

Approved By:	Board of Directors	Adopted Date:	03/04
Distribution:	Site Administrators, Billing Staff, Front Office Staff	Revision Date(s):	04/12, 09/18
Category:	Administration and Governance	Reviewed Date(s):	7/19

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PURPOSE:

To outline requirements of the patient registration process with a goal of ensuring:

- Each patient knows what types of services are available at Open Door Community Health Centers (ODCHC), and how to access them.
- Each patient receives any information that is required by law or program policy.
- Each patient provides to ODCHC the information that is necessary to ensure quality medical care and appropriate follow up.

POLICY:

Each patient will be provided with the information that they need to understand ODCHC policies and practices. The following documents will be provided:

Type of Information	Who Receives It	When
New Patient Brochure	All new patients	At first visit or by mail
Notice of Privacy Practices	All patients	At first visit or by mail
Patient Rights	All Patients	At first visit or by mail

ODCHC will collect from each patient all information that is required to ensure quality health care and to allow for efficient processing of claims for payment for services. The following documents must be completed and signed by the patient or responsible party:

Type of Information	Who Receives It	When
Consent to Treat	All patients	At first visit
Health History	All patients	At first visit and every 3 years
Sliding Fee Discount Eligibility (FPL) and Housing Status Form	All patients	At first visit and annually thereafter
FamilyPACT Eligibility Form	All FP patients	At FP enrollment and renewal
Acknowledgment Dental Emergency Visit	Emergency dental patients	At first emergency dental visit
Acknowledgment Dental Materials Fact Sheet	All dental patients	After first visit

Staff will assist patients who have difficulty completing any/all of the forms. Clinically relevant data will be entered or scanned into EPIC. It is the responsibility of the Site Administrator to ensure that forms are distributed and collected.

REFERENCES:

None

ASSOCIATED DOCUMENTS:

AG.301 PATIENT REGISTRATION

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OPS.067 Patient Registration (Retired)

ODCHC Form 390 Eligibility for Sliding Fee Discount Scale Co-Payment

KEYWORD TAGS:

Office, front desk, check-in, check in