GCFM 2023 UPDATE

Patient Information: if under 18, parent information required for email and phone number

Patient Name as appears on ins card (Last, First, MI)	SSN Number	Date of Birth	Sex ☐ Male ☐ Female
Address	City, State, Zip Code		
Home Phone	Cell Phone	Work Phone	Marital Status
If under 18, Parent name	**Email address**		

Race: (please check)	Ethnicity: (please check)	Language: (please check)
☐ American Indian ☐ African American ☐ Asian ☐ White ☐ Hawaiian or Other Pacific Islander ☐ Other:_____	☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ English ☐ Spanish ☐ Other: _____

RESPONSIBLE PARTY FOR BILLING ACCOUNT

Name (Last, First, MI)	Relationship	Phone Number

EMERGENCY CONTACT INFORMATION

Name (Last, First, MI)	Relationship	Phone Number

PRIMARY INSURANCE INFORMATION

Insurance Provider		ID#
Policy Holder Name	Relationship to Patient	Date of Birth
Address (if different from above)	City, State, Zip Code	

SECONDARY INSURANCE INFORMATION

Insurance Provider	ID#	
Policy Holder Name	Relationship to Patient	Date of Birth
Address (If Different from above)	City, State, Zip Code	

CONSENT TO DISCUSS MEDICAL INFORMATION AND/OR RELEASE MEDICAL RECORDS

Name (Last, First, MI)	Relationship DOB	Phone Number
Name (Last, First, MI)	Relationship DOB	Phone Number

I authorize and request my insurance company to pay directly to Grand Canyon Family Medicine for any health benefits resulting from care received at that facility. I understand that my insurance company may not cover all services rendered on behalf of me or my dependents and agree to assume responsibility for any services not covered. I consent to the release to my insurance company of any medical record necessary to resolve claims for services rendered. I understand that co-pays, deductibles, co-insurance and any services not covered by an insurance company are DUE IN FULL AT THE TIME OF SERVICE.

Signature	Date

Grand Canyon Family Medicine, P.C.

3960 East Riggs Rd. Ste. 1
Chandler, AZ 85249
Phone: 480-786-4441
Fax: 480-786-4609

_____ _____

Reviewed By Date

Welcome to Grand Canyon Family Medicine:

Grand Canyon Family Medicine, P.C. is a full service family practice. We treat patients of all ages and the full spectrum of medical problems. We provide high quality family health care with an emphasis on preventative care and wellness. We are committed to providing you with the highest quality care. We offer extended hours for your needs. Our hours are Monday through Friday 7:00am to noon and 1:00pm to 5:00pm and on Saturday 8:00am to 2:30pm.

Payment Policy:

All copays, deductibles and co-insurance will be collected at the time of service. This reduces the cost of delivering medical care to you. Visa, MasterCard, and Discover cards are accepted. If you anticipate a billing problem, please contact our office prior to your appointment so that satisfactory arrangements can be made. All outstanding balances must be paid in full before any additional services will be rendered. Financial arrangements are available but must be approved by management.

Note: A fee of $35.00 will be added to unpaid balances that require **collection and/or legal services.** A service charge of $25.00 **will** be applied on all returned checks.

Form Fees:

There will be a $35.00 charge for all forms completed without an appointment. This fee is due at the time the form is presented to the office. The form will not be completed until the form fee is paid. The majority of forms including Disability forms, FMLA forms, Leave of Absence Forms will normally require an appointment.

Referrals/Prior Authorizations

Referrals to specialists and for procedures that are not life threatening can take up to 10 to 14 days. These are the time frames instituted by the insurance plans themselves. Referrals that your doctor feels is MEDICALLY URGENT will be processed ahead of all others.

Prescriptions and Refill Requests:

Medication refill requests should come directly from your pharmacy. This is the quickest and easiest method for refills. If an Rx is needed, please anticipate your need and allow **3 days** for that request to be completed for pick up. We do not do any refills after regular hours. **No prescriptions for long term narcotics or sedatives will be written at this office.**

Insurance Information Changes:

Please be aware that it is your responsibility to notify us of any name, address and insurance changes which may have occurred since your last visit here. If claims are denied as a result of

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incorrect insurance information given to us by the patient and are beyond the insurances timely filing limits, then charges would become the responsibility of the patient.

No Show / Same Day Cancellation Policy

No show and same day cancellations make it impossible for our office to provide care to another patient in need. We require a 24-hour notice for cancellations.

Our policy without notice is as follows:

- 1st No show or same day cancellation: $50.00 charge
- 2nd No show or same day cancellation: $50.00 charge
- 3rd No show or same day cancellation: $60.00 charge and/or **Patient is discharged from the practice.**

Thank you for your consideration in this matter

Courteous Care:

Grand Canyon Family Medicine, PC staff strives to give **quality and courteous care.** We ask that you please remember sometimes emergencies do arise and your appointment may be delayed. Your patience is greatly appreciated. We will do all we can to meet your expectations. Patients who exhibit **abusive language, rude or inappropriate behavior** will be asked to seek care elsewhere.

We look forward to caring for you and thank you for choosing our practice. Your signature below acknowledges that you have read and understand our office policies.

Signature:_____ **Date:**_____

Dr Robert Tognacci DO
Dr Lorretta McCarthy DO
Mary Quihuis NP
Kristy VanBeek PA
Annie Hart PA
Ephraim Temple PA

Notice of Health Information Practices

Grand Canyon Family Medicine participates in a non-profit, non-governmental health information exchange (HIE) called Health Current. It will not cost you anything and can help your doctor, healthcare providers, and health plans better coordinate your care by securely sharing your health information.

I acknowledge that I received and read the Notice of Health Information Practices. I understand that my healthcare provider participates in Health Current, Arizona's health information exchange (HIE). I understand that my health information may be securely shared through the HIE, unless I complete and return an Opt Out Form to my healthcare provider.

_____

Signature Date

Patient Name_____ DOB_____

If you choose to opt out of HIE please ask for the opt out form.