



HHH

Hometown Healthcare

WHERE CARE COMES HOME

Jessica Wooten, MSN, APRN, FNP-BC

5630 Hwy 28 E. Pineville, LA 71360

(318) 704-0025

Fax (318) 314-2065

PATIENT REGISTRATION FORM

NAME: _____ EMAIL: _____

ADDRESS: _____ MAIN PHONE: _____

Personal Information

SEX: _____ DOB: _____ MARITAL STATUS: _____

EMPLOYER: _____ WORK PHONE: _____

SSN: _____ ADVANCED DIRECTIVE Yes _____ No

Insurance Information

I do not have insurance coverage. Another person is responsible for my bill

PRIMARY: _____ SECONDARY: _____

Please Provide a Copy of your Insurance Card

I certify that all the information provided by me on this form is true and correct and grant permission for Hometown Healthcare LLC to proceed with the provision of healthcare.

Print Name:

Signature:

Date:

Hometown Healthcare LLC
5630 HWY 28 E
PINEVILLE, LA 71360
Telephone: 318-704-0025
Please fax records to: (318) 314-2065

Date: _____

To: _____

Patient: _____

SSN: _____

Fax#: _____

DOB: _____

We would appreciate your cooperation in forwarding medical records or information to assist our medical staff in the examination and/or treatment of the above noted patient. Our office needs the following information:

Final summary or report of hospitalization _____

Brief report of examination or treatment _____

X-ray films and report _____

Other (specify) _____

I understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken to comply with it. Without my express revocation, this consent will automatically expire after the requested information has been supplied to VA. I understand that I may receive a copy of this form after I sign it.

I understand that redisclosure of my medical records by those receiving the authorized information may be accomplished without further written authorization and may no longer be protected.

(Signature of Patient or Authorized Representative)

(Date)



Jessica Wooten, APRN, FNP
Anna Noelle Lucas, APRN, FNP
Teresa Hamm, MD

Office Policy

Prescriptions

We require a 48 to 72 hour notice for prescription refills. We ask that our patients call and leave 1 message. The nurse will get in touch with you before the end of business hours that day. More phone calls only delay our process.

Forms

There is a \$25.00 for any forms that need to be filled out.

Patient Cancellation and Missed Appointments

In order to provide you with the best care possible, we ask that you make every effort to keep your appointment. If you need to reschedule or cancel an appointment, we require a courtesy notice. Please call the office at 318-704-0025.

MISSED APPOINTMENTS or last-minute cancelations also leave an empty appointment time, as well as other patients waiting to receive medical care. For that reason, patients that do not notify the office of cancellation and are not present for their appointment will be charged a \$25.00 fee. This will need to be paid before an appointment can be rescheduled.

NO SHOW POLICY

Three missed appointments without cancelling is considered chronically no show, this can/will result in termination from the clinic.

Every effort will be made to provide ongoing healthcare to all patients at Hometown Healthcare Clinic. The medical practice does not discriminate in providing care to a patient due to race, color, sex, religion, national origin, age, handicap, and any other factors prohibited by law.

I have read and agree to abide by the above policy.

_____ Date _____