



Patient Registration

Please have this information available to input in our electronic check-in system.

Patient information:

NAME (last, first, middle): _____ TITLE: _____

HOME ADDRESS: _____

PREFERRED NAME: _____ SS# _____ - _____ - _____ DOB: ____ / ____ / ____

HOME PHONE: _____ CELL PHONE: _____ SEX: M ___ F ___

EMPLOYER/ADDRESS: _____

WORK PHONE: _____

WHOM MAY WE THANK FOR THIS REFERRAL? _____

PRIMARY Insurance: _____
(Please present your insurance card to our front office staff to be copied)

Policyholder Name: _____ Relationship to Patient: _____

Policyholder Address: _____

Employer: _____ DOB: ____ / ____ / ____

SECONDARY Insurance: _____
(Please present your insurance card to our front office staff to be copied)

Policyholder Name: _____ Relationship to Patient: _____

Policyholder Address: _____

Employer: _____ DOB: ____ / ____ / ____

Emergency Contact Information:

Name: _____ Relationship to Patient: _____ Phone #: _____

You will be required to sign our Financial Policy on the electronic check-in system.

Financial Policy

Please note that all insurance providers have different coverage and benefit levels depending on what you have chosen to purchase or what your employer has chosen for you. Some plans require that you pay a deductible for labs and diagnostic testing in addition to your visit copay. You should check with your insurance provider to see what your plan covers and what you will be responsible to pay for labs, x-rays and other diagnostic tests. We use outside reference labs (Labcorp, Quest, Millennium) for labs that we do not perform in our office. They are participating on most plans, however, you may be billed by them for any balance not covered by your insurance.

We participate with most insurance plans. If you are an HMO patient, you must choose one of our physicians for your primary care physician. This can be done by calling your insurance company and having them list our physician as the PCP. You will be responsible for the visit if we are not listed as the PCP with your plan.

As a courtesy, we will submit your claim for all services to your insurance company. Please remember your individual health insurance policy is a contract between you and your insurance company and we are not a party to that contract. Be aware that some of your services may not be covered by your insurance policy. By presenting for care, you agree that you are responsible for all services and charges regardless of your insurance status. Should any provided services not be covered by your insurance, we will not alter your claim, change your diagnosis, or report a different service than what was performed in order that your insurance will cover the charge. You will be responsible for the balance.

All balances including deductibles and copays are due at the time of service. We file your insurance and then any balances that are due by you must be paid within 30 days unless prior arrangements are made with the billing office. If you have a billing or insurance question, please contact our billing office (865) 288-1100 and they will be happy to assist you. We ask patients to refrain from discussing billing questions with the physicians as they devote their time and expertise to your health care and cannot answer billing questions.

Additional Practice Related Fees:

- \$25.00 Fee = Request to complete Life, Disability, FMLA, & various other types of independent health forms.
- \$30.00 Fee = Returned checks for non-sufficient funds will have a processing fee that will be charged back to the patient. We will be unable to accept any personal checks after the first occurrence.
- \$25.00 Fee = After hour phone calls to the physician may be charged a fee.
- \$25.00 Fee = Charge for missed appointments or appointments canceled with less than 24 hour notice with the Physician or Nurse Practitioner.
- \$50.00 Fee = Charge for missed appointments or appointments canceled with less than 24 hour notice on any testing (i.e.: ultrasounds, cardiac testing, etc.)