www.alpinemedicalgroup.com

Name________________________________**Date**________
Date of Birth______________**Place of Birth**______________
E-mail Address____
Preferred Method of Communication__________________
May we email general information about our clinic? YES/NO
Name of Primary Care Physician______________________

PATIENT INFORMATION

Name: ____Gender: M/F Birthdate:__________
SS# ___-______-_________Best Contact Phone________________________Alt. Phone______________________
Address____City_______________State________Zip__________
Email ____Marital Status:___________________
Employer:____Office Phone:____________________
Race: ____________________Ethnicity:_______________________Preferred Language: ___________________

SPOUSE INFORMATION

Name: ____Gender: M/F Birthdate:__________
Phone:___________________Employer:__________________________________Office Phone:_____________

EMERGENCY CONTACT

Name: ____Phone:____________Relation:_________________

INSURANCE INFORMATION

Primary: ____________________________________
Policy #______________________________________
Policy Holder: ________________________________
Birthdate: __________Relationship:______________

Secondary:__________________________________
Policy #_____________________________________
Policy Holder: _______________________________
Birthdate: __________Relationship:______________

I agree that the above information is accurate to the best of my knowledge. ***I agree to the Office & Financial policies and procedures listed on the reverse side of this form.*** (Reverse side/pg.2)

In accordance with the HIPAA Act, I acknowledge that Alpine Internal Medicine made a "Notice of Privacy Practices" available to me.

I give consent to receive calls and messages on my mobile device.

Signature____ Date______________(over)

Alpine Medical Group, LLC Internal Medicine Division 1060 E 100 S Ste. L-10 SLC, UT 84102
Yong Hui Ahn M.D., Beth C. Hanlon M.D., Michael D. Killpack M.D., Wei Peng M.D.,
Mara Rabin M.D., Wanda S. Updike M.D., Leslie Cooper M.D.

FINANCIAL AND OFFICE POLICY

Updated: 7/09/2014

- Doctors Hanlon and Ahn are co-owners of Salt Lake Regional Medical Center, a physician-owned hospital under 42 U.S.C 1395nn. When we refer for any necessary hospital services, you may choose SLRMC or any other facility, center or hospital for the purpose of having these services performed.
- All patients must complete our Information and Insurance form before seeing the doctor. It is your responsibility to advise our office of changes in your insurance, address and phone number. We will need a copy of your insurance card(s).
- An individual seeking treatment is not considered a patient until the practice has completed an assessment and thereafter receives notification of an accepted patient status.
- It is your responsibility to verify that the provider you are seeing is participating on your plan. Any and all denials will be billed to you.
- Payment and/or copayments are due at the time of service. Should you be unable to arrange payment today, you will not be seen. Our patient account managers will be able to assist you in making payment arrangements and a new appointment. We accept cash, checks, and all major credit cards.
- Deductible plans are required to pay $50 for an established patient or $100 for a new patient at the time of service, and balance is required within 30 days of service.
- Our relationship is with you, not your insurance company. We bill your insurance as a courtesy to you. All balances will be your responsibility and are due within 30 days of notice.
- Please be aware that insurance does not guarantee payment and is subjected to your plans provisions.
- If your account goes to collections, you will not be able to schedule an appointment until the balance has been cleared. There is a 33% fee added to all collections accounts, and you will be responsible for any and all attorney fees.
- Twenty-four hour notice is required for rescheduling or canceling an appointment. If you fail to do so, you will be assessed a $25 fee for this missed appointment.
- Please sign the Arbitration Agreement. This is our way of keeping healthcare costs down and preserving our relationship with you.
- The Laboratory performs their own billing. We are not involved in their procedures. All questions need to be directed to them. Please refer to the statement for the appropriate address and phone number.
- Specialist referrals require a minimum of five business days to complete.
- Medication refills need to go through your pharmacy first. Then allow us 48 hours to finalize.

We appreciate you reading our office policies. If you have any further questions or concerns, please let us know.

Patient name | Signature | Date

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