Newton Creek Clinic
Patient Registration

UMPQUA HEALTH

Patient information:

First Name | MI | Date of Birth: | Social Security:

Last Name

Sex: ☐ Female ☐ Male ☐ Other: _____

Mailing Address: | City | State: | Zip:

Home Phone | Cell Phone

Voicemail: ☐ Yes ☐ No

Text Messages: ☐ Yes ☐ No

Email:

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

☐ Opt out of emails

Preferred Pharmacy:

Patient Employer | Employer Phone Number | Employer address | City | State | Zip

Free sign language and oral interpreters, as well as translated materials and alternative formats, are available to you at no cost for your appointments.

Do you need one of these services: ☐ Large Print ☐ Braille ☐ Translator - Language: _____

Preferred Language:

Race:

☐ Alaska Native ☐ Asian ☐ Native Hawaiian ☐ Decline

☐ American Indian ☐ Black/ African American ☐ Other White ☐ Other: _____

Ethnicity:

☐ Hispanic/Latino

☐ Non-Hispanic

☐ Decline

Insurance Information

Primary Insurance:

ID Number: | Group number:

Policy Holder:

Policy Holder Birthdate:

Relationship to patient:

$Co-Pay | Effective Date:

Secondary Insurance:

ID Number: | Group number:

Policy Holder:

Policy Holder Birthdate:

Relationship to patient:

$Co-Pay | Effective Date:

Phone: *541-229-7038*
Fax: *541-464-4474*
Email: *register@umpquahealth.com*
Website: *www.umpquahealthclinic.com*
Address: *3031 NE Stephens Street, Roseburg OR 97470*

Newton Creek Clinic
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UMPQUA HEALTH

Financial Responsible Party Information:

First Name

Last Name

Phone Number:

Address

City

State Zip:

Relation to Patient: ☐ Self ☐ Spouse ☐ Parent ☐ Legal Guardian

Do you have POA or Guardianship Paperwork? ☐ Yes ☐ No

Emergency Contact information:

By adding the following information, you are allowing Umpqua Health Newton Creek to speak or leave a message with regarding the patient's information for **EMERGENCY** situation only.

First Name	**Phone Number:**
Last Name	**Relationship to Patient:**

Release of information:

By adding the following information, you are allowing Umpqua Health Newton Creek to speak or leave a message with regarding the patient's **medical care, records, appointment scheduling, or payment information.**

First Name	**Phone Number:**
Last Name	**Relationship to Patient:**

First Name	**Phone Number:**
Last Name	**Relationship to Patient:**

Except as specifically permitted by law, the following types of information will not be disclosed unless I authorize the disclosure by placing my initials in the spaces below:

_____ HIV diagnosis

_____ Sexually Transmitted diseases

_____ Genetic testing information/records

_____ Mental Health information and/or records

_____ Drug/alcohol diagnosis, treatment, or referral information

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UMPQUA HEALTH

PATIENT CANCELLATION, TARDINESS AND NO-SHOW AGREEMENT

Umpqua Health Newton Creek strives to provide each patient with quality personalized attention and the best care possible. Patients who cannot make an appointment should call and cancel at least 24 hours in advance to reschedule. This opens appointments for other patients needing prompt medical care. Whenever one patient "no shows", another sick patient could have been seen in his/her place.
As a courtesy, Umpqua Health Newton Creek confirms each appointment by sending reminder texts, call and email in advance of each appointment. However, it is the patient's responsibility to make or cancel appointments and to ensure current insurance information, mailing addresses and phone numbers are provided.

Umpqua Health Newton Creeks follows the guidelines below:

- **No Show**: A patient appointment that has not been cancelled at least 24 in advance of the scheduled appointment time. When a no-show occurs, the patient will receive a text stating they have missed an appointment and reminding them to cancel 24 hours in advance.
- **Late Arrival Policy**: Patients are expected to arrive on time for their scheduled appointments.
  A grace period of **7 minutes** will be allowed.
  - If a patient arrives more than **7 minutes** late, they may not be seen and will need to reschedule for the next available appointment.
  - If the provider's schedule allows, the patient may be worked in, but this is not guaranteed.
  - Patients with urgent needs may be referred to Urgent Care for same-day evaluation.

Patient Attestation

By signing below, I agree to the following:

- I authorize Umpqua Health Newton Creek to render needed treatment to the above-named patient.
- I authorize Umpqua Health Newton Creek to release information regarding my treatment to my insurance company for billing purposes.
- I authorize payment of medical benefits to Umpqua Health Newton Creek for services rendered.
- I understand that I am responsible for all charges incurred through Umpqua Health Newton Creek.
- I request that payment under the medical insurance program be made to the provider named above on any bills for services furnished me during the effective period of this authorization and I authorize the release to the Social Security Administration of any information needed for this claim or any related Medicare claim.
- Authorization Period: **Until Revoked**

Print name or name of patient's legal representatives	Date
Signature of patient or legal representatives	Relationship to patient