ASSOCIATED FAMILY MEDICAL, LLC

Tina D. Highfill, MSN, CCM, FNP-BC
4364 Highway 51 South
Senatobia, MS 38668-2534
afamilymedical@att.net
Ph: (662) 560-5966
Fax: (662) 560-5969

Patient Information:

Last Name_____ First_____ MI_____ Date of Birth_____
Address_____City_____St_____Zip_____
Phone Home_____ Work_____Cell_____
Male___ Female____ Race _____Marital Status _____SSN _____
Email address_____Pharmacy_____City_____
Do you have an Advanced Directives Plan / Living Will? Yes/No
Do you have a Medical/Legal Power of Attorney? Yes / No
Name_____Phone_____

Children only:

Mother's Name_____ Father's Name_____
Address _____ Address _____
City, St, Zip_____ City, St, Zip_____
Phone_____ Phone_____

Insurance:

Company_____ Policy/ ID#_____Group #_____
Member's Name_____ DOB_____SSN_____ Relationship_____

Employer_____ City_____ ST_____ Phone_____
Is this an accident? Yes____ No____ Work related? Yes ____ No____ Auto accident? Yes____ No____ Date of Injury_____

Notice of Financial Practices:

As part of an effort to provide the best possible medical care to you, we would like to explain our financial policies in advance.

- Your health insurance is a contract between you, your insurance company and, if applicable, your employer. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, coordination of benefits, or precertifications. Our professional services are rendered to you, not the insurance company, therefore payment for services is your responsibility. Not all services are covered benefits. Please understand that if your insurance does not pay for a particular service, you are responsible for payment in full. It is your responsibility to understand and know your insurance benefits and to inform our office of insurance benefit changes prior to the appointment. Co-pays and deductibles are due at time of service. If insurance is denied, you will be responsible for the total charges. We accept cash, checks, Visa, MasterCard, and Discover Card. All returned checks will be at $40.00 returned check fee.
- Any forms or letters requested (short-term disability, school, employment, etc) will be completed with a minimum charge of $25.00 each. We require 5-7 business days advanced notice to complete.
- There may be a charge of $25.00 for missed appointments without notice of cancellation since the booked appointment was kept open specifically for you. Walk-In are alwayss welcome,however, appointments are suggested as we take appointments first.
- Prescription refills- we generally do NOT phone in refills nor do we phone in new prescriptions without evaluation.
- Accounts that are past due may be turned over to a collection service. All fees incured as a result of past due account collections including court costs will be your responsibility.

Privacy:

May we call you, a family member or significant other regarding scheduling, test results or other private issues?

Phone _____ Name _____
Phone _____ Name _____
Phone _____ Name _____

May we leave a brief confidential message on voice mail or answering machine? Yes_____ No _____

I have read and understand the Health Information Notice, Financial Notice, and Privacy Notice. I hereby authorize payment directly to the business office of this clinic/provider for surgical &/or medical benefits for services provided. I understand that I am financially responsible for the charges not covered by insurance.

Patient Signature/Responsible Party_____

Relationship to Patient_____Date_____

Associated Family Medical, LLC
4364 Hwy 51 S.
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Notice of Health Information and Civil Rights Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. As permitted by law, we reserve the right to amend or modify our privacy policies and practices. **PLEASE REVIEW IT CAREFULLY.**

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment.

Payment. Your health information may be used to seek payment from your health plan, from other sources of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of AFM.

Law enforcement. Your health information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. We are required to report certain communicable diseases to the state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Appointment reminders. Your health information will be used by our staff to send you appointment reminders.

Individual Rights

You have certain rights under the federal privacy standards. These include:

- The right to request restrictions on the use and disclosure of your protected health information
- The right to receive confidential communications concerning your medical condition and treatment
- The right to inspect and copy your protected health information
- The right to amend or submit corrections to your protected health information
- The right to receive an accounting of how and to whom your protected health information has been disclosed
- The right to receive a printed copy of this notice
- Persons with Limited English Proficiency (LEP) will have meaningful access and an equal opportunity to participate in our services

Non-Discrimination, Accessibility, and Sensory Impairment POLICY

- Associated Family Medical, LLC, does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, or age in admission to, participation in, or receipt of the services. The facility is fully handicapped accessible with specifically designated parking and patient drop-off/ pick-up areas for patient and transporter convenience. Assistive communication is provided at no additional charge.
- Persons unable to read or write will have a staff reader made available and will complete the necessary paperwork on their behalf.

Asociated Family Medical Duties

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies and practices that are outlined in this notice.

Right to Revise Privacy Practices

These changes in our policies and practices may be required by changes in federal and state laws and regulations. Upon request, we will provide you with the most recently revised notice on any office visit. The revised policies and practices will be applied to all protected health information we maintain.

Requests to Inspect Protected Health Information

You may generally inspect or copy the protected health information that we maintain. As permitted by federal regulation, we require that requests to inspect or copy protected health information be submitted in writing. You may obtain a form to request access to your records by contacting Associated Family Medical, LLC. Your request will be reviewed and will generally be approved unless there are legal or medical reasons to deny the request. Charges may apply.

Questions, Comments or Complaints

If you would like to submit a question, comment or concern about our facility practices, you can do so by sending a letter outlining your concerns to the above address or In case of questions;

Provider Name: Tina Highfill, FNP-BC, Family Nurse Practitioner, Board Certified
Contact Person: Steve Highfill, Business Administrator or Susan King, Office Manager
Telephone number: 662-560-5966 Fax number: 662-560-5969
TDD or MS Relay number: 7-1-1, 1-800-855-1000 (Voice) ; 7-1-1, 1-800-582-2233 (TTY); 7-1-1, 1-800-855-1234 [ASCII (PC)]

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Notice of Financial Practices

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- Your health insurance is a contract between you, your insurance company and your employer if applicable. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, coordination of benefits, precertifications. Our professional services are rendered to you, not the insurance company, therefore payment for services is your responsibility. Not all services are covered benefits in all contracts. Please understand that if your insurance does not pay for a particular service, you are responsible for payment in full. It is you responsibility to understand and know your insurance benefits. Your co-pays and deductibles are due at time of visit. It is your responsibility to inform our office of changes in your insurance benefits prior to the appointment. If insurance is filed with old information and the claim is denied, you will be responsible for the charges. We accept cash, checks, Visa, MasterCard, and Discover Card. All returned checks will be at $40.00 returned check fee.
- Any form or letters requested (short-term disability, school, employment, etc) will be completed with a minimum charge of $25.00 each. We require 5-7 business days advanced notice to complete.
- If you fail to keep you're appointment without a 24-hours notice or no-show for you're appointment, you may be liable for the $25.00 charge for the time that is kept specifically for you're appointment.
- Prescription refills require a return appointment. You are generally given enough medication until your next appointment or lab is due. Some chronic medication may be allowed a 30-day courtesy refill to allow for appointment scheduling. Do not wait until you're are out of medication to obtain new refills as some medications will require examination.
- The medical staff will be happy to answer short questions, a phone call with regard to emergency issues, medication clarification. However, it is best to discuss more involved issues with the provider in an appointment. We'll make every effort to accommodate you as soon as possible within the constraints of our schedule.
- Accounts that are 90-120 days past due may be turned over for collection our attorney or a collection service. All attorney or collection service fees and court cost will be your responsibility.

I have read and understand the Notice of Health Information Practices and the Notice of Financial Practices.

Patient Name_____ Date of Birth_____

Patient Signature/Responsible Party_____

Relationship to Patient_____Date_____