



Healthcare Partners

COLLEGE OF NURSING | UNIVERSITY OF COLORADO

@BELLEVIEW POINT

Patient Information:			
Patient Name:			
Parent/Guardian Name (if minor):			
Date of Birth:		Gender:	
Preferred language:		Race/Ethnicity:	
Is this visit for a work related injury or illness?			
Who can we thank for referring you to our clinic?		Social Security Number: <i>Needed for Electronic Health Record</i>	
Responsible Party:			
This is the individual responsible for paying for patient's portion of services received at this clinic.			
Party responsible for payment:		<input type="checkbox"/> Check here if same as above	
Responsible Party Email address:		Responsible Party Phone Number:	
Responsible Party Mailing Address:			
Emergency Contact Information:			
Emergency Contact Name:		<input type="checkbox"/> Check here if same as above	
Emergency Contact Phone:		Relationship:	
Emergency Contact Address:			

If you are suffering an immediate healthcare crisis or emergency, please dial 911.

Financial Policies:

- We accept cash, check, VISA, MasterCard or Discover card.
- Prior to receiving care in our clinic, your account must be current.
- If full amount cannot be paid at time of service, payment plans can be negotiated. Please inquire at front desk.

Returned Checks:

It is the policy of the University of Colorado to assess a \$20 fee against any person when a check is returned for insufficient funds.

Refund Policy:

- This refund policy must be kept at the front desk and is available on the practice website.
- All requests for refunds must be routed to the operations manager for approval.
- The operations manager will respond to requests for refunds within 48 business hours of the request.
- If it is determined that a refund is warranted, the operations manager will notify the front desk staff.
- The operations manager and front desk staff will work together to process the refund.
- All refunds will be processed against original form of payment. If a credit card was the form of payment, a refund will be processed against the original credit card used for payment.

No-show/Cancellation/Late Policy:

- We ask that you arrive 15 minutes prior to your scheduled appointment to ensure the providers can see all their patients on time. If you are more than 15 minutes late for your appointment you will be required to re-schedule your appointment.
- Scheduled appointments must be cancelled or rescheduled within 4 hours of appointment otherwise, they will be counted as a no-show appointment
- After 3 no-show appointments, patients will be discharged from the practice

General Consent to Treatment:

_____ Having come to CU Healthcare Partners @ Belleview Point for evaluation or treatment, I (or my authorized representative on my behalf) hereby consent to and authorize CU Healthcare Partners @ Belleview Point and other staff members involved in my care to administer such diagnostic procedures, treatment or both as they may consider advisable to maintain my health and to assess and to evaluate and treat my injury or illness. I understand that the provider responsible for my care has the responsibility to explain to me the purpose, the benefits and the most common risks involved in the diagnosis and treatment of my illness or injury, as well as alternative available courses of treatment, and I understand that I have the right to refuse any suggested examination, test or treatment.

Right to Refuse Treatment:

_____ In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by my individual treating health care providers. I also understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and/or treatment.

Financial Responsibility

- ☐ I agree to pay the total amount due today
☐ I cannot pay amount due in full today and would like to negotiate a payment plan

COHRIO Participation

We participate in the Colorado Regional Health Information Organization (CORHIO). The CORHIO health information exchange offers many benefits to patients, but your participation is voluntary. You can decide whether your health information is shared through the CORHIO health information exchange. You will be automatically 'opted in' to participate by being seen at our practice. However, you can choose not to share your health information – this is called "opting out." By making this choice, your health information will not be accessible to providers who use CORHIO's health information exchange tools. Please ask for more information if you would like to 'opt out' of providing your health information to the exchange.

Communication Preferences

I give CU Healthcare Partners @ Belleview Point permission to communicate with me about my healthcare via the following routes (select all that apply)

- ☐ Voice mail message for physical health
☐ Voice mail message for behavioral health
☐ My Health Connection for physical health
☐ My Health Connection for behavioral health
☐ With the following individuals in person or via telephone: _____

By signing below, I am agreeing to the terms outlined in this patient contract.

 Patient Signature

 Date

 Print Patient Name

 Guardian Signature (if applicable)

 Date

 Relationship to Patient

Office use only:

Reviewed by: _____ Date Reviewed: _____

Scanned into EPIC by: _____ Date scanned into EPIC: _____