HMG
HOLSTON MEDICAL GROUP

For Office Use Only:
HMG MRN # _____

New Patient Intake Form

Patient Name (Last, First, Middle): _____
Street Address: _____
City, State, Zip: _____
Mailing Address (if different): _____
Cell Phone: _____ Home Phone: _____
Date of Birth: _____ Sex: M/F Race: _____
Marital Status (Single, Married, Widowed, Divorced):
SSN# or Last 4 #: _____
Employer: _____
Email Address: _____
Work Phone: _____
Emergency Contact Name: _____
Emergency Contact Cell #: _____ Home #: _____
Relationship to Patient: _____

Pediatric Patients Only

Mother/Legal Guardian Name & Phone: _____
Father/Legal Guardian Name & Phone: _____

Responsible Billing Party (if different from patient)

Name: _____ Relationship: _____
Street Address: _____
City, State, Zip: _____
Mailing Address (if different): _____
Date of Birth: _____ Sex: M/F
Cell Phone: _____ Home Phone: _____

Photo ID: Please provide a photo ID and insurance card/insurance verification. The person bringing a child for care is responsible for payment at the time of service unless prior arrangements have been made. By signing below, I consent to treatment of my minor child by Holston Medical Group.

Insurance Authorization and Assignment: I understand I am financially responsible for services rendered. I authorize my insurance carrier to pay assigned claims to Holston Medical Group and authorize release of medical information as required for payment and insurance processing, including Medicare and Medigap claims when applicable.

Date: _____ Signature: _____

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No Show Appointment Policy

Welcome to Holston Medical Group. Please review our No Show Appointment Policy.

We understand that scheduling conflicts can arise. If you cannot keep your appointment, please notify us at least **two hours in advance** so we can offer that time to another patient.

Patients who miss scheduled appointments without providing advance notice may be charged a no show fee. **A pattern of missed appointments may result in dismissal from Holston Medical Group.**

This policy helps us better serve our patients by making appointments available for those who are sick and need timely care. When an appointment is missed, that time cannot be used for another patient who may need to be seen urgently.

Thank you for your understanding and cooperation. By keeping or canceling appointments as early as possible, you help us provide better access to care for all patients.

Please sign below to acknowledge that you have read and understand our No Show Appointment Policy.

Patient/Parent/Guardian Signature: _____
Date: _____

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Acknowledgement of Receipt of Privacy Practices

By signing this document, I acknowledge that I have reviewed and/or received a copy of the Notice of Privacy Practices, which provides a more complete description of how my protected health information (PHI) may be used or disclosed. I understand that Holston Medical Group (HMG) reserves the right to change its notice and information practices and that I may view a copy of the current Notice on HMG's website, in any HMG office, or by written request.

I also understand that Holston Medical Group participates in the OnePartner Health Information Exchange (OnePartner HIE) and may make my medical information available electronically or electronically transmit my medical information to a third party to fulfill future provider obligations regarding release of medical information.

Print Patient Name: _____Date of Birth: _____

Patient Signature (if applicable):_____ Date: _____

Authorized Representative Signature: _____ Relationship: _____

Verbal Disclosure Authorization

I understand that my Protected Health Information (PHI) will only be verbally communicated to the individuals listed below and that no paper copies will be provided without a signed Authorization for Release of Individually Identifiable Health Information form. I understand that some information may be considered sensitive, including but not limited to pregnancy test results, testing for sexually transmitted infections, Urine Drug Screen results, laboratory test results, medication, or information discussed during an office visit. Individuals listed below must provide the last four digits of my Social Security Number and my date of birth before information is discussed.

List the individual(s) with whom you authorize verbal discussion of your PHI:
Name: _____Phone Number: _____
Name: _____Phone Number: _____
Name: _____Phone Number: _____

FOR INTERNAL USE ONLY
Reason Acknowledgement Could Not Be Obtained:
_____
_____

Employee Signature: _____ Date: _____

MRN: _____ Date Received: _____

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Patient Financial Responsibility

At a Glance

- Bring current insurance information and identification when applicable.
- Copayments and estimated patient amounts are generally due at the time of service.
- Final responsibility is determined after your health plan processes the claim.
- Contact Billing promptly if you have a question or need a payment arrangement.

Insurance and Patient Responsibility

HMG will submit claims to health plans with which we participate when we have complete and accurate information. Network participation may vary by provider, location, service, and specific plan. Please confirm coverage with your health plan before receiving services. You must provide current insurance information and identification when applicable and notify us promptly of changes. Insurance verification is not a guarantee of payment. If coverage cannot be verified, HMG may request an estimated payment and will adjust the account after coverage is confirmed and the claim is processed.

Payments, Estimates, and Noncovered Services

Copayments and known or estimated deductibles, coinsurance, and noncovered amounts are generally due at the time of service. Amounts collected before insurance processes the claim are estimates. After your health plan processes the claim, you are responsible for the patient balance shown on your HMG statement. Payment is due within 30 days of the statement date unless you have disputed the balance or established an approved payment arrangement. When HMG reasonably expects a service may not be covered, we will provide any advance notice required by law or your health plan. For Original Medicare patients, this may include an Advance Beneficiary Notice. Services provided by a facility, anesthesiologist, pathologist, radiologist, laboratory, or other independent provider may be billed separately.

Self-Pay Patients and Good-Faith Estimates

Patients without insurance, patients who choose not to submit a claim, and patients receiving out-of-network services may be asked to pay an estimated amount at the time of service. HMG provides a 25% discount on qualifying HMG services. Uninsured or self-pay patients will receive a written good-faith estimate when required by law and may request an estimate before scheduling care.

Surgery and Procedures

HMG may request an estimated portion of the HMG professional charge before a scheduled surgery or procedure. Estimates are based on information available at the time and are not a guarantee of final insurance payment or patient responsibility. Facility and other professional charges may be billed separately.

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Missed or Late-Canceled Appointments

Please provide at least a two-hour notice if you cannot attend. A missed appointment or cancellation after the applicable deadline may be charged.

Appointment Type	Missed-Appointment Fee
Established visit	$20
Allergy testing	$75
New patient visit	$100
Surgical procedure	$250

Fees are not billed to insurance and do not apply to TennCare members or when otherwise prohibited. HMG may waive a fee for an emergency or circumstances beyond the patient's control. Repeated missed appointments may result in dismissal after review.

Forms

Completion depends on receiving the necessary information and the provider's ability to support the request. Payment is due before pickup or electronic transmission. Workers' compensation forms and prohibited fees are handled separately.

Form Type	Completion Target	Fee
Simple form	2 business days	$5; no charge if completed during a visit
Complex form	10 business days	$25

Returned Payments and Account Credits

A returned payment may be subject to a fee of up to $30, or the maximum permitted by law, whichever is less. After pending claims and adjustments are completed, credits may be applied to other undisputed HMG balances and any remainder will be refunded to the appropriate party.

Past-Due Balances and Collection Activity

Contact Billing promptly if a balance appears incorrect or you need a payment arrangement. A balance more than 120 days past due may be referred to a collection agency after notice. HMG will not refer a balance during an active insurance review, documented dispute, pending financial-assistance application, or current payment arrangement. Collection costs apply only when permitted by law. Persistent failure to pay or make arrangements may affect nonurgent scheduling or result in dismissal. Any restriction or dismissal is subject to clinical review, applicable law, payer requirements, written notice, and continuity-of-care procedures. For a medical emergency, call 911 or go to the nearest emergency department.

Payment Options and Questions

HMG accepts cash, check, money order, debit or credit card, and eligible health savings account payments. Online payment, payment arrangements, or financial assistance may be available. Billing: (423) 578-1802 | Monday-Friday, 8:00 a.m.-5:00 p.m. ET

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Financial Responsibility Patient/Guarantor Acknowledgement

I acknowledge that I received and reviewed the HMG Patient Financial Policy and had an opportunity to ask questions. I agree to pay amounts that are legally my responsibility, subject to applicable law and health-plan requirements.

I understand that HMG may use and disclose information for treatment, payment, and health care operations as described in its Notice of Privacy Practices. I authorize payment of applicable insurance benefits directly to HMG for services provided and authorize HMG to communicate with my health plan, as permitted by law, for billing, payment, appeals, and related activities.

Optional Electronic Communications

These choices are optional and are not a condition of receiving care. Messages may include limited information about appointments, check-in, care-related operations, or account balances. Standard message and data rates may apply. I may change my preference by contacting HMG or following the opt-out instructions in a message.

☐ I agree to receive text messages at the mobile number I provide to HMG.

☐ I agree to receive emails at the email address I provide to HMG.

Patient and Responsible-Party Information

Patient Printed Name: _____ Date of Birth: _____

Guarantor/Authorized Representative, if different: _____

Relationship to Patient: _____

Signature of Patient/Guarantor/Authorized Representative: _____

Date: _____

MRN (Office Use): _____

This policy does not override applicable law, health-plan requirements, or a patient's rights under those requirements.

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Understanding Your Annual Well Visit

This handout explains how preventive services are covered by insurance and how federal billing regulations affect the way medical services are reported and billed. Because preventive care benefits can be confusing, we want to help you understand the difference between a **preventive well visit** and a **problem-focused visit** so there are no surprises regarding your care or insurance coverage.

A **well visit** is a routine preventive screening exam for patients who are not experiencing new or worsening health concerns. It is separate from a visit that addresses specific symptoms, illnesses or medical conditions (a **problem visit**).

Your Annual Well Visit May Include:

- Height, weight and blood pressure measurements
- Updates to your medical, surgical, medication, allergy, reproductive and social history
- Physical examination, including evaluation of appearance (face, eyes, neck and skin) and abdomen
- Discussion of exam findings and general wellness counseling
- Ordering preventive screenings, when clinically appropriate, such as:
    - Bone density screening
    - Diabetes screening
    - Depression screening
    - Prostate cancer screening
    - Screening mammography ▪ Refill or adjustment of maintenance medications related to gynecologic care

Discussion of stable, ongoing conditions that are well controlled and unchanged is considered part of the well visit and cannot be billed separately under federal compliance guidelines.

When Additional Charges May Apply

If a new problem is identified or an existing condition is worsening and requires evaluation, treatment or medical decision making during your well visit, we are required under Federal Compliance Rules to bill for those services based on the care documented in your medical record. This may result in an additional office visit charge and/or copayment, depending on your insurance plan.

If you know you have concerns or symptoms you would like to discuss, we recommend scheduling a separate problem-focused appointment. If concerns are identified during your scheduled well visit, your provider may recommend converting the visit to a problem appointment or scheduling a separate visit to help avoid unexpected costs and ensure adequate time is available to address your needs.

As the insured member, you are responsible for any copayments, deductibles or other patient responsibility amounts required by your insurance plan. If additional problems are evaluated or treated during your well visit, you may incur additional charges. If you have any questions, please let us know.

Patient Signature: _____ Date: _____