AVENUE360

HEALTH + WELLNESS

Eligibility and Registration

AVENUE360
HEALTH + WELLNESS

Welcome to Avenue 360 Health & Wellness! We are delighted that you have chosen us as your healthcare provider.

Insurances Accepted

We accept the following insurance:
Aetna, Ambetter, Amerigroup, Blue Cross Blue Shield, Cigna, Community Health Choice, Medicaid, Medicare, Texas Children's Health Plan, United Healthcare, and many others.

Sliding Fee Discount

We believe income or insurance status should not determine the quality of the health care you receive. As a community health center, we provide medical care using a sliding scale based on your income and household size. If you're uninsured, you are eligible for the sliding scale. You might also be eligible if you're underinsured. Please bring the following documents to your eligibility appointment:

Identification
(one of the following)

- Driver's License
- State identification
- Student identification
- Passport with Picture
- ID issued by Foreign Consulates

Proof of Residency
(one of the following)

- Utility Bill
- Rental Agreement

Income Documentation
(for each household member employed for the past 30 days)

- One month of paystubs
- Wage Verification Letter from Employer
- Child Support Statement
- Supporter Statement
- Social Security Payments
- Unemployment Letter
- Bank Statements

For More Information

713.426.0027

Avenue360.org

CONSENT FOR MEDICAL, DENTAL AND/OR BEHAVIORAL HEALTH CARE AND TREATMENT AND FOR ROUTINE SCREENING FOR ALCOHOL AND OTHER SUBSTANCE USE

- I understand Avenue 360 Health and Wellness is a Patient Centered Medical Home practice, which consists of healthcare professionals who coordinate preventative and chronic care needs in patients.
- I understand that my medical information is confidential and protected to the extent of the law. My medical / dental / behavioral health records are confidential and are released with my written consent.
- I hereby give my consent, or my consent on behalf of a minor child, for medical / dental / behavioral health treatment at Avenue 360 Health and Wellness. I understand there are certain hazards and risks associated with all forms of treatment and my consent is giving knowing this.
- I hereby my consent, or my consent on behalf of a minor child, to testing for Human Immunodeficiency Virus (HIV), the virus that causes AIDS. If I am found to have HIV, I agree to additional testing to determine the best treatment for me. Avenue 360 Health and Wellness may conduct additional testing at future medical appointments without asking me to sign another consent form. In these cases, my provider will tell me and will make a note in my medical record.
  ☐ **I do not want a routine HIV test.**
- I hereby give my consent, to engage in a routine screening procedure about my current alcohol and other substance use. I understand that additional services will be offered to me based on the results of the screening procedure. The data collected from my screening will be recorded in my medical chart and de-identified statistical data, information that does not have your name attached to it, will be submitted to the Substance Abuse and Mental Health Services Administration. I understand that all medical records pertaining to substance use are confidential and will not be disclosed to any party unless I sign a specific written consent to release form.
  ☐ **I do not want a routine alcohol and other substance use screening.**

Patient/Parent/Guardian Signature _____ Date _____

CONSENT FOR TELEHEALTH / TELEPHONIC CONSULTATION

I have been asked by my healthcare provider to participate with Avenue 360 Health and Wellness and its healthcare providers, pharmacists, medical assistances, technical assistants, and others deemed necessary to assist in my healthcare through telehealth and/or telephonic consultations.

I understand the following:

1. This consultation is done with video/audio conferencing technology through a two-way video link whereby a healthcare provider can see my image on the screen and hear my voice. Unlike a traditional office visit, I may not see my usual provider, I will not be in the same room as my provider, my provider will not have the opportunity to perform a physical exam and the provider will rely on the information provided by me.
2. It is my responsibility to provide accurate and current information regarding my medical history, condition and care that is complete and accurate to the best of my ability. My healthcare provider will rely on the information provided by me and is not responsible for advice, recommendations and/or decisions based upon incomplete or inaccurate information provided by me.
3. A telehealth/telephonic consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. I may ask questions and seek clarification at any time.
4. There are potential risks to this including, but not limited to, interruptions of the link; unauthorized access; and technical difficulties. I understand my healthcare provider, or I can discontinue the telehealth and/or telephonic consultation if it is felt that the conferencing connections are not adequate for the situation, or an in-person exam may be necessary.
5. My healthcare provider and I had a conversation, during which I had the opportunity to ask questions regarding this consultation. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language which I understand.
6. I understand that Doximity is the technology my provider is using to conduct this consultation and that Doximity is not responsible for any medical decisions made by the Avenue 360 provider.
7. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. I understand the electronic transmission of data, video images, and audio is developing, and that confidentiality may be compromised by failures of security safeguards or illegal and improper tampering.
8. I understand I can make a complaint to the Texas Medical Board by calling the Complaint Hotline at 800-201-9353 or The Joint Commission by calling 800-994-6610.

eRX CONSENT

Avenue 360 Health and Wellness utilizes e-prescribing, which are computer generated prescriptions sent by your provider directly to your pharmacy. The provider may receive information about your prescription history and about which drugs are covered by a drug benefit plan.

PREFERENCES AND CONSENT FOR COMMUNICATION

By providing your phone number and email, you consent to receive SMS text, email notifications and information on behalf of Avenue 360 Health and Wellness. You may opt out of this service at any time by following the opt-out instructions included in each email you may receive or selecting one of the following options:

☐ Opt-out of SMS text notifications ☐ Opt-out of email notifications only ☐ Opt-out of both SMS and email notifications

CANCELLATION AND NO-SHOW POLICY

It is the policy of Avenue 360 Health and Wellness (Avenue 360) to inform Customers of the importance of keeping appointments and the expectation that they will call to cancel as soon as they know they will be unable to keep the appointment. In order to maintain proper provider and staff productivity levels and to provide quality primary care to the Customers of the agency, the agency may investigate the causes of Customer no shows. Under certain specific conditions, the Customer may be prevented from scheduling future appointments.

1. Each Customer receives and signs the Patient Rights and Responsibilities form upon registering as a Customer of the center according to the policy and procedure regarding Patients' Rights and Responsibilities. Customers should specify their preferred method for contact.
2. A Customer who routinely fails to keep their scheduled appointment may lose the privilege to reserve services and shall have to resort to managing their care as a walk-in.
3. When scheduling an appointment, the Customer or family member is reminded to call in advance, at least twenty-four (24) hours, if they are unable to make the appointment. **Staff will verify contact method, email address and phone number before making the appointment.**
4. Workforce members, or an automated system, should call to remind the patient of his or her appointment at a pre-determined time prior to the appointment.
   a. Customers scheduled after the reminder calls go out, will NOT receive a reminder call.
5. Out of courtesy to our other patients, our staff and providers, patients arriving late to their scheduled appointments may be asked to reschedule or wait and may not be seen “same day”.

PATIENT CENTERED MEDICAL HOME PATIENT RIGHTS AND RESPONSIBILITIES

Patient Centered Medical Home: A patient centered medical home practice is organized around the patient. Patients are cared for by a team of health professionals who coordinate preventative and chronic care needs of patients. Patients actively participate in their care and have rights and responsibilities.

<u>As a patient of Avenue 360 Health and Wellness, your rights are</u>:

Decision Making

- To receive all medical information regarding your health.
- To help plan your care and make decisions about your care, including discussion of other options and risks.
- To give permission before any treatment is started. You may change your mind at any time.
- To choose or change your healthcare provider.

Quality of Care

- To receive care that respects your dignity and values.
- To receive care provided by skilled and well-trained staff.
- To communicate in your preferred language.

Confidentiality and Privacy

- To receive respect for personal privacy.
- To receive confidential family planning services upon request.
- To receive privacy of your medical and billing records.
- To be able to review and copy your Avenue 360 Health and Wellness medical records and to request amendments to your medical records.

Grievance Process

- To voice a complaint about your care or staff members without fear of retaliation.
- To receive a timely response with the results of your complaint.
- To speak with a supervisor or administrator about your concerns.

Non-Discrimination

- Avenue 360 Health and Wellness does not discriminate against a patient because of age, gender, disability, race, creed, color, national origin, sexual orientation, or the way the patient pays for services.

<u>As a patient of Avenue 360 Health and Wellness, your responsibilities are</u>:

Sharing Information

- To provide true and complete medical information to staff members. Incorrect information purposely provided to Avenue 360 Health and Wellness staff may be grounds for termination of care.
- To understand your plan of care, asking questions, and informing staff when you do not understand or when you do not think you can follow the plan of care.

- Inform Avenue 360 Health and Wellness staff if you get care from other professionals and bring records if available.
- Notify Avenue 360 Health and Wellness when you are no longer a patient.

Respect and Consideration

- To respect the needs, rights and property of other patients, family members and staff. Disruptive, abusive, vulgar, or inappropriate behavior will not be tolerated.
- To attend to your children at all times. If your child cannot be watched by an adult at all times, you will be asked to reschedule your appointment.

Involvement in Care

- Participate in your care by working with your health care team to provide the best care possible for you.
- To keep all scheduled appointments. If you cannot keep your appointment, call at least 24 hours in advance. Failure to keep appointments shall result in the loss of scheduling privileges. If you do not call to cancel your appointment, you will be considered a "No-Show."
- To notify your provider if you have been admitted to or have been seen in the emergency room so that your follow up care can be arranged.

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PHI WITH GREATER HOUSTON HEALTHCONNECT

Avenue 360 Health and Wellness participates in Greater Houston Healthconnect, a non-profit organization that provides a secured electronic network of Healthconnect participants, including doctors' offices, hospitals, labs, pharmacies, radiology centers and payers of health claims, such as health insurers, to share your protected health information (PHI). A list of current Healthconnect participants is available at www.ghhconnect.org. When you join Healthconnect, your doctors can electronically search all Healthconnect participants for your PH I and use it while treating you. Healthconnect does not change which providers get to see your information - it allows your information to be shared in a new way. All Healthconnect participants must protect your privacy in accordance with state and federal laws.

Your treatment will not be affected in any way should you choose not to join Healthconnect.

By signing this authorization, you agree that Avenue 360, Healthconnect and its current and future participants may use and disclose your PHI, or that of your minor child, electronically through Healthconnect for the limited purpose of treatment, payment and healthcare operations. You understand that Healthconnect may connect to other health information exchanges in Texas and across the country that also must protect your privacy in accordance with state and federal laws, and you authorize Healthconnect to share your information, or that of your minor child, with those exchanges for the same limited purposes.

Your health information, or that of your minor child, that may be shared through Healthconnect includes:

- Diagnosis (disease or problem)
- Clinical summaries of treatment and copies of documents in your medical record
- Results of laboratory tests, X-rays and other tests
- Medication (current and in the past)
- Personal information such as name, address, telephone number, gender, ethnicity and age
- Names of providers and dates of service
- Alcohol, drug abuse, mental and behavioral health treatment
- HIV/Acquired Immune Deficiency Syndrome (AIDS) test results and treatment
- Hepatitis B or C test results and treatment
- Genetic test results and treatment
- Genome information, if provided
- Family medical history, if provided

You understand that the records and disclosed pursuant to this authorization may include information relating to: Human Immunodeficiency Virus (HIV) infection or Acquired Immunodeficiency Syndrome (AIDS); treatment for or history of drug or alcohol abuse; or mental or behavioral health or psychiatric care.

This authorization remains in effect unless and until you revoke it. You can revoke this authorization at any time by giving written notice to Avenue 360 at **2150 W. 18th Street, Suite 300, Houston, TX 77008 or Fax (832) 649-3944.** Your revocation will be effective within (3) days. You understand that revoking this authorization does not impact PHI previously shared when your authorization was in effect. State and federal laws still allow access to most of your health information, without your written consent, as long as the request is made by other health care providers who are involved in your care. This information would be shared via telephone, mail, or facsimile.

You understand that when your PHI, or that of your minor child, is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by state or federal privacy regulations.

(initial) _____ I request that my health information, or that of my minor child, be excluded from Greater Houston Healthconnect. I understand this means that other health care providers will not be able to obtain my health information, or that of my minor child, through Greater Houston Healthconnect except to the extent action has already been taken to release information, and they may still obtain it through other methods.

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PHI WITH CARE EVERYWHERE

Avenue 360 Health and Wellness participates in the Care Everywhere Health Information Exchange. Care Everywhere allows doctors and nurses from different organizations to electronically exchange patient health information. It is a tool within our electronic medical record that is used to securely share patient health information with other healthcare providers. Anyone who receives care at participating Care Everywhere organizations may benefit from Care Everywhere. Whether you are traveling and need emergency medical attention, or perhaps you visit other healthcare providers in the

community, Care Everywhere allows these providers to access more information about your health status so that they can better meet your medical needs.

Information that will not be shared through Care Everywhere includes:

- Behavioral health treatment
- Substance abuse program services
- Sexual abuse/Forensic records

Only health care professionals involved in your care during your health care visit can view your information. Healthcare professionals may only access your information to coordinate your care and treatment.

This authorization remains in effect unless and until you revoke it. You can revoke this authorization at any time by giving written notice to Avenue 360 at **2150 W. 18th Street, Suite 300, Houston, TX 77008 or Fax (832) 649-3944.** Your revocation will be effective within (3) days. You understand that revoking this authorization does not impact PHI previously shared when your authorization was in effect. State and federal laws still allow access to most of your health information, or that of your minor child, without your written consent, as long as the request is made by other health care providers who are involved in your care, or that of your minor child. This information would be shared via telephone, mail or facsimile.

You understand that when your PHI, or that of your minor child, is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by state or federal privacy regulations.

(initial) _____ I request that my health information, or that of my minor child, be excluded from Care Everywhere. I understand this means that other health care providers will not be able to obtain my health information, or that of my minor child, through Care Everywhere except to the extent action has already been taken to release information, and they may still obtain it through other methods.

By my signature below, and/or my initials above, I acknowledge that I have been given ample opportunity to ask questions, all questions were answered to my satisfaction, and I consent to the following on my behalf, or on the behalf of my minor child:

- Consent for Telehealth/Telephonic Consultation
- eRX Consent
- Preferences and Consent for Communications
- Cancellation and No-Show Policy
- Patient Centered Medical Home Patient Rights and Responsibilities
- Authorization for the Use and Disclosure of PHI with Greater Houston Healthconnect
- Authorization for the Use and Disclosure of PHI with Care Everywhere

_____ _____

Patient/Parent/Guardian Signature Date

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW IT CAREFULLY

Introduction

At Avenue 360 Health & Wellness we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective August 3, 2017, and it applies to all protected health information as defined by federal regulations.

Understanding your Health Record/Information

Each time you visit Avenue 360 Health & Wellness; a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and a plan for future care or treatment. This information, often referred to as your health medical records, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal documentation describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy,
- Better understand who, what, when, where, and
- Why others may access your health information, and
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is physical property of Avenue 360 Health & Wellness, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528, Obtain an accounting of disclosure of your health information as provided in 45 CFR 164.528
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction in certain uses and disclosures of your information as provided by 45 CFR 164.522 and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Avenue 360 Health & Wellness is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction and
- Accommodate reasonable requests you may have to communicate health information by alternative means.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we provide a revised notice, in our office, and on our website.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue using or disclosing your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to File Complaint

If you have questions and/or would like additional information, you may contact our Site Manager at: (713) 426-0027.
If you feel your privacy rights have been violated, you can file a complaint with our Site Manager or with the U.S. Health and Human Services Office for Civil Rights. There will be no retaliation for filing a complaint with either the Site Manager or the Office of Civil Rights. The phone number and address for the Office of Civil Rights (Texas Region) is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, Texas 75202
1-800-368-1019

Patient/Parent/Guardian Signature _____ Date _____

PARTICIPATION IN AN ORGANIZED HEALTH CARE ARRANGMENT (OHCA)

Houston Area Community Services Inc. dba Avenue 360 Health and Wellness ("Avenue 360") is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. OCHIN, as a business associate of Avenue 360, supplies information technology and related services to Avenue 360 and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by Avenue 360 with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

AVENUE360 HEALTH + WELLNESS

PATIENT REGISTRATION FORM

PERSONAL INFORMATION

Last Name:	First Name:	Date of Birth: / /	Preferred Name:

Home Address:	Apt. #:	City:	State:	Zip Code:	County:

Preferred Phone: ☐ Home ☐ Cell	Alternate Phone: ☐ Home ☐ Cell	Social Security #:

Name of Partner or Spouse:	Email Address:	Mother's Maiden Name:

Marital Status (Check One):
☐ Single ☐ Married ☐ Life Partner
☐ Divorced ☐ Separated ☐ Widowed
☐ Unknown ☐ Legally Separated

What is your current work situation:
☐ Unemployed
☐ Part-time ☐ Full-time
☐ Choose not to disclose or decline to answer

Are you currently enrolled in school?
☐ Part-time ☐ Full-time
☐ Not enrolled
☐ Choose not to disclose or decline to answer

Primary Language: ☐ English ☐ Spanish ☐ Other: _____ **Do you need a translator?** ☐ Yes ☐ No

DEMOGRAPHIC INFORMATION

Race: ☐ African American ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian ☐ Pacific Islander ☐ White ☐ Unknown/Refuse to Report

Are you of Hispanic origin? ☐ Yes ☐ No
If Hispanic, check ethnicity origin: ☐ Mexican/Mexican American/Chicano(a) ☐ Puerto Rican ☐ Another Hispanic, Latino(a) or Spanish Origin ☐ Cuban ☐ Unknown/Refuse to Report

Are you homeless? ☐ Yes ☐ No **If homeless:** ☐ Homeless Shelter ☐ Transitional Living Facility ☐ Doubling Up ☐ Street

Do you reside in a Public Housing facility? ☐ Yes ☐ No **Do you have an Advanced Directive?** ☐ Yes ☐ No

Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? (if served) What area, the Armed Forces, Reserves, or National Guard did you serve? (If your answer is no, please skip the next two questions)
☐ No ☐ Yes, in the Armed Forces ☐ Yes, in the Reserves ☐ Yes, in the National Guard ☐ Refused ☐ Don't Know

Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard? (if active) What area, the Armed Forces, Reserves, or National Guard?
☐ No ☐ Yes, in the Armed Forces ☐ Yes, in the Reserves ☐ Yes, in the National Guard ☐ Refused ☐ Don't Know

Have you ever been deployed to a combat zone? ☐ Never Deployed ☐ Iran/Afghanistan (OEF/OIF/OND)
☐ Persian Gulf (Operation Desert Shield/Desert Storm) ☐ Vietnam/Southeast Asia, Korea ☐ WWII
☐ Deployed to a combat zone not listed above (e.g., Bosnia/Somalia) ☐ Refused ☐ Don't Know

SEXUAL ORIENTATION AND GENDER IDENTITY

What sex were you assigned on your original birth certificate?
☐ Male ☐ Female ☐ Choose not to disclose

What are your preferred pronouns?
☐ He/Him ☐ She/Her ☐ They/Them ☐ Other:_____

Do you think of yourself as (Check One): ☐ Straight or heterosexual ☐ Gay, lesbian or homosexual ☐ Bisexual or pansexual
☐ Asexual or something else ☐ Questioning or don't know ☐ Choose not to disclose or decline to answer

To better serve you, what is your current gender identity? (Check One) ☐ Male ☐ Female
☐ Transgender Male/Trans Man/Female-to-Male (FTM) ☐ Transgender Female/Trans Woman/Male-to-Female (MTF)
☐ Additional Gender Category/Other, please specify:_____ ☐ Choose not to disclose or decline to answer

EMERGENCY CONTACT INFORMATION / DELEGATED INDIVIDUAL FOR COMMUNCIATION (Delegated individual for communication is the patient-appointed person to communicate with about your healthcare, which may include information about your diagnosis, eligibility status and appointments.)

Name of Emergency Contact:	Phone Number of Emergency Contact:	Relationship to Patient:
Name of Delegated Individual for Communication:	Phone Number of Delegated Individual:	Relationship to Patient:

HOW DID YOU HEAR ABOUT US?

☐ Flyer ☐ Relative/Friend ☐ Church ☐ School ☐ Event/Fair ☐ Walk-In ☐ Hospital
☐ 2-1-1 ☐ Newspaper ☐ Radio ☐ Internet ☐ Magazine ☐ TV ☐ Eligibility Worker
☐ Other: _____

Social Media: ☐ Email ☐ Twitter ☐ Instagram ☐ Facebook ☐ Other: _____

PREFERRED PHARMACY INFORMATION

Name of Preferred Pharmacy:	Preferred Pharmacy Intersections:	Preferred Pharmacy Phone Number:

FOR OFFICE USE ONLY

Registration Staff Signature:_____ **Date:**_____

AVENUE360 HEALTH + WELLNESS

INCOME AND INSURANCE INFORMATION

Last Name:	First Name:	MI:	Date of Birth: / /

PAYMENT POLICY

- Payment of co-pays and certain other fees are expected at time of service.
- Uninsured patients are also expected to pay appropriate fees at time of service.
- It is your responsibility to notify Avenue 360 Health and Wellness of any insurance carrier changes.
- If you have either Medicaid and/or Medicare the charges for your visit and the services received will be submitted to Medicaid and/or Medicare for reimbursement to the clinic.
- If you have submitted an application for Medicaid and/or Medicare you will be responsible for the full amount of the charges until your application is approved.

INSURANCE INFORMATION

Is this patient covered by the Insurance being presented. ☐ Yes ☐ No (If you checked "No" please skip this section).

The insurance being presented is coverage for: (Check one that applies): ☐ Medical ☐ Dental ☐ Both

Please indicate primary insurance: ☐ Private ☐ Medicaid ☐ Medicare ☐ CHIP ☐ CHIP Perinatal
☐ Other:_____

Secondary insurance, if applicable: ☐ Private ☐ Medicaid ☐ Medicare ☐ CHIP ☐ CHIP Perinatal
☐ Other:_____

Person responsible for charges:

Name	Address	Phone Number

Insurance Plan	Policy Number	Group Number

Patient's relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other: _____

GROSS INCOME

Monthly gross income (Please enter income earned before taxes are deducted):	Household size:

Please check one that applies:

☐ I am employed but unable to provide proper documentation of income, my income per month on average is approximately..... $_____

☐ I am self-employed, my income per month on average is approximately..... $_____

☐ I am unemployed, no one supports me, my income per month on average is approximately..... $_____

DISCOUNT FEE PROGRAM

- I understand that Avenue 360 Health and Wellness offers a sliding fee schedule to discount the cost of medical or dental care for individuals and families that meet financial eligibility criteria. It is my responsibility to provide Avenue 360 Health and Wellness with the appropriate financial documentation requested to determine my eligibility for this discount program.
- I understand that I must re-apply for the discount program each year, or sooner if my household income or family size changes.
- I attest that the information provided on this form is accurate and any findings by Avenue 360 of false statements may result in full payment of all rendered and future costs.

I HAVE READ AND UNDERSTOOD THE PAYMENT OPTIONS OF THE POLICY.

_____ _____
Patient/Parent/Guardian Signature Date

FOR OFFICE USE ONLY

Registration Staff Signature:_____ **Date:**_____

AVENUE360
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Have any questions, or need additional support? Give us a call!

-Ready 360-

Office:281.214.2162