed  Unemployed  Retired  Child  Student  Other: \_\_\_\_\_  
 Employer \_\_\_\_\_ Pharmacy Name & Phone # \_\_\_\_\_  
 \*Reason for Visit:  Cold/Cough/Fever/Sore Throat  Ear Problem  Injury: \_\_\_\_\_  UTI/Bladder  
 Skin Infection/Rash  Eye Infection  Stomach Pain/Nausea/Vomiting  Other: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION**

**(Person responsible for a patient under the age of 18)**

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Address (if different than patient) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Subscriber:  Patient  Responsible Party  Other: Name \_\_\_\_\_  
 Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone # \_\_\_\_\_  
 Address (if different than patient) \_\_\_\_\_  
 Name of Insurance \_\_\_\_\_  
 Contract/ID # \_\_\_\_\_ Group # \_\_\_\_\_

**I have read and accept the HIPAA Agreement**  Yes  No **Notice of Privacy Practices**  Yes  No

*I consent to treatment for myself or above minor child. I understand that the examination and/or medical treatment I will receive is NOT intended to replace complete medical care by my personal primary care physician. I am aware that I will be responsible for copayment or full payment at the time of service. Any pre-certification requirement that my insurance company requires is my responsibility to make. Furthermore, I allow Hoover Urgent Care to release to my insurance company treatment and billing information, as requested, to process my claim. I allow Hoover Urgent Care to accept assigned payments made by my insurance company on my behalf. I understand that by my lack of payment or if my insurance denies payment, I am responsible for payment in full for services rendered. My failure to pay may result in collection proceedings. In addition, I authorize Hoover Urgent Care to release to my primary care physician or specialty referral, any and all information related to my treatment at this clinic.*

\_\_\_\_\_  
 Patient Signature or Parent of Minor

\_\_\_\_\_  
 Date

**Please sign both pages →**



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## Insurance/Billing/HIPAA

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. Hoover Urgent Care has taken a number of technological and administrative steps in order to protect such data. Hoover 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. Hoover 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. Hoover 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.

Hoover 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. Hoover Urgent Care's 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 Hoover 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. *This is also applicable to items not covered by Medicaid. These will be payable at time of service.*

All HMO/Community Care (Medicaid) members are required to contact their primary care physician for obtaining a referral within 48 hours. This referral must be sent to Hoover Urgent Care – Insurance/Billing office within this time frame for your claim to be filed through your insurance. The patient will be responsible and billed for the balance due, if this process is not followed.

Thank you

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Signature of Patient or Guardian