



**REGISTRATION**

**PATIENT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male Female Marital Status: Single Married Divorced Separated Widowed

Confidential e-mail address: \_\_\_\_\_@\_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Ok to contact you by mobile texting with results? YES NO

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Patient Relationship to Contact: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell# \_\_\_\_\_

I understand that all services rendered by the health care providers and/or staff of SIMPLE are considered fee-for-service and must be paid for in full at the time of service. SIMPLE, its physicians and staff, is non-participating with **ALL** insurance companies. I understand I am financially responsible for all charges. I agree to pay all services at the time of service.

I have been fully informed that SIMPLE aka Samantha Durland, MD is **NOT** a participating provider with my insurance company and I am fully aware that I am utilizing an out-of-network provider and by doing such may cause my insurance benefits to be reduced or in some cases denied completely.

**Authorization for Treatment**

While I am here, I permit the health care professionals, SIMPLE physicians, and staff, to treat me in ways they judge beneficial to me. I understand the attending health care provider will explain to me the nature of my condition and her recommended treatment and any associated risk involved. I also understand that she will explain all possible ways this condition may be treated. I further understand that this care may include diagnostic testing, laboratory testing, examinations and medical and/or surgical treatment. I also understand that no guarantees can or will be made regarding the outcome of this care.

Signature \_\_\_\_\_ Date: \_\_\_\_\_



## **PATIENT/PROVIDER AGREEMENT**

Dr. Samantha Durland and the staff of SIMPLE strive to offer comprehensive, quality care to all our patients. We are making a commitment to work with you in your efforts to better your health. To help you in achieving your best self, it is our priority to do the following:

- Run our schedules on time
- Respond to all your questions in a timely fashion
- To treat you with respect
- To offer a transparent process that is easy to understand and navigate
- Keep treatments, discussion and records private

We ask that you, as the patient, do your best to:

- Ask questions, share your feelings and be part of your healing process
- Be honest about your history, symptoms, and other important information about your health
- Value our time and other patients by coming to your appointment with your questions prepared
- Ask your pharmacy to FAX requests for prescription refills
- Treat all our staff with respect
- Be responsible for your scheduled visits. Plan and reschedule visits in advance whenever possible

### **PAYMENT FOR SERVICES**

SIMPLE is not a contracting or participating provider with **ANY** insurance companies. Commercial insurance only covers westernized care and we consider all options of therapy to effectively treat our patients. Our practice is strictly fee for service and payment must be made in full at the time of service. We accept all major credits cards including Care Credit, cash or checks. Simple representatives can only estimate potential costs and cannot guarantee any final costs until all procedures have been performed and accurately documented. All documentation is reviewed by SIMPLE coders and billers. After review of medical documentation, the patient may receive a statement for additional expenses. Insurance cards will be collected solely for the purposes of forwarding to our laboratories. The laboratories will bill your insurance for their fees.

### **Service costs**

Our fee schedule is SIMPLE!

- \$250 for all NEW patients. This includes a nurse intake visit to start, this is to help us get to know more about you and for you to know about what all we do and have to offer.
- \$150 for annual wellness visits. (For women this includes your annual Pap, pelvis and breast exam) Any labs will be billed to insurance directly from the laboratory.
- \$125 for any other visits i.e.: problems, lab reviews, hormones

A full price list is available upon request, but the majority of our charges are listed above. Any lab work will always be billed to your insurance by the lab performing the testing. We also have a list of "cash pay" labs that we off

**RETURNED CHECKS**

Our returned check fee is \$30.00. Any patient that has a returned check will be required to pay with cash or a credit card for any future payments. Failure to repay the check and the returned check fee may result in dismissal as a patient from SIMPLE.

**MISSED APPOINTMENTS**

SIMPLE may, but is not required to, notify the patient of upcoming appointments. This is a courtesy and the patient must understand that they are ultimately responsible to keep their appointment. A fee of \$50 may be charged for a missed appointment. To avoid a missed appointment fee, please notify our office by 9am the day of your appointment.

**MEDICAL RECORDS RELEASES**

SIMPLE will only release medical records when a valid, HIPAA compliant authorization or a court ordered subpoena is received. Due to increasing cost of office supplies, equipment, postage, and manpower SIMPLE will assess appropriate fees for copying and mailing. Fees will be charged in accordance with Kansas Statute 45 CFR 164.524(c). The minimum is \$15 and the maximum is \$30.

**TREATMENT OF MINORS**

Parents/Guardians of a patient under the age of 18 are responsible for payment at time of services. Once the patient reaches the age of 18, they become financially responsible for any charges incurred after their 18<sup>th</sup> birthday.

**DISCHARGE OF A PATIENT**

SIMPLE has the right to terminate a patient from our practice at any time for various reasons, including but not limited to, failure to abide by SIMPLE financial policies, non-compliance with a recommended treatment plan, drug seeking activity, abuse (both verbal and physical) of SIMPLE health care providers, staff or other patients. When a patient is terminated the patient's, medical records will be transferred to their choice of physician or health care facility. Once the patient is discharged from SIMPLE, the patient will not be allowed to return to the practice in the future.

Print Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

If the patient is a minor (under the age of 18)

Print Responsible Party Name \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_



**HEALTH INSURANCE PORTABILITY and ACCOUNTABILITY ACT--HIPAA**

The department of Health and Human Services has established a "Privacy Rule" to help ensure that personal health information is protected for privacy. The Privacy Rule was also created in order to provide a standard for certain health care providers to obtain patients' consent for uses and disclosures of health information about the patient to carry out treatment, payment or health care operations.

As our patient we want you know that we respect the privacy of your personal medical records and will do all we can to secure and protect that privacy. We strive to always take reasonable precaution to protect your privacy. When it is appropriate and necessary, we provide the minimum necessary information only to those we feel are in need of your health care information and information about treatment, payment, or health care operations, in order to provide health care services that are in your best interest.

We also want you to know that we support your full access to your personal medical records. We may have indirect treatment relationships with you (such as laboratories that only interact with physicians and not patients) and may not have to disclose personal health information for purposes of treatment, payment or health care operations. These entities are most often not required to obtain written consent.

You may refuse to consent to the use or disclosure of your personal health information, but this must be in writing. Under this law, we have the right to refuse to provide treatment to you should you refuse all or part of your PHI. You may not revoke action that have already been taken which relied on this or a previously signed consent. If you have any objections to this form, please ask to speak with our HIPPA Compliance Officer.

You have the right to review our privacy notice, to request restrictions and revoke consent in writing after you have viewed our privacy notice. You may review SIMPLEs notice of privacy practices on the website or you can ask for a printed copy in the office. The signing of the consent form verifies that you have received/reviewed/or been offered the "Notice of Privacy" practices information as mandated by the Health Insurance Portability Act of 1996 (HIPAA) and understand it.

**Do we have your permission to communicate with you via mobile texting?      YES      NO**

I hereby authorize SIMPLE and/or its agents to release my medical information to the following:

(Please check all that apply-**PLEASE PRINT**)

<input type="checkbox"/>	Spouse/Significant Other _____	Phone _____
<input type="checkbox"/>	Child _____	Phone _____
<input type="checkbox"/>	Child _____	Phone _____
<input type="checkbox"/>	Other _____	Phone _____
<input type="checkbox"/>	NO ONE!	

**I understand that the above selections will remain valid until changed by me (the patient) in writing.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

*SIMPLE \*\*Ownership Disclosure-Dr. Samantha Durland owns SIMPLE This notice serves as disclosure to patients and/or clients that Dr. Durland may profit from services rendered or products sold within any business operation/DBA held under SIMPLE We acknowledge that you have the right to choose the provider(s) of all of your healthcare services.*  
**JANUARY 1, 2018**