

## **Patient Information**

**Office hours:** Monday – Saturday, 7am-7pm. Closed on major holidays and on rare occasions under special circumstances. Alterations in regular business hours will be posted at Wamego Family Clinic.

**Appointments:** Appointment reminder emails, texts, and/or calls may occur and messages may be left on your voicemail. Please arrive 15 minutes early for registration. For optimal care, focus on 1 - 2 problems per visit. Future appointments may be needed for management of other concerns. Consent forms, insurance, and IDs are verified and updated every 12 months and when there are changes.

Children must be accompanied by a parent or legal guardian unless alternate arrangements are made with Wamego Family Clinic. Legal proof of Guardianship is needed when applicable for children's visits.

**Items needed for your appointment:** Bring health insurance cards, pharmacy cards (needed for some medication prior authorizations), photo ID, medication list. Additional items include Advance Directives, Durable Power of Attorney for Healthcare, Guardianship legal documents, vaccination records. If you are receiving allergy injections, you must bring your Allergy/Epinephrine Pen with you.

**Tardy/Cancellation/No-Show:** Please call as soon as possible if you are not going to arrive on time for your appointment. You may need to reschedule your appointment. Cancel appointments at least 24 hours in advance. Multiple appointment discrepancies could result in termination from Primary Care.

**Walk-in Services:** Intended for acute and clinic appropriate needs. Not intended for prescription refills and chronic condition management. Appointments are not required. Advance communications are encouraged for specific testing and physical exams to ensure available supplies and staffing. Wait time is determined by patient volumes and needs. If there is an extended wait or if you are unable to be seen and treated within routine clinic hours, you may be guided to return at a later time for services. You may be guided to the emergency department or to a primary care provider if your condition is not appropriate for walk-in services.

**Medication Refills**: Plan ahead and allow at least 72 business hours to renew prescriptions. Multiple phone calls will not speed up this process. Ask your pharmacy to fax a refill request to Wamego Family Clinic at (785) 458-7347. Prescriptions are sent electronically to your pharmacy. Check with your pharmacy to see if the prescription is ready for pickup.

**Controlled Substance Agreement and Prescription Monitoring:** Primary Care Providers may initiate a Controlled Substance Agreement with you. Notify your provider if you have an Agreement established with another provider. For your safety, notify your provider of all controlled substances including illicit substances that you are using. Wamego Family Clinic references the Kansas Prescription Monitoring Program, K-TRACS.



**Communication / Patient Portal:** Please discuss your questions and concerns with clinic staff or through the Patient Portal. Patient Portal can be accessed at <a href="https://20807-4.portal.athenahealth.com">https://20807-4.portal.athenahealth.com</a> or through our website <a href="www.wamegohealthcenter.org">wamegohealthcenter.org</a>. Staff will communicate with the providers and provide their recommendations. Providers are treating patients throughout the day so please allow sufficient time for their response. An appointment may be needed to address your concerns. If urgent, you may utilize walk-in services or go to the Emergency Department. Phone messages received after 4pm may not be addressed until the next business day. Identity verification by photo ID may be required when picking up documents or items from the clinic.

**Payment:** Insurance co-payments are due at the time of the visit. If the co-pay is unknown, payment of \$15 is due at the visit. For self-pay, \$50 payment or payment in full is due at the visit. If payment is not available at the visit and there is a \$0 balance, a visit may still occur. The patient will be billed for the amount owed. Financial Assistance Applications are available.

Acknowledgement: Patients can access and receive copies of <u>Notice of Privacy Practices</u>, <u>A Guide for</u> <u>Patients</u>, <u>Good Faith Estimate</u>, and <u>Your Rights and Protections Against Surprise Medical Bills</u> information in our lobby and through our website <u>wamegohealthcenter.org</u>.

**Consent / Signature:** Your signature indicates that you have reviewed and agreed to the items communicated in the Patient Information form consisting of 2 pages. You can receive a copy of this form when requested. In addition, your signature indicates that you give consent for Wamego Family Clinic representatives to obtain external demographic, clinical, and prescription history information. Wamego Family Clinic may provide information to healthcare providers that are connected to your care, KHIN, and KSWebIZ databases.

Patient Name (print) :	Date of Birth:
Patient Signature:	Date:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_