



NEW PATIENT WELCOME PACKET

Welcome to Premiere Primary Care. We are excited to partner with you in managing your health. We know that you have many options to choose from when considering a healthcare provider, so we appreciate the opportunity to earn your trust and build a lasting relationship with you.

At Premiere Primary Care we strive to provide the best possible customer service. To better serve you, we ask that you read and fill out this paperwork. Please bring it with you to your first appointment, along with your insurance card, photo I.D., and a current medication list. To ensure that all appointments begin on time, we ask that you arrive and check in 15 minutes prior to your scheduled time to complete your medical history paperwork.

Please contact your insurance carrier before your appointment to confirm that our provider is contracted with your insurance plan. Be advised that the only HMO's that we accept at Premiere Primary Care are thru Blue Cross or Blue Shield and it must say "Butte County BSC or Glenn County BSC" on the card.

We have three locations available for your care. You are scheduled to be seen at the following location:

☐ Chico Office
251 Cohasset Rd. Suite 300
Third Floor
Chico, Ca 95926
(530) 809-0674

☐ Orland Office
1361 Cortina Dr. Suite A
Orland, Ca 95963
(530) 865-3400

Thank you,

The Providers and Staff of Premiere Primary Care



REGISTRATION FORM

Patient Name (Last, First, MI): _____

Patient's Home Phone Number: _____ Alternate (Cell Work): _____

E-Mail Address: _____ Driver's License #: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: M F Social Security Number: _____

Marital Status: Married Single Divorced Widowed Preferred Language: _____

Race: Asian Black/African American Native American White / Caucasian Other: _____

Ethnicity: Do you identify as Hispanic/Latino? Yes No

Emergency Contact: _____ Relationship to Patient: _____ Phone: _____

Do you have any drug allergies? Yes No

If so, please list: _____

INSURANCE INFORMATION: - We will request to scan your ID and insurance card

Primary Insurance: _____ Subscriber Name: _____

Policy Number: _____ Relationship to Patient: _____

Social Security Number: _____ Date of Birth: _____

Secondary Insurance: _____ Subscriber Name: _____

Policy Number: _____ Relationship to Patient: _____

Social Security Number: _____ Date of Birth: _____

PHARMACY

Preferred Pharmacy	
Address	
Phone Number	
Fax Number	
Mail Away Pharmacy	
Address	
Phone Number	
Fax Number	

HIPAA ACKNOWLEDGEMENT

I have been given a copy of Premiere Primary Care's Notice of Privacy Practices. I consent to the uses and disclosures of my health information as outlined in the Notice.

<hr/> Signature of Patient/Legally Authorized Representative
<hr/> Relationship to Patient (if patient is not signing)

AUTHORIZATION TO RELEASE PHI TO FAMILY, FRIENDS AND/OR CARETAKERS

<p>I, _____, give the providers and staff of Premiere Primary Care authorization to communicate with the following person(s) regarding my care:</p>		
Name	Relationship to Patient	Date of Birth

_____ Signature of Patient/Legally Authorized Representative
_____ Relationship to Patient (if patient is not signing)

FREQUENTLY ASKED QUESTIONS

Please take a moment to read the following policies on frequently asked questions. If you have any additional questions or would like to reach out to us for any reason, please call us at one of our offices: Chico (530) 809-0674, Orland (530) 865-3400 or Paradise (530) 877-5433.

How do I refill my prescriptions?

- Please call your pharmacy, rather than our office, to request refills of your prescriptions or medication(s); your pharmacy will then contact us regarding your request. Please allow 48-72 hours for processing your refill request. If you use mail order prescriptions, it can take up to 5 working days for refill requests. For refill medication(s) that are not on your health plan's formulary, you may be required to schedule an appointment to see your provider.
- In order to avoid running out of your medication(s), we ask that you please plan ahead and call in your refill request 3-5 working days before taking your last dose. If you are using mail order for your prescriptions, please request your refill 10-12 working days before taking your last dose.
- All controlled prescriptions will require an appointment before refilling.

After seeing my Primary Care Provider, how long does it take for a referral?

- Please allow 7-10 working days for us to complete any non-emergent referrals/authorizations. (Example: referrals for visits to specialists, diagnostic tests, clinical procedures, etc.) We are happy to provide you with an update regarding the status of your referral, so please don't hesitate to phone our office.

What if I need to cancel/reschedule my appointment?

- If you need to cancel or reschedule an appointment, we ask that you call at least 24 hours prior to your appointment.

What if I am admitted to the hospital?

- Our Providers at Premiere Primary Care utilize hospitalists to care for our patients that require hospitalization. A hospitalist is a physician who assumes the care of a patient during their stay at the hospital and then turns the care over to the patient's primary care provider upon discharge. The hospitalist group is led by well-respected physicians who have chosen to dedicate themselves to the care of the hospitalized patient. Please be assured that your provider remains in close communication with the hospital staff so that "continuity of care" is preserved and your transition home from a hospital stay goes smoothly.

DISCLOSURES AND ACKNOWLEDGEMENTS

Payment Policy

It is the policy of Premiere Primary Care to request payment in full at the time of service. Acceptable payments include debit/credit, cash, check, or money order. Insurances we are contracted with are accepted, and as a courtesy, Premiere Primary Care will bill the insurance company for reimbursement. If payment of the account has not been made by either the patient or the insurance company within sixty (60) days, the patient is expected to pay the balance in full. Regardless of insurance coverage, the patient is expected to pay (at time of service) any copays, unmet deductibles, charges for pharmaceuticals, and all charges not covered by the policy.

Quest Diagnostics and Valley Clinical may be used for all outside laboratory services unless prior arrangements have been made.

Except for companies with which we have agreements, our office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. Regardless of any claim pending, if there is an open balance, a statement will be sent to you.

Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay accrual of attorney's fees and collection expenses. Your signature indicates that you are aware of Premiere Primary Care's payment policy and gives permission to Premiere Primary Care to bill your insurance, release any information necessary for billing, and receive payment directly from the same.

Medi-Cal or CMSP patients

Premiere Primary Care does not accept Medi-Cal or CA Health and Wellness patients. Should you obtain Medi-Cal or CA Health and Wellness as your primary or secondary insurance while being treated at this office, we will no longer be able to accept you as a patient at Premiere Primary Care.

I have read and understood and agree to the above statements.	
Patient Name (Printed)	
Date of Birth	
Date Signed	
<hr/> Signature of Patient/Legally Authorized Representative	
<hr/> Relationship to Patient (if patient is not signing)	