High Ridge Family Practice in order to continue to provide it's patients with the best technology and access to one of the top Patient Centered Medical Homes in the country ,   has a required annual Technology Access Fee that all Patients must pay to be part of and remain part of High Ridge Family Practice's patient population.

The Technology Access Fee will be assessed, collected or billed with the first Office Visit of each year for all existing Patients. It will be assessed, collected or billed with the second Office Visit of each year for a New Patient to the practice.

These fees allow High Ridge Family Practice to continue to function and have the technology required to provide you the best of access and medical care. As well as develop and bring you new and valuable services.

The Fees are not covered by Insurance or Medicare and are solely the patient's responsibility and are requirements for all patients of High Ridge Family Practice.

The Fees are: $ 50 / person Annually or $ 100 / Family.

The fees are due and payable at those visits, otherwise you will be billed.

These Fees then provide you access to Webview and **Instant Medical History.**

USE INSTANT MEDICAL HISTORY TO ENHANCE YOUR OFFICE VISITS AND ADD TO YOUR MEDICAL CARE
> **(FOR ESTABLISHED PATIENTS ONLY)**
> **INSTRUCTIONS:**
> **GO TO HIGH RIDGE FAMILY PRACTICE WEBSITE**
> > **WWW.HRFP.NET**
> **ON HOME PAGE ON LEFT HAND SIDE OF PAGE GO TO**
> > **INSTANT MEDICAL HISTORY (CLICK HERE)**
> > **INSTANT MEDICAL HISTORY PASSWORD: IMHATHRFP**
> > **FOLLOW ON SCREEN INSTRUCTIONS**
> > > **ENTER REASON FOR OFFICE VISIT, MEDICAL ISSUE, ETC**
> > > **(SHORTER 1 OR 2 WORDS PREFERABLE)**
> > > **THIS WILL TRIGGER QUESTIONS, ANSWER QUESTIONS UNTIL**
> > > **THE END OF THE SERIES OF QUESTIONS**

USE WEBVIEW TO ACCESS YOUR MEDICAL RECORDS SECURELY FROM ANYWHERE THERE IS INTERNET ACCESS (FOR ESTABLISHED PATIENTS ONLY)
> **USE TO VIEW YOUR MEDICAL RECORD**
> **VIEW YOUR LABS AND TESTS**
> **MESSAGE YOUR PHYSICIAN FROM WITHIN YOUR CHART**

Patient Acknowledgement that information has been read, understood & accepted:

_____

Patient Name

_____

Patient Signature

_____

Date

You must sign and accept this agreement to be a patient at High Ridge Family Practice

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