Snoqualmie Valley Health

PATIENT INFORMATION *Please complete all of the below:*

Last Name (Legal)	First Name, Middle Name (Legal)	Preferred Name
Gender Identity □ Female □ Male □ Transgender Male □ Transgender Female □ Non-Binary □ Agender □ Bigender □ Cis or cisgender □ Demiboy □ Demigirl □ Gender Fluid □ Genderqueer □ Man or Masculine □ Woman or Feminine □ Two Spirit □ Other: _____ □ Choose not to Disclose □ Unknown	Preferred Pronouns ☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Other ☐ Choose not to Disclose	Sex Assigned at Birth ☐ Female ☐ Male ☐ Intersex ☐ Unknown ☐ Uncertain ☐ Choose not to Disclose

Date of Birth	Social Security Number:	Phone Number	Marital Status

Mailing Address	City	Zip Code	State	Primary Care Provider Name

Email	Employment Status	Employer
Access to Online Patient Portal? (MyChart) ☐ Yes ☐ No	☐Full-Time ☐ Part-Time ☐Student ☐Active Military ☐ Disabled ☐Retired	

Preferred Language	Interpreter Needed?	Race (select all that apply)	Ethnicity
	☐YES ☐ NO	☐ Black/ African American ☐Native Hawaiian/Pacific Islander ☐ American Indian or Alaska Native ☐ Asian ☐White ☐ Other ☐ Decline	☐Hispanic or Latino/a ☐Not Hispanic or Latino/a ☐ Decline

Emergency Contact Name	Emergency Contact Phone	Relationship to Patient	Interpreter Needed	Same Address?
			☐YES ☐NO	☐YES ☐ NO

RESPONSIBLE PARTY (i.e. Parent or Legal Guardian if patient is under 18 years old; Healthcare Durable Power of Attorney)

Last Name (Legal)	First Name, Middle Name (Legal)	Relationship to Patient

Mailing Address (if different from patient)	City	State	Zip Code	Phone Number

PRIMARY INSURANCE

Primary Insurance Company Name	Member ID Number	Group Number	Relationship to Patient

Subscribers Name (Policy Holder)	Social Security Number	Date of Birth	Phone Number

Subscribers Employer Name	Employment Status	Employer Phone Number
	☐ Full-Time ☐ Part-Time ☐ Student ☐ Active Military ☐ Disabled ☐ Retired	

SECONDARY INSURANCE

Secondary Insurance Company Name	Member ID Number	Group Number	Relationship to Patient

Subscribers Name (Policy Holder)	Social Security Number	Date of Birth	Phone Number

Subscribers Employer Name	Employment Status	Employer Phone Number
	☐ Full-Time ☐ Part-Time ☐ Student ☐ Active Military ☐ Disabled ☐ Retired	

MEDICARE RECIPIENTS

Are you receiving Medicare benefits based on age? ☐ Yes ☐ No Are you receiving Medicare? ☐ Part A ☐ Part B

Do you have a Medicare Advantage Plan (Part C)? ☐ Yes ☐ No ☐ Insurance Company Name_____

Do you have a Medicare Supplemental Plan (Plan F, G, or N) ☐ Yes ☐ No ☐Insurance Company Name _____

Snoqualmie Valley Health

Clinic Payment Policy

Snoqualmie Valley Hospital District (SVHD) believes that a good medical provider/patient relationship is based on good communication. We strive to provide information to our patients that clearly describe any illness, diagnosis or course of treatment. We also want to provide timely, accurate information regarding the billing arrangements we use in our practice.

Our offices are contracted with more than thirty medical insurance companies including individual, group, and HMO carriers. If you are a member of one of these plans we will bill your insurance company directly. If your insurance plan requires a co-pay, co-insurance or deductible for the services you receive, we will collect these amounts at the time of service.

If you have the ability to pay and do not pay your copay on the same day of service, a $35.00 late fee will be charged to you.

If your particular insurance plan is not one of those that we are contracted with you may still ask us to bill the company, however, insurance companies typically require that the patient pay a larger percentage of the bill if they receive services outside their contracted network. For services rendered inside or outside a particular network the co-pay is still paid at the time of service.

Snoqualmie Valley Hospital is committed to ensuring our patients get the care they need regardless of ability to pay for that care. Providing health care to those who cannot afford to pay is part of our mission and state law requires hospitals to provide free and discounted care to eligible patients. You may qualify for free or discounted care based on family size and income, even if you have health insurance.

How to Apply: Any patient may apply to receive financial assistance/charity care by applying and providing supporting documentation. If you have questions, need help, or would like to receive an application form or more information, please contact us:

- When you are checking in or checking out of the clinics;
- By telephone: 425-831-2310
- Our website at: http://snoqualmiehospital.org/wp-content/uploads/Financial-Aid-ApplicationPacket.pdf
- In person: 9801 Frontier Ave SE, Snoqualmie or 35020 SE Kinsey Street Snoqualmie, WA 98065
- To obtain documents via mail free of charge: Business Office 425-831-2310

You may be dismissed from care for a delinquent account. We are required by state and federal regulations to employ every reasonable means to collect for our service. State regulations also require that collection fees are added to the past due amount and that they be paid by the person(s) responsible for the debt. We refer delinquent accounts to: Merchants Credit Association, PO Box 7416, Bellevue, WA 98008 Phone: 425-643-2613.

If English is not your first language: Translated versions of the application form, are available upon request.