

WELCOME TO OUR PRACTICE

Prairie Family Medicine
 1130 W Prairie Ave
 Coeur d'Alene, ID 83815
 (208) 209-0288



prairie
 FAMILY MEDICINE

Patient Information			
Name	Male/Female/Other	Preferred Name	
Date of birth	SS#	Referred by	
Address	City	State	Zip
Primary Phone	Secondary Phone	Marital status	M/S/D/W
Employer	Preferred Pharmacy		
Financial Responsible Party (if different than patient)			
Name	Relationship to patient	Phone	
Address	City	State	Zip
Release of Information			
I hereby give permission to the person(s) listed below to receive information about the care of the above named patient			
Name	Relationship to patient	Phone	
Insurance Information			
Primary Insurance	ID#	Group #	
Subscriber's SS#	Subscriber Name	Subscribers DOB	
Relationship to patient	Employer		
Secondary Insurance	ID#	Group #	
Subscriber's SS#	Subscriber Name	Subscribers DOB	
Relationship to patient	Employer		
Communication Preference			
We offer a secure texting system called Klara to easily communicate with our patients.			
Okay to receive texts? YES/NO If yes please confirm text capable phone #			

Insurance Authorization and Assignment

To the best of my knowledge, all of this information is true and correct. I understand that I am to pay for all services rendered to me and that I am willing to make specific arrangements to pay whatever parts not covered by my insurance on a timely basis. (Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment.) In order to control your cost of billings we request that our charges for office visits be paid at the conclusion of each visit. I grant to my physicians to mutually exchange medical information with my referring physician(s) and/or their associates to the extent necessary to determine liability for payment and to obtain reimbursement. I authorize disclosure of portions of the patient's medical records to my insurance carrier or medigap carrier. If this account is assigned to an attorney for collections and/or suit, the prevailing party shall be entitled to reasonable attorney's fee and costs of collection. I hereby assign all medical benefits to which I am entitled to my physician for services rendered to me or my dependent. The assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

Patient Signature _____

Date _____

Financial Responsible Party Signature (If other than patient) _____

WELCOME TO OUR PRACTICE

Prairie Family Medicine
1130 W Prairie Ave
Coeur d'Alene, ID 83815
(208) 209-0288



HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Healthcare Operations:

PRAIRIE FAMILY MEDICINE may use or disclose, as needed, your protected health information in order to support the business activities of your provider's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, and conducting or arranging for other business activities.

For example, PRAIRIE FAMILY MEDICINE may disclose your protected health information to medical students that see patients at our office. In addition, PRAIRIE FAMILY MEDICINE may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by your name in the waiting room when your physician is ready to see you. PRAIRIE FAMILY MEDICINE may use or disclose your protected health information, as necessary, to contact you to remind you of an appointment.

We will share your protected health information with third party "business associates" that perform various activities (e.g., billing, and transcription services) for the practice. Whenever an arrangement between PRAIRIE FAMILY MEDICINE and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Other Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization:

PRAIRIE FAMILY MEDICINE will employ other uses and disclosures of your protected health information only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization at any time, in writing, except to the extent that your physician or PRAIRIE FAMILY MEDICINE has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May be Made With Your Consent, Authorization, or Opportunity to Object:

PRAIRIE FAMILY MEDICINE may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of the protected health information, then your provider may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your healthcare will be disclosed.

Others Involved In Your Healthcare:

Unless you object, PRAIRIE FAMILY MEDICINE may disclose to a member of your family, a relative, or a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your healthcare. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest, based on our professional judgment. PRAIRIE FAMILY MEDICINE may use or disclose protected health information to notify or assist in notifying a family member, personal representative, or any other person that is responsible for your care of your location, general condition, or death. Finally, PRAIRIE FAMILY MEDICINE may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your healthcare.

Emergencies:

PRAIRIE FAMILY MEDICINE may use or disclose your protected health information in an emergency treatment situation. If this happens, your provider shall try to obtain your consent as soon as reasonably possible after the delivery of treatment. If your provider or another provider in the practice is required by law to treat you and the provider has attempted to obtain your consent but is unable to obtain your consent, he or she may still use or disclose your protected health information to treat you.

Communication Barriers:

PRAIRIE FAMILY MEDICINE may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the provider determines, using professional judgment, that you intend to consent to use or disclose under any circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object:

PRAIRIE FAMILY MEDICINE may use or disclose your protected health information in the following situations without your consent or authorization. These situations included but are not limited to:

Required by Law: PRAIRIE FAMILY MEDICINE may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: PRAIRIE FAMILY MEDICINE may disclose your protected health information for the public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: PRAIRIE FAMILY MEDICINE may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: PRAIRIE FAMILY MEDICINE may disclose your protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight

agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: PRAIRIE FAMILY MEDICINE may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect, or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: PRAIRIE FAMILY MEDICINE may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations, track products to enable product recalls to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: PRAIRIE FAMILY MEDICINE may disclose your protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: PRAIRIE FAMILY MEDICINE may disclose your protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and those otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of a criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on the Practices premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: PRAIRIE FAMILY MEDICINE may disclose your protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. PRAIRIE FAMILY MEDICINE may also disclose protected health information to a funeral director, as such information in reasonable anticipation of death. Protected Health Information may be used and disclosed for cadaveric organ, eye, or tissue donation purposes.

HIPAA ACKNOWLEDGMENT

By signing this form, I acknowledge that I have received a copy of the HIPAA Privacy Practice Notice. I acknowledge that I understand the policy, its importance and will adhere to Prairie Family Medicine's privacy policy notice at all times.

Patient printed name (or legal representative) _____

Patient Signature (or legal representative) _____

Date _____

WELCOME TO OUR PRACTICE

Prairie Family Medicine
1130 W Prairie Ave
Coeur d'Alene, ID 83815
(208) 209-0288



prairie
FAMILY MEDICINE

Policies

1. Financial Information

We participate with most insurance plans, including Medicaid and Medicare (some limitations apply). As a courtesy, we submit claims for our service to your insurance company. To avoid claims denials, please ensure that we have your most current insurance information on file for all family members at each visit. The balance due after insurance has processed your claims is your responsibility.

2. Co-payments and Deductibles

Insurance requires the collections of your co-pays and deductibles at the time of service. If you arrive unprepared to submit your copay, we allow the copay to be billed to your account twice only with a service fee of \$15 for each incident.

3. Non-Covered Services

Please be aware that some of the services you receive may be not covered, or paid by, your insurance. Balances that remain are patient responsibility.

4. Third Party Payers

If you believe that a third party (such as auto insurance or an employer) is responsible for your medical bills, you must pay for your visit at the time of service. You may then seek reimbursement from the third party for your expense.

5. Proof of Insurance and Identity

We require a copy of a valid picture ID in conjunction with your insurance card in order to bill for services. Inactive insurance or incorrect insurance information may result in balances that you may be responsible for. If you are unable to show proof of insurance coverage, you may be asked to pay for your visit.

6. Collections

Accounts delinquent beyond 60 days will be referred to Valley Empire Collections to begin the formal collection process. Accounts referred to Valley Empire will be suspended to further services until the balance is paid in full. Accounts that remain unpaid after reasonable attempts to collect have been made will result in discontinuation of care that may additionally affect family members' care.

7. Appointment arrival time and Cancellation Policy

We make every effort to remain on schedule. To achieve this, we ask that you arrive 15 minutes prior to your appointment time. In some cases a late arrival may forfeit your appointment or require rescheduling at a later date. Please note: appointment cancellations require 24 hours' notice to avoid a \$50 fee. Excessive (3 or more) last-minute cancellations or no-shows may compromise your ability to remain a patient of the clinic. Fees applied to your account must be paid in order to schedule any further appointments.

8. Prescriptions and Refills

Prescription refill needs should be directed to your pharmacy. Please allow 48 hours for prescription processing and remember that your healthcare provider is not in the office every day. We do not refill prescriptions on weekends or holidays, nor will refills of controlled substances be authorized in the case of them being lost or stolen. Please plan ahead and keep your medications in a safe location.

9. Office Hours

Our regular office hours are Monday, Tuesday, and Wednesday from 8:00 am – 6:00 pm, Thursday from 8:00 am – 7:00 pm and Fridays from 8:00 am – 5:00 pm. The office is closed on all major holidays. If you have an urgent illness or injury, we make every attempt for you to be seen by your provider of choice, but urgent care situations may require that you see an alternative provider with our practice. If you have an urgent care issue outside of office hours, you may call the on-call provider directly at 208-818-2313 or visit your nearest Urgent Care.

Printed Patient Name

Patient Signature

Date

WELCOME TO OUR PRACTICE

Prairie Family Medicine
1130 W Prairie Ave
Coeur d'Alene, ID 83815
(208) 209-0288



prairie
FAMILY MEDICINE

Medical History Form <i>(to be completed by the patient)</i>	
Name	Date of Birth
Personal Health History <i>please list any chronic conditions you've been diagnosed with previously</i>	

Social History						
	Yes	No	Frequency		Yes	No
Alcohol Use				TB Exposure		
Caffeine Use				HIV Exposure		
Tobacco Use				Sleep Problems		
Exercise				Chemical Exposure		

Past Surgical History <i>Please list any past surgeries and the dates they were done</i>	

Hospitalization History <i>please list any previous hospitalizations you've had</i>		
Date	Reason	Hospital

Allergies <i>Please list any allergens (including medications/foods/environmental) and reactions</i>	



Medical History Form <i>(continued)</i>							
Name				Date of Birth			
Family Health History							
	Yes	No	Relationship		Yes	No	Relationship
Diabetes				Anemia			
Stroke				Migraine			
Hypertension				Alzheimer's			
Heart Disease				Epilepsy			
Cancer				Glaucoma			
Asthma				Depression			
Hay Fever				Anxiety			
Arthritis				Drug Abuse			
Osteoporosis				Alcohol Abuse			

Health Maintenance <i>(if applies)</i>	
Date of last Colorectal Screening	Date of last Mammogram
Date of last Prostate Exam	Date of last Pap Smear

Medications <i>(please list name and dose of any medications/supplements your are currently taking)</i>	

*The remainder of this form is to be complete for all **newborn** patients*

Newborn Health History		
Term in weeks/days at birth?	Newborn Hearing Screening	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Birth Weight	Vitamin K administered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discharge Weight	Hep B administered?	Yes <input type="checkbox"/> No <input type="checkbox"/>