Hello. Welcome to Westminster Medical Clinic!

Please complete the following information to establish care as a New Patient. All of the items marked with an * are required items to complete.

Last name*: _____ **First name*:** _____ **MI*:** _____

Preferred name (if different than above): _____ **Date of birth*:** _____

Sex at birth*: ☐ Male ☐ Female
Gender: _____

Marital status*: ☐ Single ☐ Married ☐ Partner ☐ Divorced ☐ Separated ☐ Widowed

Address*: _____ **Apt/Unit:** _____

City*: _____ **State*:** _____ **Zip*:** _____

Email address*: _____
This will be the email address that will be linked to the Patient Portal.

Primary phone*: _____ ☐ Home ☐ Cell/mobile ☐ Work

Secondary phone: _____ ☐ Home ☐ Cell/mobile ☐ Work

How would you like to receive appointment reminder notifications?*
☐ Phone ☐ SMS/text[1] ☐ Both *OR* ☐ NO reminder notifications

Cell/mobile number (if not listed above): _____

[1]SMS/text messages may be subject to message or data fees charged by your mobile service carrier. Please contact your mobile service carrier to confirm any fees for SMS/text services.

Race*: ☐ American Indian, Alaska Native ☐ Asian ☐ Native Hawaiian ☐ Black, African American ☐ White ☐ Hispanic, Latino ☐ Other

Ethnicity*: ☐ Hispanic, Latino ☐ Not Hispanic, Latino

Consent to Release Personal Health Information (PHI)*
I authorize Westminster Medical Clinic to discuss and/or share information with the individual(s) listed below. I understand that I may add or remove individual(s) to this consent at any time by submitting a new consent. I agree that Westminster Medical Clinic may share all information related to:

1. Medical, diagnostic, imaging, and/or laboratory results
2. Appointment scheduling and billing

Name: _____ Relationship: _____

Name: _____ Relationship: _____

OVER ⇨

Emergency contact*: _____

Relationship*: _____

Primary phone*: _____

Secondary phone: _____

Any hearing or visual barriers that we may accommodate? ☐ Yes ☐ No

Language preference *(if other than English)*: _____

Do you have Medicaid (Health First Colorado) as a PRIMARY or SECONDARY insurance? ☐ Yes ☐ No

Westminster Medical Clinic is NOT a Medicaid Provider, and CANNOT see patients. Per State Law, Westminster Medical Clinic cannot accept cash payments for services from Medicaid members.

PRIMARY INSURANCE*: _____

Is the patient the subscriber or primary policyholder?* ☐ Yes ☐ No **If no, please provide below information*

Subscriber last name: _____ First name: _____ MI:____

Date of birth: _____ Relationship to patient: _____

Address *(if different than patient)*: _____ Apt/unit: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____

SECONDARY INSURANCE: _____

Is the patient the subscriber or primary policyholder? ☐ Yes ☐ No **If no, please provide below information*

Subscriber last name: _____ First name: _____ MI:____

Date of birth: _____ Relationship to patient: _____

Address *(if different than patient)*: _____ Apt/unit: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____

To the best of my knowledge, the information above is accurate.

Patient Name (Print)*: _____

Legal Guardian Name (if the patient is a minor under 18 years of age): _____

Signature*: _____ **Date*:** _____

Westminster Medical Clinic Payment Policy & Cost Notice

Thank you for choosing Westminster Medical Clinic as your primary care in sickness, health, healing, & wellbeing.

Advanced Primary Care Management Services with a Multidisciplinary Care Team

1) Advanced Primary Care Management Services
Longmont Family Medicine is defined as an *Advanced Primary Care primary care practice*. To be an Advanced Primary Care practice, the practice is required to have certain Services available to all patients. Examples of Advanced Care Services are:

- Review of your medical record every three months if you have chronic conditions,
- Outreach and verification of your care, following clinical guidelines,
- Coordination of care with outside groups or facilities,
- Support 24 hours a day, 7 days a week,
- Availability and use of a patient portal,
- Personalizing care and plans for care that include your priorities or goals, and
- Our Care Team includes a *Clinical Pharmacist, Health Coach, Behavioral Health Providers, and care managers*.

Most insurance companies and Medicare are paying a monthly fee to support the description above. In reviewing this Notice, please be advised that the practice bills insurance companies for Advanced Primary Care Services.

Copays, deductibles, and co-insurances will apply for the above services if coverage is not available. *As of 2026, Anthem CO and BCBS plans are unlikely to cover the Services.*

Insurance & Payments

1) Insurance Coverage and Plan Updates
Please present a valid insurance card and photo ID at each visit to protect your privacy and security.

Inform us immediately of any changes to your insurance. Ensure that Westminster providers are in-network and verify coverage of services with your insurance. Failure to update information may result in being billed for claims denied by your insurer *and a balance on your account that you are responsible to pay.*

The practice is unable to accept and bill **Medicaid**. If you have Medicaid, inform us immediately to help support you.

Insurance plans may deny or reduce payments. Patients must pay all charges resulting from rendered services if their insurance denies payment.

2) Copayments
Copayments must be paid at the time of the visit as required by your insurance company. If unable to pay, the appointment may be rescheduled, and a $106 fee will be charged for the missed appointment.

3) Deductibles
You are responsible for meeting your deductible before your insurance covers services. Full payment for non-covered services is expected within 30 days of the first statement. Labs, X-rays, supplies, and procedures are billed separately. *New Patients with deductible plans must **deposit $167** before their first visit.*

4) Self-Pay
Self-pay patients must ***deposit $135*** *before seeing a provider* ($167 for New Patients).
Any balance exceeding the deposit must be paid, and refunds will be issued for overpayments.

5) Out-of-Network Insurance
We are not obligated to reduce fees for non-contracted insurance plans. Patients are responsible for any unpaid amounts.

6) Secondary Insurance
We bill secondary insurance as a courtesy. If claims are unpaid by your primary or secondary insurance within 60 days, you are responsible for the balance.

7) Motor Vehicle Accidents (MVAs)
We can bill your automobile insurance with appropriate details but cannot bill third-party insurers. If automobile insurance details are not provided, we may charge you as a self-pay patient or bill your health insurance.

8) Refunds
Overpayments will be credited to your account for future visits. Refunds over $50 will be issued by check within 90 days of the service.

Charges, Balances, & Cancelled or Missed Appointments

1) Charges Transparency
A list of the most common charges are available on our website, under *Costs of Care*.

2) Payment Terms
Balances must be paid in full within 30 days of the first statement.

We accept Visa, MasterCard, American Express, Discover, cash, checks, and online digital payment methods on our website. Returned checks incur a $30 fee and will no longer be accepted.

3) 6-Hour Cancellation Policy
Appointments must be canceled at least 6 hours in advance. A $106 fee applies to missed or late-canceled appointments if beyond a 6-hour notice. Missed appointments include late-arrivals. Payment is required before scheduling future appointments. Frequent missed appointments or late-canceled (3 or more) may lead to dismissal from the clinic.

4) Collections
If a balance remains unpaid after three contact attempts, your account may be sent to collections. A certified letter will be sent with a $12 charge, and you and your family may be discharged from the clinic. Additional fees, including interest, court costs, and attorney fees, may apply.

By signing below, you acknowledge receipt of the Payment Policy and agree to its terms.

Patient Name (Print): _____

Signature: _____ Date: _____

Partnering in Technology-Supported Care and Services

Patient-Provider Commitments to One Another When Using Technology
As technology continues to get more helpful, and you use technology more in daily life, **we ask you to please notify us in writing or verbally if you are using technology (recording apps or artificial intelligence)** to better understand, take notes, or interpret medical information and recommendations.

It is **strongly discouraged** to use artificial intelligence systems to interpret or analyze medical recommendations because this is not considered medical advice. Additionally, recording apps are not advanced enough to gather accurate information. It is best that you and your primary care provider discuss this option together.

We ensure to be in compliance with Privacy Laws, federal regulations, and Colorado-specific regulations when using AI. We commit to tell you if we use advanced AI tools in new ways in your care. We will never sell your information.

We may use advanced tools (**Artificial Intelligence, also known as AI**) to help your primary care provider or Care Team, such as:
- Review and organize your health information into a document to edit, and
- Document a visit discussion to edit.

If we notify you that we are using advanced AI tools, you can:
- Ask questions about the services and companies we use.
- Say "no" to the use of advanced AI tools by telling us or submitting the request in writing to: wmc.front@westminstermedicalclinic.com.

Telemedicine Visits

Visits by video (**Telemedicine**) are available for certain types of appointments, such as:
- Lab and test result follow-ups with your Primary Care Provider,
- Medication reviews with the Clinical Pharmacist or Primary Care Provider,
- Health coaching or education with the Health Coach or Community Health Worker,
- and Behavioral health sessions.

Telemedicine use at the practice has a few items you need to know to make sure it is safe.
- The practice will need to decide if your issue can be safely cared for by telemedicine or an in-office visit.
- Your visit will be on a secure video system. The provider will follow the same rules for your care as they do in the office.
- Sometimes technology doesn't work perfectly. If that happens, your appointment may be rescheduled or switched to a different technology system to contact you.
- Some telemedicine visits will not be covered by insurance. Copays, coinsurance, and deductibles apply.

Agreement and Commitment in Care

By signing this form, you understand and agree that you:
- Will notify us if you are using or want to use a recording app or advanced artificial intelligence system,
- Know telemedicine and advanced AI tools may be used in my care, but you have choices,
- Can say "no" or stop Telemedicine services or advanced AI tools anytime by telling the office in writing,
- Will ask us questions if unsure.

_____ _____

Patient or Legal Guardian – *Please Print* Date of Birth

_____ _____

Patient or Legal Guardian **Signature** Today's Date

New Patient Health History

Patient Name: _____ Date of Birth: _____
Today's Date: _____

List all prescription medicines you are taking:

_____

_____

_____

_____

_____

_____

List all hospitalizations/surgeries and dates:

_____

_____

List all over the counter medicines, supplements/vitamins you are taking:

_____

_____

Medication allergies/reactions:

_____

Immunizations – List year received:

_____

_____

Colonoscopy – List year (if any): _____

Mammogram – List year (if any): _____

Did you or any of your family members (related to you) have any of the following conditions or illnesses?

	Me	*Father*	*Mother*	*Siblings*	*Children*	*Grandparents*
Coronary Disease (Heart attack)						
High Blood Pressure						
High Cholesterol						
Cerebral Vascular Disease (Stroke)						
Urinary / Kidney Disease						
Cancer						
Diabetes						
Aortic Aneurysms						
Depression						
Alcoholism						
Dementia						
Thyroid disease						
Osteoporosis						
Tuberculosis						
Skin disorders						
Epilepsy / seizures						
Other:						

Family Tree

	Mother	*Father*	*Sister*	*Brother*	*Maternal Aunt or Uncle*	*Paternal Aunt or Uncle*	*Mother's Mother*	*Mother's Father*	*Father's Mother*	*Father's Father*
Alive										
Deceased										

Do you have an End-of-Life Decision Making document, Living Will or Power of Attorney (Advanced Directive)?
circle one **Yes** **No**