

HOMESTEAD MEDICAL CLINIC

222 N. Main St. | Bristow, OK 74010
Appt: 918-367-6533 | Fax: 918-367-6544

PATIENT INFORMATION:

Name (Last, First, MI) _____ Age: _____ Driver's License: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone#: _____ Cell Phone#: _____ SS# _____

Date of Birth: ____/____/____ Male / Female Marital Status _____

Do you have an Advance Directive (Yes/No) Would you like information on Advanced Directive (Yes / No)

Patient Employer: _____ Occupation: _____

Employer Address: _____ City, State, Zip: _____

Employer Phone #: _____ Email Address: _____

GUARANTOR INFORMATION:

Responsible Party: _____ SS # _____ Relationship: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone#: _____ Cell Phone#: _____ Work Phone #: _____

Guarantor Employer: _____ City, State, Zip: _____

EMERGENCY CONTACT INFORMATION:

#1 Emergency contact: _____ Relationship _____

Home Phone#: _____ Cell Phone#: _____ Work #: _____

Mailing Address: _____ City, State, Zip: _____

#2 Emergency Contact: _____ Relationship _____

Home Phone#: _____ Cell Phone#: _____ Work #: _____

Mailing Address: _____ City, State, Zip: _____

What pharmacy do you use : _____ Phone # _____

FINANCIAL / INSURANCE INFORMATION:

*** PLEASE PRESENT INSURANCE CARD(S), PHOTO IDENTIFICATION WITH THIS PAPERWORK ***

Primary Insurance: _____ Identification # _____

Name of insured: _____ Insured SS #: _____

Insured Date of Birth: ____/____/____ Relationship to Patient: _____

Group Name: _____ Group # _____

Secondary Insurance: _____ Identification # _____

Name of insured: _____ Insured SS #: _____

Insured Date of Birth: ____/____/____ Relationship to Patient: _____

Group Name: _____ Group # _____

Signature of Patient or Representative

Date

PERSONAL MEDICAL:

Please list current medications:

Do you have any medication allergies (Yes / No)

If yes, please list:

Medical Home Agreement

Principles of Medical Home

As identified by the patient centered Medical Home collaborative and adopted by OHCA, the principles of a Medical Home are as follows:

- A. Personal Physician/Provider** – each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.
- B. Physician/Provider Directed Medical Practice** – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.
- C. Whole Person Orientation** – the personal physician is responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.
- D. Care is coordinated and/or integrated** across all elements of the complex health care system (e.g. subspecialty care, hospitals, home health agencies, nursing homes) and the patient’s community (e.g. family, public and private community-based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.
- E. Quality and safety** are hallmarks of the medical home.
- F. Enhanced access to care** is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.

Patient Information and Responsibilities

As a SoonerCare member, there are rules you must follow.

It is your responsibility to:

- Be aware of PCP’s office hours so you will know when you can be seen.
- Call for an appointment as early as possible, keep your appointments.
- You may have to wait up to three (3) weeks to be seen for checkups and shots.
- Even if you have an appointment, you may have to wait past that time to see your PCP. You should ask to reschedule if you cannot wait.
- If you cannot keep your appointment, you must call the provider’s office at least 24 hours before your appointment. Your provider may ask to dismiss you as a patient if you continually miss appointments.

When you call your PCP you should always:

- Tell the staff why you need an appointment.
- Have your medical ID card available.
- Call your PCP’s office if your problem gets worse before your scheduled visit. Ask to speak to the nurse. Tell the nurse what symptoms you have and ask if you should be seen sooner because of them.

Medical Home Agreement

During your PCP visit you should always:

- Give staff the information they need to help you. This includes telling them about your symptoms.
- Tell your PCP your medical history.
- Take shot records to PCP appointment.
- Inform PCP of all prescription drugs, over-the-counter medications, and herbal supplements you are taking.
- Inform PCP of any medical equipment you are using.
- Inform PCP of any other health care appointments.
- Follow the treatment plans and guidelines that your PCP gives you.

Please also keep in mind:

- Your PCP will refer you to a specialist as needed. You will get a referral only if indicated by your PCP. The specialist must be a SoonerCare provider.
- You must get a referral BEFORE you go to a specialist.
- Do not ask your PCP for a referral AFTER you have seen specialist.
- If your PCP gives you a referral for a service that is not covered under SoonerCare, you will have to pay for it.
- If you do not keep your appointment, the specialist may not give you another one.
- Provider will not give a prescription he/she does not determine is needed.
- In most cases provider will not see you in the office the same day you call.
- SoonerCare allows unlimited PCP visits monthly.
- SoonerCare limits specialty visits to 4 times per month.

After-Hours Coverage:

- Provider will arrange for call coverage when unavailable to members and provide all panel members with the information necessary to ensure member access;
- If you think you have a true *medical* emergency, go to the nearest emergency room or call 911 (or your local emergency number).

As a patient you should expect Provider and staff to treat you professionally and respectfully. It is also expected that you and your family members will treat Provider and office staff respectfully and will refrain from using rude, offensive, or threatening behavior. You may call the SoonerCare Helpline to report complaints or concerns regarding provider and staff: 1-877-252-6002

I have read and understand the Patient Rights and Responsibilities. I agree to follow the rules as listed above and as stated in the SC Member Handbook.

Patient Name Printed: _____

Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____