

# UNIVERSITY OF WEST GEORGIA University System of Georgia

## PATIENT INFORMATION FORM

Name				[	Date of Birth	
	Last	ast First Middle Initial		le Initial		
Address						
	Street		City	State	Zip	
Sex	SS#	Best Contact No.		Email Address:		
		African American/Black / Asian / Caucas ecify):				
Ethnicity	(Please circle one	e): Hispanic or Latino / Non-Hispanic or I	Latino / Not liste	ed (Please Specify):		
Medical Insurance			Policy Number			
Persons	to Notify in an Em	ergency Situation (preferably close relat	tives)			
1. Name			Relationship			
Addre	SS			Cell Phone		
				Home Phone		
2. Name				Relationship		
Addre	SS			Cell Phone		
				Home Phone		

Thank you for choosing UWG Health Services. We are committed to providing outstanding medical care. While our number one priority is to serve your needs, we want to make sure you are aware of the following policies and procedures. Please initial beside each item below to indicate your acknowledgement of the policy.

#### Permission for Diagnostic and Treatment Procedures

I hereby authorize the physicians of the UWG Health Services and their agents or consultants, including those at area hospitals, to perform diagnostic and treatment procedures, which in their judgement may become necessary.

#### **Appointment Policy**

UWG Health Services is an appointment-based medical clinic. Appointments are required except in urgent or emergent situations. Students should arrive at least 10 minutes prior to their scheduled appointment.

### Late Arrival/No Show/Cancellation Policy

When a patient arrives late, fails to show altogether or cancels without giving appropriate notice, they prevent another patient from being seen. If you arrive more than 10 minutes late for your appointment, fail to cancel at least two hours prior to your appointment of fail to come altogether, you will be considered a "no show" and a \$20 "no-show fee" will be posted to your Ban Web account. This policy applies to provider appointments scheduled with a physician, nurse practitioner or physician assistant.

#### Services and Fees – Payment Policy

Effective Fall 2018, Health Services will begin charging a fee for provider visits, immunizations, prescription medications and select laboratory services. Students will have the option to pay at the time of service or the charges may be placed on the student's BanWeb account. Health Services accepts cash, check, HSA cards and credit cards (VISA, MasterCard and Discover). Non-payment on an account will result in an administrative hold being placed on the student's BanWeb account. The hold will be removed when the account is paid in full.

I have read and acknowledge the above policies and understand that I am responsible for charges resulting from services not covered by the health fee.

STUDENT SIGNATURE	Date
PARENT SIGNATURE	Date

(If student under 18 years of age at time of enrollment) With this signature I waive all claim to prior notification. I understand that if, in the judgement of the professional staff; the student's parent or guardian should be notified, this will be done.

The information on this form is confidential and will be used only in matters concerning your health. Mail completed form to the appropriate office: Health Services, University of West Georgia, Carrollton, Georgia 301184700.