

La Misión Family Healthcare Clinic

19780 HWY 281 South

San Antonio, TX 78221

(210) 626-0600

- An eligibility appointment needs to be scheduled prior to your medical/dental appointment.

# 1	One form of Identification needed <u>for each adult family member</u>	Photo ID (patient only)	Driver's License
		Resident alien card	Passport
		State ID card	Credit/debit card with photo

# 2	Copy of Social security card <u>for every member of the family</u> (if applicable)
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# 3	Proof of Address (need ONLY one)	CPS bill	Cable bill
		Water bill	Telephone bill
		Lease agreement	Medicare/Medicaid/CHIP letter
		Automotive insurance	Food stamp letter

# 4	Type of Income For each member of the family working	Required Income proof
	Self Employed	Need Copy of the Current or most recent <u>Income Tax Return (all of the pages)</u>
	Receives pay stubs for work	Bring one <u>month's worth of paystubs (for the last 30 days)</u> for each member of the family working
	Cash only income	Pick up & get the <u>Income Verification Form</u> signed by your employer prior to coming into the eligibility appointment (Form is good for 6 months)
	Other Type of Funding For each member of the family	
	Social Security	Recent Social Security Letter
	Child Support & SSI	A copy of the Official Child Support or SSI Letter
	College Student	Recent Educational Student's Loan Letter
	Unemployed	Texas Workforce Letter
	Not working	Pick up a Financial Support by Third Party Form & get it signed by someone who is helping you while you are unemployed

Disclaimer/mandatory: All paperwork is required in order to qualify for any discounts. You will be rescheduled for an eligibility appointment if you do not have any of the paperwork displayed below.
Discounts do not apply for any outside services such as medical labs.

**ASCENSION DEPAUL SERVICES OF SAN ANTONIO
LA MISIÓN FAMILY HEALTH CARE
REGISTRATION FORM**

PATIENT INFORMATION

(Please Print)

Patient's First Name:		Last Name:	
Birth Date:	Social Security #:	Sex:	M F
Marital Status: ___ Minor ___ Single ___ Married ___ Separated ___ Divorced ___ Other ___			
Ethnicity: ___ Hispanic ___ Anglo/White ___ Black ___ Asian ___ Other ___			
Street Address:			
City:		State:	Zip:
Home Phone #: ()		Cell # : ()	
Employer:		Phone #:	
Occupation:		Referred to Clinic By:	

SPOUSE OR RESPONSIBLE PARTY INFORMATION

First Name:		Last Name:	
Birth Date:	Social Security #	Sex:	M F
Street Address:			
City:		State:	Zip:
Phone #: ()		Cell #: ()	

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Insurance Name:	Policy #
Phone #: ()	

IN CASE OF EMERGENCY

Name of relative or friend:	Phone # ()
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CONSENT TO TREATMENT

The above information is true to the best of my knowledge.

I consent to be examined and received treatment at La Misión Family Health Care.

I also authorize my insurance benefits to be paid directly to Daughters Of Charity Services Of San Antonio.

I understand that I may be responsible for non-covered charges.

I also authorize La Misión to release any information required to process any claim.

Patient/Guardian Signature:	Date:
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ASCENSION DEPAUL SERVICES OF SAN ANTONIO
LA MISIÓN FAMILY HEALTH CARE
Clients Rights and Responsibilities

Clients have the right *to be treated with respect and dignity regardless of race, religion, sex, age, disability, national origin or ability to pay for services.*

Clients have the right *to receive an explanation of the services provided to the client with an explanation of itemized costs.*

Clients have the right *to not be denied services that are deemed necessary and are provided by La Misión due to their inability to pay for such services.*

Clients have the right *and are encouraged to participate in decisions regarding services received.*

Clients have the right *to information regarding their oral health, an appropriate assessment and management of pain, treatment plan (including risks), and expected outcomes, if known.*

Clients have the right *to refuse treatment to the extent permitted by law and to be informed of the risks of refusing.*

Clients have the right *to receive services and treatment that is reasonable for the client's condition and within La Misión's capability. Clients have the right to be transferred to another facility for services that La Misión cannot provide (at the client's expense).*

Clients have the right *to communicate with staff regarding the dissatisfaction of services provided. Clients are encouraged to communicate any suggestions for the improvement or enhancement of services by La Misión.*

Clients have the right *to be notified in advance if La Misión is unable to continue servicing the client. Notification shall be in writing and explain the reasons for the decision and where the client may be able to find other services. Reasons that may lead to a dismissal of a client include:*

- 1. Failure to follow the La Misión Guidelines for Client Responsibilities.*
- 2. Intentional failure to report accurate financial income.*
- 3. Intentional failure to report accurate information regarding client's health.*
- 4. Intentional failure to follow La Misión's Client health care plan.*
- 5. Verbal or physical abusive behavior to La Misión Staff.*
- 6. Failure to treat the client to staff's fullest capacity (threats, client being under the influence, harassment, concern for own safety, etc.) can also be the cause to end the dentist patient relationships.*

ASCENSION DEPAUL SERVICES OF SAN ANTONIO
LA MISIÓN FAMILY HEALTH CARE
Clients Rights and Responsibilities

Clients are responsible for providing La Misión with accurate information regarding client's current financial status or any changes in the client's status. The information assists La Misión in determining the client's eligibility for services.

Clients are responsible for paying for services at the time they are received.

Clients are responsible to pay for services according to the client's assessed ability. If the client is unable to pay, he/she should inform La Misión so that payment arrangements may be made.

Clients are responsible for providing La Misión with complete and accurate health information to assist La Misión in providing proper care and services.

Clients are responsible for utilizing La Misión services responsibly.

1. Keeping scheduled appointments.
2. Notifying La Misión to cancel or reschedule an appointment in advance.

Clients are responsible for the supervision of their children while in the La Misión facility.

Clients are responsible for co-operating with La Misión to uphold safety standards and participate in activities that are designed for client safety and the safety of others during the client's visit to La Misión.

Client Signature

Intake Staff Signature

Date

Date

ASCENSION DEPAUL SERVICES OF SAN ANTONIO
LA MISIÓN FAMILY HEALTH CARE
CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION

1. *This is to inform you that Daughters of Charity Services of San Antonio, hereinafter referred to as DCSSA, may use and disclose your health information that identifies you, and that consists of your past, present or future physical or mental health or condition, the provision of your health care; and the past, present or future payment for the provision of your health care (this health information is referred to herein a “**Protected Health Information**”).*
2. *The use and disclosure of your Protected Health Information will be to carry out treatment, payment, and health care operations of DCSSA.*
3. *For a more complete description of how DCSSA may use and disclose your Protected Health Information, and to find out the specific meanings of “treatment”, “payment” and “health care operation”, please refer to DCSSA’s **Notice of Privacy Practices**. You have a right to review the Notice of Privacy Practices prior to signing this Consent. The terms of the Notice of Privacy Practices may change from time to time; therefore, to obtain a revised Notice of Privacy Practices, please contact:*

Margarita Arroyo, Director of Compliance
La Misión Family Health Care
19780 US Hwy 281 South
San Antonio, Texas 78221

4. *You may have the right to request that DCSSA be restricted from using or disclosing your Protected Health Information in carrying out Treatment, Payment or Health Care Options; however, DCSSA is not required to agree to your requested restrictions. If DCSSA does agree to your requested restrictions, then DCSSA must comply with your request.*
5. *You have the right to revoke this Consent. This revocation must be made in writing to DCSSA. This revocation will be valid except to the extent that DCSSA has taken action in reliance on this Consent.*

By signing this document, you acknowledge that you have read and understand this Consent. Further, you hereby consent and authorize DCSSA to use or disclose your Protected Health Information in conjunction with DCSSA’s Treatment, Payment or Health Care Operations in accordance with the terms of this Consent.

Signature (Patient)

Date

Printed Name (Patient)

ASCENSION DEPAUL SERVICES OF SAN ANTONIO
LA MISIÓN FAMILY HEALTH CARE
NO SHOW / CANCELLATION POLICY

EFFECTIVE MARCH 1, 2018

NO SHOW/CANCELLATION POLICY

Due to the demand for Medical & Dental Services and high percentage of people not coming to their scheduled appointments we will now have a **\$25.00** charge if your appointment is not cancelled within a 24 hour notice.

PATIENT SIGNATURE

DATE