

PATHWAY GERIATRICS ACCEPTED PRIMARY INSURANCES

We generally accept primary insurance plans from the following companies:

- Medicare
- Medicaid (Provider One)
- Molina
- United Healthcare & AARP
- Regence Blue Shield
- Premera Blue Cross
- Blue Cross Blue Shield
- Cigna
- Aetna
- TriWest
- Kaiser (PPO)
- Tricare For Life

We DO NOT accept primary insurance plans from the following companies:

- Humana
- Kaiser HMO plans (we DO accept some of their PPO plans)
- Community Health Plan of Washington
- Coordinated Care
- Amerigroup

We also accept many other primary and secondary plans.

If you don't see your insurance plan on the list, please reach out to us directly at (425) 818-5311.



Bringing Healthcare
To Your Home

Phone: (425) 818-5311

Fax: (425) 434-1755

Client (Patient) Information

Name _____ Date of Birth _____

Phone _____ Gender _____

Email _____ Social Security # _____

Facility

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Medical Power of Attorney (POA) / Responsible Party

Name _____ Relationship _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Insurance & Billing Information

To whom should we send any medical bills? _____

Medicare

Medicare Number _____

Primary Insurance (If Not Original Medicare. E.g., Medicare Advantage)

Insurance Company _____

Policy / Member ID _____ Group _____

Secondary Insurance (Supplemental / Medigap / Medicaid)

Insurance Company _____

Policy / Member ID _____ Group _____

Please include a copy of the front and back of all insurance cards

TREATMENT AGREEMENT AND RELEASE AUTHORIZATION

This Treatment Agreement and Release Authorization (the "Agreement") is a binding contract between me, the patient whose name is written below, and Pathway Geriatrics PLLC ("Pathway Geriatrics"). I am entering into this Agreement voluntarily. This Agreement will remain in effect for as long as I seek services from Pathway Geriatrics. Any authorization of release will continue for as long as the medical and/or financial records are needed for payment, treatment, or healthcare operations.

Treatment and Services

I or my legal representative agrees to the following terms of treatment and encounters with Pathway Geriatrics:

- **Medical Treatment:** I consent to the treatment, services and procedures which may include but are not limited to laboratory procedures, X-ray examinations, telemedicine services, medical services, neuropsychological testing, behavioral health evaluation, treatment and/or counseling. I acknowledge that virtual care provided through telemedicine services can involve risk of technical difficulties and potential unauthorized access to information. I agree and acknowledge that Pathway Geriatrics is not liable for the actions or omissions of, or the instructions given by the providers who treat me while I am a patient. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations.
- **Electronic Prescription:** I understand that Pathway Geriatrics utilizes electronic prescribing technology and participates with SureScripts. SureScripts operates the Pharmacy Health Information Exchange, which facilitates the electronic transmission of prescription information between providers and pharmacists. SureScripts also provides prescription data on any medications, known as medication history, which are prescribed to the patient.
- **Photographs/Videos:** I understand and agree that photographs and/or videos may be taken for treatment, security, educational and/or quality improvement purposes. I further agree that all photographs and videos will remain the property of Pathway Geriatrics. I will not audiotape, videotape or take pictures of Pathway Geriatrics personnel without their permission.
- **Teaching Program:** From time to time, Pathway Geriatrics may provide training programs for health care providers and personnel. In such cases, some patient services may be provided or observed by persons in training under the supervision and instruction of Pathway Geriatrics.

Billing, Collection, and Pre-certification

I authorize Pathway Geriatrics to submit claims on my behalf directly to Medicare/Medicaid/my private health insurance carrier. This means that Pathway Geriatrics will collect payment for supplies and services provided. I understand that it is my responsibility to obtain any pre-certification or pre-authorizations required by my insurance plan. I give Pathway Geriatrics permission to share my information with my insurance company for purposes of seeking payment, as well as any third parties that may be involved in billing or collection services. I understand that I am financially responsible for any charges not covered by my health insurance plan, and any late fees or collections costs for those charges if past due.

Dismissal from Provider

Pathway Geriatrics can decide to stop treating you as a patient. If we stop treating you as a patient, you have the right to advance notice that explains the reason for the decision and will be given 30 days to attempt to find other health services. After notice of termination, we will only provide urgent care or medically necessary refills for a 30-day period while you find a new provider.

Communications

To safeguard my health information, I understand that Pathway Geriatric's practice is to convey medical information to patients by phone, web portal, mail (to the address provided by the patient or caregiver) or in person. I understand that Pathway Geriatric's policies do not permit discussions about my health information via email or SMS (text messaging), since neither are generally secure methods of communication. I understand that I always have the option to call the practice to discuss test results or health issues with a provider.

Release of Information

Patient acknowledges and agrees that medical and/or financial records (including information regarding behavioral health, alcohol or drug abuse, HIV, or other communicable diseases) may be provided to the following:

- Health care providers who are providing or have provided health care to the Patient; health care providers, including doctors and other care providers, who are contacted for treatment purposes; any individual or entity responsible for payment of our or another provider's charges; to health care providers or organizations accrediting the facility or conducting utilization review, quality assurance, or peer review; and to our legal representatives and professional liability carriers.
- Individuals and organizations engaged in medical education and research, provided that information may only be released for use in medical studies and research without Patient identifying information.
- Individuals and entities as specified by federal and state law and/or in Pathway Geriatrics' Notice of Privacy Practices & HIPAA Compliance Statement.

Authorization to Discuss Health Information and Release of Records

Patient has the right to identify individuals who are involved in Patient's care (family, friends, caregivers, etc.). Pathway Geriatrics may verbally share Patient's health information with an identified individual, or with someone who helps pay for Patient's care. Patient authorizes Pathway Geriatrics to discuss health information and billing with:

Authorized Contact #1

Name _____ Phone _____ Relationship _____

- May discuss or disclose all health and billing information, including release of medical records.
 May verbally discuss health and billing information, not including release of medical records.

Specific _____

Authorized Contact #2

Name _____ Phone _____ Relationship _____

- May discuss or disclose all health and billing information, including release of medical records.
 May verbally discuss health and billing information, not including release of medical records.

Specific _____

Please add any additional contacts to a separate page and include them in your submission.

This authorization is voluntary. Patient or Patient's legal representative may add individuals, make changes, or revoke these authorizations at any time. Pathway Geriatrics will only share Patient's health information with individuals designed to receive such information, except as required or permitted by law.

Acknowledgement & Consent

I am the Patient or the legal representative of the Patient and am authorized to act on the Patient's behalf to sign this agreement. By my signature, I hereby knowingly and voluntarily agree to the terms and conditions of this Agreement and authorize Pathway Geriatrics to use or disclose Patient's health information in the manner described above. This consent will remain fully effective until it is revoked in writing. I have received and reviewed the Notice of Privacy Practices & HIPAA Compliance Statement.

Date

Date

Client (patient) name

OR

Legal representative name

Signature

Signature

SIGN HERE

CHRONIC CARE MANAGEMENT (CCM) INFORMED CONSENT

Our practice participates in Medicare's Chronic Care Management (CCM) program, which allows us to provide 24 x 7 health care services to our clients without requiring a face-to-face visit for every interaction. The program plays a significant role in delivering high-quality care at an affordable cost to our clients, as well as for Medicare.

Chronic conditions are ongoing medical issues that require continued and persistent care. Examples include dementia, diabetes, heart failure, high blood pressure, arthritis, autism, muscle contractures, and many more. Caring for chronic conditions often involves careful coordination between family members, specialists, caregivers, and other healthcare professionals. As primary care providers, we are uniquely positioned to manage the care and coordination between these groups, ensuring the best outcome for our clients.

Benefits of participating in the CCM program

- Improved provider awareness of client issues, health, and overall well-being
- Frequently reduced healthcare costs and better quality of care
- 24 x 7 access to our services for caregivers and other healthcare professionals
- Routine checkups and preventative care services
- Continuous care coordination between providers, facilities, labs, radiology, and others
- Active medication management between visits
- Consistent care plan administration

How the program works

A client must have at least two chronic conditions and have signed this agreement to participate. Only one provider from any location may provide CCM services in any given month. Please let us know if you believe another provider is billing you for these services.

Your primary care provider (PCP) will perform an initial evaluation, prepare a comprehensive care plan, and share it with all relevant parties. Each month after that, we keep track of any chronic care services provided outside of face-to-face visits (which are billed separately). Your provider will also keep your care plan up-to-date based on any changes or adjustments during the month.

At the end of the month, if we have provided more than 20 minutes of services, we will bill your insurance.

You (client/ Power of Attorney) will have 24 x 7 access to your electronic medical records and may request details regarding how CCM time was spent during a given month.

What does it cost?

While program fees depend on many factors, the schedule below is meant to provide a rough estimate of what costs might be for various aggregate service times. We are cost-conscious and do what we can to reduce unnecessary expenses. For your reference, roughly two-thirds of our CCM clients are not billed for CCM services in a typical month.

ESTIMATED COST OF CCM SERVICES

Time Spent (Minutes)	Medicare Allowed Fee	Paid by Medicare	Paid by Client Or Secondary Insurance
< 20	No charge to client or Medicare		
20 to 29	\$38	\$30	\$8
30 to 59	\$76	\$61	\$15
60 to 89	\$88	\$70	\$18
Each additional 30	\$42	\$33	\$9

- 1) Fees based on the 2021 Nurse Practitioner rate in the Medicare Fee Schedule
- 2) Actual costs may vary slightly based on your insurance and other billing requirements

CCM Frequently Asked Questions (FAQ)

Am I required to sign up for CCM?

No, although we generally encourage our clients to participate so we can more effectively manage chronic issues and problems "between visits." Given we do not provide urgent care services, we can address many issues (e.g., urinary tract infections) through CCM that might otherwise result in an unnecessary ER visit or hospitalization.

Can I stop CCM services?

Yes. You have the right to discontinue the service at any time by signing our CCM termination form. Please get in touch with our office, and we will send you the appropriate paperwork. Our providers will continue to perform CCM management through the end of the month but will stop services after that.

I'm Power of Attorney (POA). May I sign on behalf of the client?

Yes. Authorized POA's may sign and manage any authorizations, access medical records, and make health decisions on behalf of the client if they cannot do so themselves.

How does this service result in reduced costs?

Continuously managing chronic issues often helps us catch problems before they result in pricey ER visits or hospital stays. Providers may also provide many services between face-to-face visits over the phone, which saves on the cost of an appointment.

Do you charge CCM service fees every month?

No. We only bill when 20 or more minutes of medically necessary CCM services are provided in a given month. For reference, approximately 2/3 of our clients are not billed anything for CCM services in a given month.

Are face-to-face visits still necessary if I sign up for CCM?

Absolutely. Routine visits are one of the Medicare CCM program requirements. The frequency of those visits depends on medical necessity and the desires of the client/POA. We try to reduce unnecessary costs whenever possible. But providers cannot provide CCM services without having some level of routine face-to-face visits to monitor disease/ailment progression and the effectiveness of any treatments.

Consent

I have read Pathway Geriatrics' Chronic Care Management program terms and conditions, as defined by Medicare, and I agree to participate in the CCM program.

Date

Date

Client (patient) name

OR

Legal representative name

Signature

Signature



NOTICE OF PRIVACY PRACTICES & HIPAA COMPLIANCE STATEMENT

This notice describes how personal and medical information about you may be used and disclosed and how you can access this information. Please review it carefully before signing.

Understanding Your Health Information

Pathway Geriatrics will create and maintain a record of each client's treatment that contains protected personal health information. Typically, this record contains history, assessment, medical information, diagnoses, treatment, a plan for future treatment, etc. This information, often referred to as your clinical record, serves as:

- a) The basis for planning your care and treatment
- b) A legal document describing the care you received
- c) A means by which you or a third-party payer can verify that services billed were provided
- d) A source of data for health officials charged with improving the health of the nation or needed services for the area
- e) A tool by which future or continual services can be approved

Understanding what is in this record will help you to ensure its accuracy, better understand who, what, when and why others may access your information and help to make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Pathway Geriatrics, the information in your health record belongs to you. You have the following rights over your protected health information:

- **Right to Request a Restriction.** You have the right to request a restriction on our use and sharing of your protected health information. Pathway Geriatrics can deny the request if it is unreasonable or would be detrimental to your treatment.
- **Right to a Paper Copy of this Notice.** You have a right to obtain a paper copy of this notice.
- **Right to Amend Your Health Information.** You have the right to request an amendment to the health information we maintain about you if you feel it is incorrect or incomplete for as long as the information is kept by Pathway Geriatrics. To request an amendment, you must submit a request in writing and state the reason that supports your request. The disputed information will remain in the record along with the amended information. Pathway Geriatrics may deny your request if the request is not submitted in writing, does not contain a reason to support the request, the information that is being questioned was not originated by Pathway Geriatrics, it is not part of the information which you are permitted to inspect or copy, or it is currently accurate and complete.

Our Responsibility Regarding Your Protected Health Information

Pathway Geriatrics is required by law to:

- a) Maintain the privacy of your health information
- b) Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- c) Abide by the terms of this notice
- d) Notify you if we are unable to agree to a requested restriction
- e) Inform you promptly if a breach occurs that may have compromised the privacy or security of your information

We will not use or disclose your protected health information without your authorization, except as described in this notice.

Health Care Insurance Providers

If we do not file your insurance claims for any reason, we will provide you with statements that you may submit to your insurance carrier or complete any forms as required by your insurance carrier in order to obtain reimbursement for out-of-network providers. In order to assist you with obtaining reimbursement for our services, your insurance carrier may require that we provide a clinical diagnosis, or additional clinical information such as treatment plans or summaries, or copies of your entire clinical record. In such situations, we will make every effort to release only the minimum information about you that is necessary for the purpose requested. This information will become part of the insurance company files and will likely be stored in a computer database. Although all insurance companies claim to keep such information confidential, we have no control over what they do with it once it is in their hands. We will provide you with a copy of any report or form that we submit upon your request. By signing this Notice, you agree that we can provide requested information to your carrier for authorization of services and if/when you choose to file a claim for any services that we have provided to you.

Records

We will review all testing results during and after our appointments with you and/or your caregiver and/or legal guardian (collectively referred to as "caregivers") and offer your caregivers opportunities to review raw testing data with us. Your caregivers will receive a written report that summarizes our findings. This report will include a summary and interpretation of all individual testing, as well as impressions from individual observations and consultations conducted as a part of our evaluation. You and your caregivers will be provided access to a patient portal through which you and your caregivers will have access to your medical records. Upon your request, we are happy to provide you with a written summary of our impressions from other appointments as well. We will forward copies of any reports or written summaries to individuals other than your designated caregivers only with specific, written consent from you.

Legal Proceedings

If you are involved in a court proceeding and a request is made for information concerning our professional services, we cannot provide any information without your written authorization or a court order. However, a court order may force us to reveal information. In that case, we will reveal only the minimally acceptable amount of information. If you are involved in or are contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order us to disclose information. Also, if a client files a complaint or lawsuit against anyone affiliated with Pathway Geriatrics, we may disclose any and all relevant information regarding that client we deem necessary in order to defend ourselves.

Confidentiality, Records, and Release of Information

Like many other medical service providers, our services are best provided in an atmosphere of trust. Because trust is so important, all services are confidential except to the extent that you provide us with written authorization to release specified information to specific individuals, or under other conditions and as mandated by our policies or protocols, state or federal law, or our professional codes of conduct/ethics. These exceptions are discussed below:

To Protect the Client or Others from Harm - If we have reason to suspect that a minor, elderly person or person with a disability is being abused, we are required to report this (and any additional information upon request) to the appropriate state agency. If we believe that a client is threatening serious harm to him/herself or others, we are required to take protective actions, which could include but not limited to, notifying the police or an intended victim, a minor's parents, or others who could provide protection, or seek appropriate hospitalization.

Caregivers - If you do not have the capacity to act on your own behalf, Pathway Geriatrics may disclose protected health information to your caregiver(s) so long as they have the legal authority to act for and on behalf of you as it relates to your medical decisions and records.

Professional Consultations - Professionals providing geriatric care and related services will routinely consult about cases with other professionals. We make every effort to avoid revealing the identity of our clients and any consulting professionals are also required to refrain from disclosing any information we reveal to them. If you want us to talk with or release specific information to other professionals with whom you are working, you will first need to sign an authorization that specifies what information can be released and with whom it can be shared.

With Your Authorization - Pathway Geriatrics will use and disclose protected health information (other than described in this Notice or required by law) only with your written authorization. You may revoke your authorization to use or disclose protected health information in writing, at any time. If you revoke your authorization, we will no longer use or disclose your protected health information for the purposes covered by the authorization except where we have already relied on the authorization.

Legal Compliance - As required by law we will disclose your protected health information, even if you do not sign an authorization form, under the following circumstances:

- a) For disaster relief, to an agency organizing disaster relief efforts.
- b) For public health activities, including, but not limited to, reporting to a public health or government authority for preventing or controlling disease, injury, or reporting child abuse or neglect.
- c) To the Food and Drug Administration (FDA), concerning adverse events or problems with products or medications for tracking purposes to enable product recalls or to comply with other FDA requirements.
- d) To notify a person who may have been exposed to a communicable disease or may otherwise be at-risk of contracting or spreading a disease or condition
- e) For certain purposes involving workplace illnesses or injuries.
- f) Reporting victims of abuse, neglect or domestic violence-information will be disclosed as required by law.
- g) For judicial and administrative proceedings, information may be disclosed in response to a court or administrative order, subpoena, discovery requests, or other lawful process. Efforts will be

made to notify you about the request or to obtain an order or agreement protecting the information.

- h) For health oversight activities, information may be disclosed to a health oversight agency for activities authorized by law, such as, audits, inspections, investigations, licensure actions or other legal proceedings.
- i) To coroners, medical examiners, funeral directors, organ procurement organizations.
- j) To avert a serious threat to health or safety; any disclosure would be made only to someone able to prevent the threat of safety to you, the public or another person.
- k) For research; only under your specific disclosure.
- l) For workers compensation investigations and claims.
- m) As requested by law enforcement, when required by law to comply with reporting requirements including, but not limited to: complying with court orders, warrants, subpoenas, summons, identifying or locating a fugitive, missing person or material witness, when information is requested about the victim of a crime if the individual agrees, to report information about a suspicious death, to provide information about criminal conduct occurring at the agency, or information about emergency circumstances about a crime.
- n) For national security and intelligence activities, protective services for the president and others.

Modifications

We reserve the right to make changes to this Notice whenever there is a material change to the uses or disclosures, your individual rights, our legal duties, or other privacy practices stated in this Notice. Any changes made will affect the protected health information we maintain at that time. We will provide a revised copy of the notice to parents/legal guardians upon request on or after the effective date of revision.

Consent

Your signature(s) below indicates that you have read the information in this document and agree to be bound by its terms, and that you have received the above-mentioned HIPAA notice form described above. Consent by legal guardians (those with legal custody) is required. If you have any questions regarding this Notice or wish to receive additional information about our privacy practices, please contact our office. If you believe your privacy rights have been violated, you may file a complaint by mail or via the patient portal.

Date

Date

Client (patient) name

OR

Legal representative name

Signature

Signature

SIGN HERE

PRACTICE POLICY FOR COVID-19

While COVID-19 remains a concern in our community, Pathway Geriatrics PLLC is committed to supporting patients and addressing their health care concerns safely and in strict adherence with state and federal executive orders. If you show any sign of possible COVID-19 symptoms, please call us at (425) 818-5311 to learn about getting tested. Pathway Geriatrics has implemented preventative measures to help reduce the spread of COVID-19 as described in this policy.

In-Person Appointments

Providers screen themselves before your visit for suspicious symptoms. Our providers will bring and utilize the appropriate personal protective equipment during appointments. We may coordinate with your caregiver to determine whether a visit is acceptable given the risk profile of you and others with whom you may interact. Before your appointment, we will ask you a few questions to help identify any symptoms or recent exposures you may have had to COVID-19. Providers and caregivers are required to wear a mask to decrease the risk of COVID-19 exposure. We ask that patients also wear a mask when medically possible. Patient homes and caregivers must follow all regulations and guidelines related to COVID-19 precautions, including, as applicable, cleaning and sanitization, visitation restrictions, and social distancing. The health and safety of our patients and staff are our top priority. We may need to cancel or reschedule your appointment or refer you to another provider if certain risk factors are present.

Telemedicine Appointments

Pathway Geriatrics offers telemedicine appointments for some types of assessments and consultations. Telemedicine allows us to continue serving patients while reducing some of the risk factors associated with face-to-face visits.

Pathway Geriatrics will review and update this policy as needed to comply with government requirements and CDC guidelines. Thank you so much for your cooperation.

Acknowledgment and Waiver

By signing below, I acknowledge that I have read and agree to adhere to this Practice Policy for COVID-19, and I release Pathway Geriatrics from any and all liability for exposure or harm due to COVID-19.

Date

Date

Client (patient) name

OR

Legal representative name

Signature

Signature

SIGN HERE