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# Private Practice Playbook

Sample Forms Appendix



# Introduction

The goal of the AMA STEPS Forward® Private Practice Playbook is to introduce foundational terms and concepts that apply to private practice. Private practice physicians can leverage those concepts and knowledge to make their practice more efficient, successful and fulfilling. With this in mind, we're providing the Private Practice Playbook: Sample Forms Appendix, a collection of templated forms for physician practices that address patient, employee and administrative needs.

These forms are in Word format, easy to download and customize with your practice's contact information or logo. You may use all the forms you find useful.

The information and guidance provided in these documents is believed to be current and accurate at the time of posting, but it is not intended to be and should not be seen as or relied on as legal, financial or consulting advice. Before use, each document should be tailored to the specific needs of your practice, including applicable state law. Consult with an attorney and other advisors. References and links to third parties do not constitute an endorsement or sponsorship by the AMA, and the AMA hereby disclaims all express and implied warranties of any kind in the information provided.



## **Access the Private Practice Sample Forms**

Scan this QR code or visit [ama-assn.org/sample-forms](https://ama-assn.org/sample-forms) to access all sample forms on your mobile or smart device.

# How to Use the Private Practice Sample Forms

This section offers advice and tips on the best use of the forms.



## New Patient Packet

### Advanced Beneficiary Notice (ABN)

This form should be completed when required by all Medicare patients. This form should be updated regularly as defined by the practice or state regulations.

### Benefits Assignment

This form authorizes the practice to bill the patient’s insurance provider for care and treatment costs and allows the insurance plan to submit payment for services directly to the practice.

### Health Plan 101

Patients who have questions about the basics of their health insurance and would like to understand important health insurance terms will find this to be a useful resource. Members of the practice can share this primer with patients to help address some of their fundamental concerns.

### HIPAA Privacy Forms

This collection of forms is commonly used in relation to the practice’s HIPAA policy.

### Notice of Privacy Practices

This document contains general privacy policies and procedures for a medical practice. Each practice should verify local and state HIPAA regulations and adjust this notice of privacy as needed. The practice should provide this document to each patient on their first visit and regularly update it based on the requirements of the practice or local and state regulations.

### Notice of Privacy Practices Acknowledgment Form

All patients should complete this form at their first visit and make regular updates as defined by the practice.

### Patient Demographics

An important form for all patients, this document collects demographic information and may require additions depending on the needs of the practice.

### Patient Health History

This document contains general patient health history information and may need to be customized for a specialty practice.

## Surprise Billing Acknowledgment Form

This form should be completed for any patient when the practice or any physician they see is not in the patient's insurance network. The practice should verify local and state requirements and make any adjustments to this form as necessary.

## Telehealth Consent Form

Any patient receiving telehealth services from the practice should complete this form.

## Patient Documents

### Medical Record Release – Inbound

This form should be used by practices when requesting patient records from another health care facility. Depending on local and state regulations for your patient population, additional information may be needed on this form.

### Practice Financial Policy

This document serves as an example of a typical financial policy. Each practice should review the information in this example policy and customize it as needed.

### Patient Payment Plan

Practices can use this form when determining and initiating a payment plan for patient balances. The patient should complete and sign this form, then the practice can enter payment information into the practice management system and save a copy in the patient's chart.

### Price List

With this template, practices can easily keep in one place the self-pay prices for services completed in your office.

### Request to Amend/Change Medical Record

The patient should complete this form any time a change or amendment to the medical record is requested. This includes demographic information or correction of information in the visit notes.

## Administrative Documents

### Daily Patient Payments

This document can be used to record patient payments collected each day at the front desk. This form can be used at the end of the day to reconcile payments against electronic payment processing systems.

### Fax Cover Page

This cover page will be used when sending information by fax outside the electronic health record system. It contains a disclaimer about the confidential nature of the information that may be included.

## Key Receipt Acknowledgment

This form should be used when distributing or managing keys held by team members. It is a way to track who can access each office location and record why each person requires a key.

## Medication Log

This physical log will be used to track medication dispensed for treating patients in the office. Patient, physician, assistant, and medication box information should be recorded on this document for reconciliation at the end of each clinic, and a comprehensive reconciliation can be conducted at the end of the month.

## Patient Sign-In Sheet

Keep this log at the front desk to track when patients arrive for their appointment.



### PRO TIP:

Print the sign-in sheet on a templated label sheet. A team member can pull off the line for each patient and attach it to the patient visit encounters as proof of visit. To comply with privacy laws, we encourage you not to leave a filled-out list in a public patient area.

## Policy Template

Practices can use this template as a framework for documenting internal policies and procedures.

## Refund Request

Team members can use this form if a refund is identified on a patient account. The refund request form should be sent to the practice's bookkeeping department or practice administrator for processing back to the patient. Adjust the document to match the refund process at your practice.

## Visitor Log

Keep this log at the front desk of your practice to track when visitors are in the office.

# Employee Documents

## Employee Performance Review

Use this document as a guide for regularly scheduled employee performance reviews. Practices should tailor this document to align with their specific requirements for each position.

## Employee Warning Template

This document is to be used to document when disciplinary action is taken against a practice employee.

## Expense Reimbursement

This form can be used when a member of the clinical team purchases something with personal funds and the practice has agreed to reimburse. If the team member uses a personal vehicle on behalf of the practice, the form can also track mileage. Where applicable, include related receipts with this form.

## Time Off Work Request Form

This form should be used by team members to document any time off from their regularly scheduled working hours. The paper should be returned to their supervisor and dated in case the practice has a first-come, first-serve approval policy.

## Job Descriptions

These job descriptions outline in a general way the role and responsibilities of team members at an independent physician practice. The job descriptions may require additional information to match each practice's needs. The job descriptions here include the following roles:

- Billing
- Clerical (desk/reception)
- Clinical
- Practice manager (administrator)

## New Hire Documents

### Authorization for Payroll Deduction

The team member should complete this form to initiate, end or change a deduction on their paycheck.

### Confidentiality Agreement

A member of the team would sign this form to acknowledge they understand that patient information is confidential and should not be shared with anyone not identified in the agreement. All practice employees who have access to patient information should sign this form.

### Drug Screen Consent

Practices requiring a drug screening for team members or applicants can use this form. As noted in the document, practices should verify local and state regulations governing employee drug screenings before any drug tests are required or performed.

### Employee Handbook Acknowledgment Form

Use this form to acknowledge when an employee has received, read and understood the practice's employee handbook. This form should be signed by all team members when they are hired and again any time updates are made to the practice's employee handbook.

### Employee Vaccination Record Request

Practices should use this letter for employees who know they have been vaccinated but have no record of the vaccinations. As noted in the document, practices should verify local and state regulations related to employees obtaining personal health information and should include a HIPAA authorization form from the employee when sending this letter.

### New Hire Checklist

This is an example checklist for forms that should be completed when onboarding a new team member. Additional information may be required depending on the individual practice.

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