

# SAINT FRANCIS MEDICAL PARTNERS IMPORTANT PATIENT INFORMATION NOTICE

## Physician Office Compliance with the **Red Flag Rule**

The Federal Trade Commission (FTC), in conjunction with other agencies, published the Red Flag Rules defining what a creditor and financial institution must do to implement an Identity Theft Program. The **Red Flag Rules** require those covered, including medical practices, to identify at-risk accounts and to define, detect, and respond to Red Flags in order to prevent or mitigate identity theft. Medical identity theft happens when a person seeks health care using someone else's name or insurance information.

We are committed to protecting your identity and have developed a compliance policy that will help us protect your vital personal information. Beginning **August 1, 2009**, our staff will be asking patients and/or guardians to provide the following at each appointment:

- Photo ID (Drivers license, Passport, Employment picture ID)
- Current insurance card
- Verification of patient demographics, including phone number and email address.

***Please Note:** No one, **including minors**, will be permitted to use a Medical Flex Card, major credit card, or make a payment by check if the patient name does not match the form of payment used - **UNLESS** we have written permission from the payor.*

*We have a form available for the person named on the card or check to complete, sign, and return to our office. The form provides permission for the specifically named patient to use that payment type for the required payments needed. This form will only need to be completed once.*

**Please remember that this is being instituted for your protection.** Saint Francis Medical Partners is committed to protecting our patients through the highest level quality of care and unparalleled services.

Thank you for your assistance in helping us comply with our Identity Theft Program. If you would like a complete copy of the Red Flag Rules, please ask the receptionist and she will be happy to provide you with a copy.

*Signature Line*

## Saint Francis Medical Partners - Bartlett Red Flags Payment Permission Form

*To be completed by the person whose name appears on the Form of Payment:*

I, \_\_\_\_\_, give permission for,  
\_\_\_\_\_, to use my Medical  
(Printed name of patient)

Flex card, personal credit card, or personal check to pay for the services that they receive at Saint Francis Medical Partners - Bartlett.

Please provide the last **4 digits** of the card number or bank account that will be used for transactions.

FlexMed card: \_\_\_\_\_ Expiration year: \_\_\_\_\_

Credit card: \_\_\_\_\_ Expiration year: \_\_\_\_\_

Bank account: \_\_\_\_\_

I understand that the information provided in this document will remain in effect until expiration dates indicated above or until written letter is provided to Saint Francis Medical Partners - Bartlett to either void or terminate this agreement.

Dependent's Name: \_\_\_\_\_

Guarantor's Signature: \_\_\_\_\_

Guarantor's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_