

# Bluestem Health

## Patient Registration Form

### PATIENT INFORMATION

Patient First Name		M.I.	Patient Last Name		
Address			City	State	Zip
Home Phone	Cell Phone	Work Phone	SS#	Veteran? YES or NO Decline	
Birthdate	Age	Sex (Circle one) M F	Race	Marital Status	Spouse's Name
EMAIL:					

### RESPONSIBLE PARTY INFORMATION

First Name	M.I.	Last Name	DOB:	SS#
Address		City	State	Zip
Home Phone	Work Phone		Relationship	

### EMERGENCY CONTACT

First Name	M.I.	Last Name	DOB:	SS#
Address		City	State	Zip
Home Phone	Work Phone		Relationship	

### INSURANCE INFORMATION

Medical Insurance? Yes No	Dental Insurance Yes No		
Primary Plan Name:	Phone #:	Insured's Name:	SS#:
Policy #:	Employer: Group #:		
Address	City	State	Zip
Secondary Plan Name:	Phone #:	Insured's Name:	
Policy #:	Group #:		
Address	City	State	Zip
Is this visit a result of a work injury? Y N	Date Injured:	Industrial Claim #	
Is this visit a result of a car accident? Y N	Date of Accident:	Attorney Name:	
Drug Allergies (list)			
I would like information on or help applying for Medicaid, Health Insurance Marketplace or Economic Assistance ex: SNAP (food stamps), Child Care, ADC, etc.? Y N			
I would like to have my income evaluated to determine if I qualify for a sliding fee discount. Y N			

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Bluestem Health

## Consent for Diagnosis, Treatment and Financial Responsibility

“The undersigned patient (or parent, natural guardian, or other legal representative) \_\_\_\_\_  
\_\_\_\_\_ of (name of minor) \_\_\_\_\_  
\_\_\_\_\_ registered at Bluestem Health to obtain health services, do hereby voluntarily  
consent to such diagnostic and treatment services as might be provided by or at the direction of a  
physician, dentist, other health care professional, or other qualified member of the staff of Bluestem  
Health to me according to her/his judgment.”

- I recognize that I have the right to refuse any specific diagnostic or treatment service without jeopardizing my right to receive health services at the center.
- I recognize that I will be asked to sign a specific consent for surgical and other special procedures including general and/or extensive local anesthesia.
- I am aware that health services are not based on an exact science, and I acknowledge that no guarantees have been made to me as to the results of any treatment services.
- I hereby authorize the Bluestem Health to retain, preserve and use for scientific or teaching purposes or dispose of at their convenience, any specimen or tissue taken from my body during my treatment.
- I hereby authorize the payment of health insurance benefits recorded on the registration form to be paid directly to Bluestem Health, for services provided.
- I hereby authorize Bluestem Health to furnish such information from my medical record pertaining to any and all treatment as requested by either health insurance plans or companies, if applicable to my case.
- I understand that the charges for which I am responsible will reflect the balance due after credit for all collections received by Bluestem Health from health insurance benefits for the above named individuals.
- I agree to pay these charges on the day that the services are provided, within 10 days of receipt of a statement from Bluestem Health or by some other payment arrangement agreed to by Bluestem Health.

I have read and fully understand the contents of this document.

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



# Bluestem Health

Dear Patient,

In order to continue the variety of services that we offer here at Bluestem Health and to continue to receive grant funding, we are required to collect the following information on every person that visits our facility. This information is reported as a cumulative number and not reported on individual patients.

Please take few minutes to complete the following information request.

1. Homeless Status

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Doubling Up  | <input type="checkbox"/> Street       |
| <input type="checkbox"/> Not Homeless | <input type="checkbox"/> Transitional |
| <input type="checkbox"/> Shelter      |                                       |

2. Migrant Status

- Migrant farm work
- Not a farm worker
- Seasonal farm work

3. What is the primary language spoke in your household

- Spanish
- English
- Other \_\_\_\_\_

4. Please select one the following from the race listing

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian  |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> White            |

5. Ethnicity

- Latino or Hispanic
- Not Hispanic

6. Are you currently serving the Uniformed Services of the United States?

- Yes
- No

7. Please circle the box that represents your household's annual income:

Household Size	Yearly Income	Yearly Income	Yearly Income	Yearly Income	Yearly Income	Yearly Income
1	Below \$12,060	\$12,061 - 15,075	\$15,076 -18,090	\$18,091 - 21,105	\$21,106 - 24,120	\$24,121 & Over
2	Below \$16,240	\$16,241 - 20,300	\$20,301 - 24,360	\$24,361 - 28,420	\$28,421 - 32,480	\$32,481 & Over
3	Below \$20,420	\$20,421 - 25,525	\$25,526 - 30,630	\$30,631 - 35,735	\$35,736 - 40,840	\$40,841 & Over
4	Below \$24,600	\$24,601 - 30,750	\$30,751 - 36,900	\$36,901 - 43,050	\$43,051 - 49,200	\$49,201 & Over
5	Below \$28,780	\$28,781 - 35,975	\$35,976 - 43,170	\$43,171 - 50,365	\$50,366 - 57,560	\$57,561 & Over
6	Below \$32,960	\$32,961 - 41,200	\$41,201 - 49,440	\$49,441 - 57,680	\$57,681 - 65,920	\$65,921 & Over
7	Below \$37,140	\$37,141 - 46,425	\$46,426 - 55,710	\$55,711 - 64,995	\$64,996 - 74,280	\$74,281 & Over
8	Below \$41,320	\$41,321 - 51,650	\$51,651 - 61,980	\$61,981 - 72,310	\$72,311 - 82,640	\$82,641 & Over
9	Below \$45,500	\$45,501 - 56,875	\$56,876 - 68,250	\$68,251 - 79,625	\$79,626 - 91,000	\$91,001 & Over
10	Below \$49,680	\$49,681 - 62,100	\$62,101 - 74,520	\$74,521 - 86,940	\$86,941 - 99,360	\$99,361 & Over

8. What sex is listed on your original birth certificate?

- Male
- Female

9. Do you think of yourself as:

- Lesbian, Gay, or Homosexual
- Straight or Heterosexual
- Bi-sexual
- Something else
- Don't know
- Decline to answer

10. Do you think of yourself as:

- Male
- Female
- Transgender Male/Female-to-Male
- Transgender Female/Male-to-Female
- Gender queer, neither exclusively male nor female
- Other
- Decline to answer

Thank you for providing this information to us. This will ensure that we are able to provide you with valuable services and programs in the future.

Signature: \_\_\_\_\_

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



# Bluestem Health

## Acknowledgment of Receipt of Privacy Practices

I, \_\_\_\_\_ have received a copy of Bluestem Health's  
Notice of Privacy Practice with an effective date of August 31, 2015.

**Signature of Patient (Parent/Guardian)**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Bluestem Health Staff**

\_\_\_\_\_ **Date** \_\_\_\_\_



## Dental Patient No-Show Notification

Bluestem Health will allow only three (3) missed appointments across all locations/departments. After the third missed appointment in a year (12-month) period, the patient will no longer be able to schedule an appointment but can be seen as a walk-in. After 12 months from the last infraction, the alert will be removed and the patient can then schedule appointments.

An appointment is considered a no show if any of the following occurs:

- The patient fails to show up for the appointment.
- The patient arrives 15 minutes later than the scheduled appointment time.
- The patient calls to cancel an appointment with too little notice.

Patients who wish to cancel an appointment **MUST** do so a minimum of 48 hours in advance (excluding weekends) of their scheduled appointment. If less notice is given without a valid excuse, the appointment will be considered a no show.

As a courtesy, Bluestem Health will make reminder calls 48-72 hours prior to all scheduled appointments. If a message cannot be left for the patient for any reason (phone number has been disconnected, voicemail is not setup, etc.), Bluestem Health reserves the right to cancel that appointment.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Bluestem Health

## **Release of Information**

Welcome to Bluestem Health!

Thank you for trusting us with your medical care. We're honored to have you as a patient.

In order for our providers to give you the best care possible, it is very important that we obtain your medical records from your previous medical provider's office. This will help to ensure proper continuity of care. Please fill out the Release of Information (ROI) form on the following page which will allow us permission to obtain your medical records.

If you have any questions about the process, please contact our Health Information Manager at (402) 470-5423. Our friendly front desk staff at any of our locations can also assist you.

Thank you and once again, welcome to Bluestem Health!



1021 N 27<sup>th</sup> St Lincoln, NE 68503 | Phone: (402) 476-1455 | Fax: (402) 476-1655

### Release of Information

I, \_\_\_\_\_ authorize  
Name DOB

Bluestem Health	Phone: (402) 476-1455	Fax: (402) 476-1655
1021 N 27 <sup>th</sup> St	Lincoln, NE 68503	

- \_\_\_\_\_ To release records to
- \_\_\_\_\_ To receive records from
- \_\_\_\_\_ To exchange records to and from

Provider/Institution Name:	Phone:	Fax:
Address:	City/State/ZIP:	

**Information to be released includes (mark all that apply):**

- \_\_\_\_\_ Portion of the record for services from \_\_\_\_\_ to \_\_\_\_\_. Service requested:
- \_\_\_\_\_ The entire health record excluding alcohol & substance abuse testing/treatment, HIV/AIDS status, or related information
- \_\_\_\_\_ The entire health record including alcohol/substance abuse testing/treatment, HIV/AIDS status, or related information.
- \_\_\_\_\_ Pick up prescription/ drug samples.

**For the purpose of:** Continuity of care: \_\_\_\_\_ Personal reason: \_\_\_\_\_ Other: \_\_\_\_\_

*I understand that I may revoke this authorization at any time in writing or it will automatically expire 12 months from the date signed below. My signature indicates that I am authorized to obtain or release records on the above named patient. I understand that once my records are released, there's no guarantee preventing re-disclosure.*

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Relationship to patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Bluestem Health

## Patient Bill of Rights

Good health care delivery depends upon the cooperative relationship between you and your physician, as well as between you and Bluestem Health.

### **As a patient, you have the right ...**

- To receive optimum health care without prejudice
- To obtain complete and current information regarding our knowledge of your health status
- To expect courteous and helpful attention and understanding from Bluestem Health employees
- To be fully informed of the procedures to be undertaken and of any risks involved, allowing you to make intelligent, informed consent decisions or to refuse medical treatment if you choose
- To receive prompt treatment in emergency situations, regardless of economic status

### **As a patient, you have the responsibility...**

- To disclose your medical history throughout your course of treatment
- To cooperate with Bluestem Health personnel
- To be honest and direct and to understand the extent of your health problems and treatment
- To follow medical advice, treatment, and drug instructions or to inform your provider if you have chosen not to follow that advice
- To give information related to your ability to pay for services rendered and to pay for the services you are provided as arranged
- To keep scheduled appointments or to cancel them 24 hours in advance



## Your Patient-Centered Medical Home

Bluestem Health is taking a new approach to medical care. We're moving to a patient-centered medical home (PCMH) model of care to serve as a consistent, reliable source for preventative care, as well as treatment of chronic medical conditions.

The focus of a medical home is based on a strong relationship between you and your medical provider. Your health care provider and an extended team of health care professionals build a relationship in which they know you, your family situation, your medical history and health issues. In turn you come to trust and rely on them for expert health care answers that are suited specifically to you. **We want Bluestem Health to be the first place you think of for health care.**

### Advantages to the PCMH Model

There are many advantages to having a medical home:

- Comprehensive care means your medical home helps you address any health issue at any stage of your life.
- Coordination of care means that your provider connects you to the resources you need in the community.
- Continuous care means that you can expect accurate, effective and timely communication about the services you want or need from all members of your health care team.
- Proactive care means that you and your provider will build a care plan so you can meet your health goals to keep you well.

### Your PCMH Team

Your PCMH team will consist of your doctor or physician assistant, nurse, and health educator, as well as other health professionals (pharmacist, etc.). Their goal is to help you get healthy and stay healthy. When necessary, your provider will arrange for care with other qualified physicians.

### Our Role in the PCMH Model

Your PCMH team will:

- Provide the best treatment and advice based on current medical evidence
- Manage acute illness and chronic diseases to help you stay healthy
- Provide timely access to care
- Support you in your health care goals
- Arrange your health care with other qualified specialists, as necessary

- Explain medical information in a way that is easy to understand
- Respect your privacy by keeping medical information and records private in accordance with state and federal law
- Make you feel welcome and comfortable

## **Your Role in the PCMH Model**

As an active partner in your care, we expect that you will:

- Provide all information about your health, medications, and illnesses
- Tell us about services you receive elsewhere, such as flu vaccines and treatments by other providers
- Follow your treatment plan
- Work with us to make decisions and manage your health
- Articulate your health needs and concerns
- Learn about wellness and preventing disease
- Make healthy decisions about your daily habits and lifestyles
- Call us first with all medical problems, unless it is an emergency
- Keep your scheduled appointments
- Give us feedback so we can improve our services

## **Partners in Care**

Your medical home is a place you should feel comfortable and confident – both in your relationship with your doctor and the quality of care that you receive. You and your doctor together will focus on your specific health care needs and ongoing wellness. **Bluestem Health is proud to be your medical home and your partner in care.**



## **Bluestem Health Services**

Bluestem Health offers an integrated and comprehensive service delivery system for the provision of primary, dental, and behavioral health care services that are client-driven, culturally sensitive, and family-focused. This model allows Bluestem Health to provide cost-effective services to those in the community with the greatest health needs, while at the same time ensuring continuity of care and coordination between services. We serve all patients regardless of inability to pay.

As a federally qualified health center (FQHC), we offer a Sliding Fee Discount Program, which offers reduced prices on office visits and services provided in the clinic to all individuals and families who qualify. The Sliding Fee Program is based on family income and may reduce the cost of care significantly. Individuals with or without insurance can qualify. Even those individuals with Medicaid or Medicare coverage may qualify. The sliding fee scale is based on the federal poverty guidelines. To apply, you must first schedule an appointment with a Patient Support Specialist. Call (402) 476-1455 to set up an appointment to be screened for eligibility for the Sliding Fee Discount Program.

### **Medical Services**

Bluestem Health's Family Practice physicians, physician assistants, nurse practitioners, and nurses work together every day to provide compassionate, quality care for all ages from infants to seniors. Health concerns from birth to old age are addressed, with an emphasis on caring for the whole person and preventive medicine. Women's health concerns and prenatal care are available. Chronic medical conditions are also managed, and coordination of care with specialists, when necessary, is done by the primary care provider.

### **Dental Services**

Bluestem Health's dental clinic provides a full range of comprehensive dental care for the entire family, including: comprehensive, periodic, and limited oral exams; full mouth series of radiographs (X-rays); fillings (both silver amalgam and white resin restorations); regular cleanings; deep cleanings; sealants for children; extractions (simple and surgical); stainless steel crowns and space maintainers for children; root canals (both anteriors and bicuspids); first molar root canal (done by dental students); emergency visits; fluoride varnish; re-cementing of crowns and bridges; oral pathology consults; simple biopsies; periodontal consult for gum disease or problems; endodontic consult for root canal problems; and crowns.

### **Behavioral Health Services**

We know that sometimes life can be challenging and a little extra support is helpful. Our Behavioral Health Consultants (BHCs) are available to help you with those challenges. Our BHCs provide services such as coaching to develop a healthy lifestyle; help with managing chronic problems such as tobacco, alcohol, or drug use; techniques for improving sleep; stress reduction skills such as relaxation techniques; help coping with diagnosis of chronic diseases such as diabetes or cancer; help with problem-solving stressful life situations; strategies for coping with care of a sick or impaired loved one; skills training to improve marital and parent-child relationships; tips for preparing for difficult medical procedures; and more.

Consultations require a referral from the primary care provider, are usually 15-30 minutes long, may be available the same day as the request, and do not require an additional copay.

## Support Services

Interpretation Services: A variety of languages are represented at Bluestem Health. With the help of onsite interpreters, we are able to interpret in the following languages: Spanish, Kurdish, Arabic, Burmese, Karen, Thai, and Vietnamese.

Outreach and Enrollment: To best serve our patients, Bluestem Health has a dedicated staff that focuses solely on helping visitors access the healthcare coverage they need. Our staff can assist and your family when it comes to enrolling in programs such as Medicaid, SNAP (Supplemental Nutrition Assistance Program), ADC (Aid to Dependent Children), and more recently added care options like Open Enrollment through the Health Insurance Exchange.

## Medication Assistance/Pharmacy Services

Bluestem Health's status as a federally qualified health center enables us to provide 340B discount prescription pricing. In addition, many drug companies offer discount medication assistance programs to income-eligible patients. Bluestem Health staff offers assistance with enrollment in these programs. An onsite pharmacy is available at our Health 360 location.

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## Locations & Hours

### Bluestem Health Main

1021 N 27<sup>th</sup> St | Lincoln, NE 68503  
(402) 476-1455

Services offered: Medical, Dental, Behavioral Health, Support Services, 340B Pharmacy Access

Medical hours: Monday – Thursday, 8:00 a.m. – 7:00 p.m.; Friday 8:00 a.m. – 5:00 p.m.

Dental hours: Monday – Wednesday and Friday, 8:00 a.m. – 5:00 p.m.; Thursday, 10:00 a.m. – 7:00 p.m.

### Health 360

2301 O St | Lincoln, NE 68510  
(402) 476-1455

Services Offered: Medical, Dental, Behavioral Health, Support Services, 340B Pharmacy Access

Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m.

### Thompson Clinic

2222 S 16<sup>th</sup> St, Ste. 435 | Lincoln, NE 68502 (Bryan West Medical Plaza)  
(402) 474-7445

Services offered: Medical, Support Services, 340B Pharmacy Access

Hours: Monday – Thursday; 7:00 a.m. – 5:00 p.m.

### Bluestem Health Administration

2246 O St | Lincoln, NE 68510  
(402) 476-1455

Services Offered: Medical, Support Services, 340B Pharmacy Access

Hours: Monday – Friday; 8:00 – 5:00

### After Hours Care:

When the office is closed, we encourage you to call St. Elizabeth's Telephone Line to Care at (402) 219-7777. Telephone Line to Care is staffed by Registered Nurses that are able to give you medical advice when Bluestem Health is not open, including weekends and holidays.



# Bluestem Health

## Application for Sliding Fee

MR# \_\_\_\_\_

### PATIENT INFORMATION

Patient's Name \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if available)      Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone/Msg Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Household Members (people who live in the household and depend on you)

Name(s)	Age	SS#	Relationship

Total number in household: \_\_\_\_\_

### INCOME VERIFICATION

Filed Federal Taxes: Yes: \_\_\_\_\_ No \_\_\_\_\_ If yes, what year? 20\_\_\_\_ (on file \_\_\_\_\_)

Source of Income: \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

SLIDING FEE LEVEL: \_\_\_\_\_ APPLIES TO: \_\_\_\_\_ Medical \_\_\_\_\_ Dental

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

### PATIENT AGREEMENT:

By signing this form, I affirm that all information given is a complete and accurate statement of my income and family size to date. I authorize Bluestem Health to verify all information presented. I agree to report any change in income or family size to the PHC staff immediately. I understand that any person who obtains or attempts to obtain by fraudulent means, services to which he/she is not entitled may be prosecuted under the applicable state and federal statutes

Signature of Applicant: \_\_\_\_\_

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

Signature of Staff: \_\_\_\_\_

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

Re-certification is required annually from effective date.

If you qualify under the homeless status, you are required to update every 90 days.