



Poolesville Family Practice

Dr. Amar Duggirala

Dr. Kate Kirksey

Name: _____ DOB: _____ Age: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Social Security #: _____ Name of Employer: _____ Occupation: _____

(If different both must be filled out)

Mailing address: _____ City: _____ State: _____ Zip: _____

Billing address: _____ City: _____ State: _____ Zip: _____

I understand the standard policy of Poolesville Family Practice is payment at time of service. I understand that I am ultimately responsible for the bill, regardless of my insurance coverage. I agree to pay all of my charges promptly when billed for medical services rendered. I accept all charges for the patient named above.

Signature: _____

I give permission for the staff of Poolesville Family Practice to leave messages regarding my medical information with the following

persons:	Name	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact: _____

Phone number: _____

Relationship: _____

Patient information (please fill out)

Race _____
If other, please specify

Hispanic: _____

Language: English Other _____
If other, please specify

Gender: _____

Marital Status: _____

Insurance Information: (if insurance is through family member)

Subscriber's Name: _____ DOB: _____ Relationship to patient: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Employer: _____

I hereby authorize Poolesville Family Practice to apply for benefits on my behalf for covered medical services rendered. I request payment be made directly to Poolesville Family Practice. I certify that the information provided is correct and further authorize release of any necessary information, including medical information for any claim by Poolesville Family Practice to the above-named billing agent. I confirm that I understand and agree to the Poolesville Family Practice Patient Policy Manual, available in the office and online at www.poolesvillefamilypractice.com

Name: _____ Signature: _____ Date: _____

19710 Fisher Ave., Ste J, Poolesville MD 20837, (301)972-7600 / Fax (301) 972-8006

Please see reverse side for patient information →

HIPAA

A federal law known as HIPAA (the Health Insurance Portability and Accountability Act) requires that medical practices and other medical providers explain to you the rules governing the privacy of your medical records. We comply with HIPAA and all local/state health privacy regulations. If you would like a copy of our official HIPAA policy it is available at the front desk or our website (poolesvillefamilypractice.com).

Poolesville Family Practice is only contracted with Medicare (and no other private insurer)

I understand that Poolesville Family Practice is not contracted with my insurance company (except Medicare). I realize that my bill would probably be lower if I were to go to a doctor contracted with my insurance. I do understand that I am ultimately responsible for the payment of my bill. I understand that the office may submit my bill to my insurance company, but I agree to be responsible for any portion of my bill which is not covered by my insurance.

Prescription History Access:

In order to better care for you, our doctors and staff may need to access your prescription medication history. By signing this document you give us permission to have access to your electronic prescription history.

Maryland Health Information Exchange:

We have chosen to participate in the Chesapeake Regional Information System for our Patients, Inc. (CRISP), a statewide health information exchange. As permitted by law, your health information will be shared with this exchange in order to provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You may “opt-out” and prevent access of your health information available through CRISP by calling 1-877-952-7477 or completing and submitting an Opt-Out form to CRISP by mail, fax or through their website at www.crisphealth.org.

Medicare patients ONLY: Maryland Primary Care Program (MDPCP):

Our practice is participating in the MDPCP, a state-wide initiative to improve primary care. Through MDPCP, the Centers for Medicare and Medicaid Services (CMS) will give our practice additional resources to help us better manage your care. We hope to provide you the highest quality patient-centered care. To help us provide you with the best care, Medicare will start sharing some of your personal health information with us and the State Designated Health Information Exchange (CRISP), to share with other health professionals providing care to you. This will provide us with a more complete picture of your health and allow us to better coordinate your care.

Your Medicare benefits **ARE NOT** changing. Enhanced services covered by this program will not require additional cost-sharing for you. You still have the right to use or visit any doctor or hospital that accepts Medicare, at any time. Your doctor may continue to recommend that you see particular doctors for your specific health needs, but it's always your choice which doctors or hospital(s) you visit.

If you want Medicare to stop sharing this personal health information, please contact **1-800-MEDICARE**.

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers, and other health care providers through secure, electronic means. The purpose is so that each of your participating healthcare providers can have the benefit of the most recent information available from your other participating providers when taking care of you.

If you choose to opt out of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE to use while treating you. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports, and other data sent directly to them that they may have previously received by fax, mail, or other electronic communications. Additionally, in accordance with the law, Public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled Dangerous Substances (CDS) information, as part of the Maryland Prescription Drug Monitoring Program, will continue to be available through the HIE to licensed providers. If you want to opt, please visit <https://crisphealth.org/for-patients-your-rights/>

I agree to all of the above statements and have had all of my questions regarding the above statements answered to my satisfaction.

Patient's Name

Responsible Party/Guardian

Electronic Signature

Today's Date