

PATMOS *EmergiClinic*

1231 Tusculum Blvd
Greeneville, TN 37745

PATIENT'S NAME (please print): _____

INFORMED CONSENT: I am giving consent for Robert S. Berry, M. D. and any other medical professional at PATMOS EmergiClinic to evaluate and treat the patient named above.

Signature: _____ **Date:** _____

Payer Information

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. A visit typically costs \$45 to \$75 but can be more or less depending on the severity of your illness, the amount of the physician's time required, whether or not a procedure is performed, and the medicines that you receive. Payment can be made with cash, credit card, debit card, or check.

We do not accept any third party payment. This enables us to keep our overhead low so as to make primary medical care more affordable to people who have no choice but to pay for it out of their own pockets. If you have commercial insurance and you wish to submit the claim to your insurer for reimbursement, we will be glad to provide the appropriate diagnostic and procedure codes so you can do so. If you would prefer that it be submitted on your behalf, we will forward the appropriate documentation for a \$10 surcharge to a professional biller who will then file the claim using a universal claim form (HCFA-1500 or UB-92 form). However, since your insurance company has no contract with us, we cannot guarantee that it will reimburse you. Please note that neither TennCare nor Medicare will reimburse you for this visit.

Due to the complexity of the various governments' current healthcare regulations and the immense power it has to enforce these regulations, we feel it best at this time not to see new patients who require a controlled substance on a regular basis.

I understand that I am responsible for paying my bills today after my visit.

Signature: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip code:** _____

Telephone: (home) _____ **(cell)** _____ **Email address:** _____

Birth date _____ **Age** _____ **Social security number:** _____

What kind of insurance do you have – commercial / TennCare / Medicare / none?

If you have commercial insurance, do you want us to provide the codes for the visit so you can file it yourself?

If you have commercial insurance, do you want us to forward the bill to a professional for a \$10 surcharge who will file the claim on your behalf?

Patient Information (if different from above)

Address: _____

City: _____ State: _____ Zip code: _____

Patient's date of birth: _____ Age: _____

If the patient is a woman, is she pregnant? Yes / No If not, is it possible that she could become pregnant?
Yes / No

If not, why not? Bilateral tubal ligation / menopause / hysterectomy / abstinence

Please provide an emergency contact (name and phone number):

What is your medical problem today?

What chronic medical problems do you have (examples – diabetes, hypertension, asthma)?

What medicines are you taking now?

What pharmacy or pharmacies do you use to fill your prescriptions?

What surgeries have you had?

Are you allergic to any medicines – if so which ones?

How did you find out about PATMOS *EmergiClinic?*