IMPORTANT! Please read carefully!

Castellanos Family Practice Office Policies

Name: Last Name First Name Middle Initial **SS# / Patient ID:**

Address: Street Address Apt # **E-mail:**

Primary Phone : ( ) - Home Cell Work

Secondary Phone: ( ) - Home Cell Work

City State Zip Code

Date of Birth: _____ **Age:** _____ **Sex:** ☐ Male ☐ Female **Patient Status:** ☐ Married ☐ Widowed ☐ Single ☐ Separated ☐ Divorced ☐ Minor

Patient's Occupation: **Patient's Employer/School:**

Employer/School Address: **Employer/School Phone :** ( ) -

Where did you hear about us? Whom may we thank for referring you? ☐ Yelp ☐ Internet ☐ Newspaper ☐ Flyer/Business Card ☐ Friend/Family Member _____ ☐ PCP / Specialist : _____ ☐ Other : _____

Emergency Contact: **Relationship:** **Primary Phone :** ( ) - Home Cell Work

Secondary Phone: ( ) - Home Cell Work

Please read below to stay up to date with our current office polices.

A COPY OF ALL FORMS CAN BE FOUND ON OUR WEBSITE OR PROVIDED TO YOU AT YOUR REQUEST. PLEASE REQUEST AT THE FRONT DESK.

Office Hours: Castellanos Family Practice: Monday – Friday from 8:00 am to 5:00 pm.
Covina Urgent Care: Monday – Friday from 4:00 pm to 10:30 pm and Saturday – Sunday from 9:00 am to 5:00 pm.

Appointments: We see patients **BY APPOINTMENT ONLY**. Same-Day appointments are usually available for urgent or sudden illness **but please call first**. We may be able to accommodate walk-ins**, but you will be subject to your urgent care copay or deductible**. **(See Financial Policy #1 for more details!)** If our office has already filled up, we will refer you to Covina Urgent Care. Our Covina Urgent Care operates on a walk-in basis. (½ mile away)

Cancellations: Please call 24 hours in advance if you are unable to keep your appointment. This allows us enough time to fill the slot with a patient who really needs it. If an appointment is not cancelled 24 hours in advance, the patient will be subject to a **No Show/ Missed Appointment Fee, $20 / $40. (See *Financial Policy #7* for more details!)**

Running On Time: We know that your time is valuable, that is why we try our best to run on schedule. We ask that you please do the same by being on time for your appointment. Please keep in mind that we are running several different schedules, so if someone who arrived after you is called before you, please be aware that he/she may be seeing another provider.

Test Results: If you have had a diagnostic test done (labs, x-rays, ultrasound, etc.) please schedule a follow-up appointment within 7-10 days to go over the results with your provider. Results will not be given over the phone, unless told otherwise.

Prescriptions and Refills:

- The time to ask for a new prescription or a prescription refill is **DURING** your appointment.
- Please do not wait until you have run out of you medication(s) to request for a refill. Refill requests require the approval of a provider and can take up to 72 hours (3 business days) to be processed.
- Many medications must be monitored for efficacy and potential side effects. We require check-ups every 3-4 months for these medications. Please be sure to keep these appointments or your medications will not be refilled.

Narcotics & Controlled Medications: We do not prescribe narcotics or controlled medications. If you feel as though these medications are necessary, we can refer you to a pain management specialist.

Auto Accidents: If your injury was caused by a motor vehicle accident, we cannot see you at Castellanos Family Practice. Motor Vehicle Accident visits are performed at our Covina Urgent Care office. Please ask anyone at the family practice for more details.

Worker's Compensation: If your injury was caused by an accident in your workplace, we are not authorized to treat you at Castellanos Family Practice. We may be able to treat you at Covina Urgent Care. Please contact your work supervisor for further instructions.

I acknowledge that I have read and have access to a copy of the Castellanos Family Practice Office Policies,

_____ _____ _____

Signature of Patient / Guardian Printed Name of Patient / Guardian Date

Castellanos Family Practice
234 E Badillo Street
Covina CA 91723

Financial Policy

Our financial policy helps us streamline operations in order to allow us to focus on what's most important, your health care. It is important to us that you understand our financial policies.

1. Initials _____ **Co-payments/Deductibles/Coinsurance (which ever applies to you at the time of service) are due in accordance with your policy requirements.** If you walk-in for an appointment and we can accommodate you, we will collect your Urgent Care copay/deductible/coinsurance, which ever applies to you at that time of service. We do not accept checks, but we do accept cash, and debit or credit cards. We do not balance-bill for copays/deductibles/coinsurance; thank you for understanding.

2. Initials _____ We have made prior arrangements with many insurance companies to bill them for your covered health services. **It is our policy to collect a deductible deposit** instead of a co-payment if your benefits indicate your deductible has not yet been met. You will also be responsible for any non- covered or unpaid services rendered, and for Prior Authorizations ($25 each case).

3. Initials _____ Please keep in mind that your insurance policy **is a contract between you and the Insurer. If the insurer does not process payment for your services within a reasonable period, we will have to look to you for payment.** If we later receive payment from your insurer, we will refund any overpayment.

4. Initials _____ If you are insured by a plan we do not have a contract with or with a plan that we have had billing issues with and we have suddenly decided not to accept, ***our charges for your consultation are payable at the time of service.*** You will have to seek reimbursement from your insurance directly for what you had to pay out of pocket to see our provider.

5. Initials _____ **Payment is due upon receipt of a statement from our office. If payment is not made within 30 DAYS from the original statement date, a $10 billing fee will be added.**

6. Initials _____ **If payment is not received within 60 days from the original statement date an additional $35.00 collections fee will be added, and your account will be transferred to collections.**

7. Initials _____ If you have forms that need to be filled out by the doctor, there will be a fee assessed. This fee will be determined by the time required to complete and complexity of the form.

8. Initials _____ **For regular routine 15-minute appointments, there is a $20 charge for Missed Appointments. If your appointment is for a Physical Examination, Pre-Operative Appointment, Pap Smear, Medicare Wellness, Post Hospital, or any complex visit that requires it to be put on the schedule for 30-minutes, the missed appointment fee is $40.00. You may call to cancel or re-schedule 24 hours in advance. This helps us avoid gaps in our schedule and help patients who need urgent appointments. We do call the day prior to your appointment to remind you. Keep in mind that this is a courtesy call. If we are unable to get ahold of you or you receive the voicemail too late to cancel, we ask that our patients keep track of the appointments they have made. Thank you.**

I have read and understand the practice's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

Signature of Patient (or responsible party) Date

Name of Patient (PLEASE PRINT)

(626) 915 - 9992

Castellanos Family Practice
Notice of Privacy Practices

234 E. Badillo Street
Covina, CA 91723

THIS LETTER DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE READ IT CAREFULLY.

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-today activities and management of Castellanos Family Practice. For example, information on the services you received may be used to support budgeting, financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed previously requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Additional Uses of Information

Appointment reminders. Your health information will be used by, our staff to send you appointment reminders.

Information about treatments. Your health information may be used to send you information that you may find interesting on the treatment and management of your medical condition. We may also send you information describing other health-related products and services that we believe may interest you.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Castellanos Family Practice Duties
We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices.
We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices
As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information
You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting our Privacy Officer. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request.

Questions or Concerns
If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

Dario Castellanos, Office Manager
Castellanos Family Practice
234 E. Badillo St.
Covina, CA 91723
(626) 859 - 3297

If you believe that your privacy rights have been violated, you should call the matter to our attention by sending a letter describing the cause of your concern to the same address. You will not be penalized or otherwise retaliated against for filing a complaint.

Effective Date
This notice is effective on or after **January 1, 2011**

Acknowledgement of Receipt of Notice of Privacy Practices

Castellanos Family Practice reserves the right to modify the privacy practices outlined in the notice.

Signature

I have read the Notice of Privacy Practices for Castellanos Family Practice, and I understand that I may request a copy.

_____
Name of Patient

_____
Signature of Patient

_____
Date

_____
Signature of Patient Representative
(Required if the patient is a minor or an adult who is unable to sign this form.)

_____
Relationship of Patient Representative to Patient

NEW PATIENT HEALTH HISTORY

Name	**Today's Date**
Date of Birth	**Date of last physical examination:**
Age	**Date of last labs:**

Do you have any chronic medical conditions? **YES or NO** If so, please list below

Have you ever had surgery? **YES or NO** If so, please list below

Have you ever had cancer? **YES or NO** If so, please list type and date diagnosed below

Have you ever been hospitalized for any reason? **YES or NO** If so, please list reason and admit date below

Do you take any medications? **YES or NO** If so, please list name, dose, and directions below

Do you take any supplements? **YES or NO** If so, please list name, dose, and directions below

****MANDATORY**Select A Pharmacy To Send Current/Future Prescriptions **MANDATORY****

Name:

Telephone:

Address:

Allergy to any medication? **YES or NO** If Yes, list name and reaction:

Do you have family history of Diabetes? **YES or NO**

If so, who?

Family history of cancer? **YES or NO**

If so, what type and who?

Family history of high blood pressure? **YES or NO**

If so, who?

Are there other family conditions we should be aware of? **YES or NO**

If so, who and what?

Marital Status: **SINGLE MARRIED DIVORCED**

Do you have children? **YES or NO** If so, how many?

Do you work? **YES or NO** If so, what is your occupation?

Do you use tobacco? **YES NO FORMER USER**

Do you drink alcohol? **YES or NO**

Drugs? **YES NO FORMER USER**

Do you drink caffeine? **YES or NO** If so, what kind and how many cups a day?