

## emerald coast urgent care



12598 Emerald Coast Parkway  
Suite 101  
Destin, FL 32550  
Tel: (850) 654-8878  
Fax: (850) 654-8840

Dear Prospective Patient:

Thank you for your interest in emerald coast urgent care. It is our primary goal to provide a high-quality, cost-effective alternative to traditional emergency room medicine and a time saving and after-hours alternative to your family doctor.

To help speed your visit at ECUC and return you on the road to good health as quickly as possible, we ask that you print out and complete this entire document prior to your arrival. We also ask that you be prepared to provide a driver's license and insurance identification card when you arrive.

The end of this document also contains a map and helpful directions to assist you in making your way to emerald coast urgent care.

We look forward to seeing you.

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# **Patient Billing Acknowledgement**

## **Insurance/Billing**

On August 21, 1996, President Clinton signed the Health Insurance Portability and Accountability Act, known as HIPAA. This law impacts all areas of the health care industry and was designed to improve the efficiency of health care by standardizing the exchange of administrative and financial data, and to protect the privacy, confidentiality and security of health care information.

A major concern in the law was the security and privacy of electronic health records and their transmission between health care entities. The security consists of more than just firewalls – organizations must ensure the confidentiality and integrity of their health records, and transmission of data must be authenticated and have the property of non-repudiation. Additionally, security policies and procedures must be documented and implemented. Emerald Coast Urgent Care has taken a number of technological and administrative steps in order to protect such data. Emerald Coast Urgent Care has a policy requiring all employees to read and sign a confidentiality agreement. This agreement states that the employee understands that we process confidential data, and that the employee agrees not to directly or indirectly disclose any information in an inappropriate manner. Emerald Coast Urgent Care aggressively enforces this and other agreements applicable to confidential data. Confidentiality obligations are also an integral part of our business and trading partner agreements with entities to which we transmit transactions or from which we receive transactions, such as clearinghouses. Emerald Coast Urgent Care will neither pursue nor knowingly retain a customer relationship with an entity that is either unwilling or unable to concur with reasonable privacy and confidentiality obligations.

Emerald Coast Urgent Care recognizes that the transfer of medical data must be carried out in a manner that minimizes the risks of inappropriate disclosure and that safeguards the privacy and confidentiality of data that may identify individuals in their roles as patients and consumers. Emerald Coast Urgent Care's corporate policy is to observe all existing state and federal laws and regulations relating to the transmission, storage, and access to records and other health care data, and to maintain the security and confidentiality of patient-specific information.

The physicians of this office are contracted with many of the local and national managed care plans. However, there are some plans that we do not currently have contracts with. If you belong to a plan that we are not contracted with, our insurance/billing office will be glad to file a claim for you with the understanding that full payment is due at the time of service. Your claim will probably be applied to an out-of-network deductible or totally rejected.

It is important for you to understand that the patient is ultimately responsible for the fees that are not covered by the provider in this case. If you have any questions concerning the coverage your plan has with Emerald Coast Urgent Care, please call the patient relations department of your provider.

The responsible party will also be responsible for any durable medical equipment (splints, crutches, ace wraps, etc.) and medications not covered by the insurance plan or applied towards the deductible.

Thank you.

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# Patient Admission Form

## Patient Information

Name (First, MI, Last) \_\_\_\_\_ Sex:  Male  Female  
Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status:  S  M  D  
Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_  
Primary Care Physician \_\_\_\_\_ Cell # \_\_\_\_\_ Local # \_\_\_\_\_  
(If Visiting)

## Responsible Party Information (Parent, if patient is a minor)

Name (First, MI, Last) \_\_\_\_\_  
Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status:  S  M  D  
Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_  
Employer's Address \_\_\_\_\_

## Insurance Information

Name of Person carrying Insurance for Patient \_\_\_\_\_  
Address \_\_\_\_\_ Apt/Lot # \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Insurance Plan \_\_\_\_\_ Member # \_\_\_\_\_ Group # \_\_\_\_\_  
Address of Insurance Plan \_\_\_\_\_

Is this visit the result of an accident?  Yes  No Did this accident occur at work?  Yes  No  
How did you hear about us?  Brochure  Pharmacy  Mail  Physician  Sign  Other \_\_\_\_\_

**I have read and accept the HIPAA Agreement:**  Yes  No **Notice of Privacy Practices:**  Yes  No

I consent to treatment for myself or above minor child. I understand that the examination and/or medical treatment I will receive is NOT intended to replace complete medical care by my personal primary care physician. I am aware that I will be responsible for co-payment or full payment at the time of services. Any pre-certification requirement that my insurance company requires is my responsibility to make. Furthermore, I allow Emerald Coast Urgent Care to release to my insurance company treatment and billing information, as requested, to process my claim. I allow Emerald Coast Urgent Care to accept assigned payments made by my insurance company on my behalf. I understand that by my lack of payment or if my insurance denies payment, I am responsible for payment in full for services rendered. My failure to pay may result in collection proceedings. In addition, I authorize Emerald Coast Urgent Care to release to my primary care physician or specialty referral, any and all information related to my treatment at this clinic.

\_\_\_\_\_  
Patient Signature  
(if minor, signature of parent/guardian)

\_\_\_\_\_  
Date

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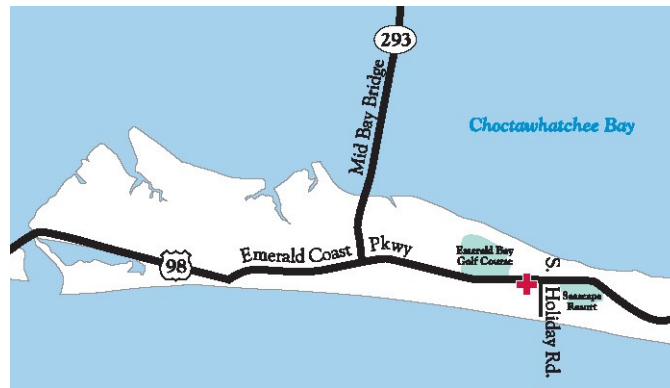
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## Directions

### emerald coast urgent care



### location:



### directions:

We are located between Emerald Bay and Seascapes just two miles east of the Mid Bay Bridge.

### contact:

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