HUNTSVILLE HEART SPECIALISTS, LLC

CARDIOVASCULAR / PACEMAKER CONSULTANTS

101 A BOB WALLACE SW @ ALABAMA STREET • HUNTSVILLE, AL 35801

Chart#_____

Date _____

Patient Information

PLEASE COMPLETE ALL SECTIONS

Patient's Name_____

Street_____City_____

State_____Zip_____Home Phone(_____)_____ Cell Phone(_____)_____Sex_____

Birth Date _____/_____/_____ Age_____ SSN_____-_____-_____ Driver's Lic # _____ Marital Status _____

Race/Etnicity _____ Language Preferred _____

Patient's Employer_____ Occupation _____ Work Phone (____)_____

E-Mail Address _____

Emergency Contact

Contact's Name _____ Relationship _____ Phone (____)_____

Referred By

How did you hear about us? Physician _____ Radio _____ Television _____ Letter _____ Friend _____

Insurance Information

Insurance #1 _____
Group # _____ Contract # _____ Co-pay _____
Name of Insured _____ Relationship to patient _____
Sex _____ Birth date _____ SSN _____

Insurance #2 _____
Group # _____ Contract # _____ Co-pay _____
Name of Insured _____ Relationship to patient _____
Sex _____ Birth date _____ SSN _____

Authorization to Release Information and Discuss Information

TEST RESULTS, MEDICATION REFILLS, ETC. will not be discussed with anyone other than the patient UNLESS you list other family members or friends below. We must have a signed consent from you. I, the undersigned, authorize the following FAMILY MEMBER/FRIEND to obtain medical information from my record (such as test results) or to request refills of medications on my behalf.

Name _____ Relationship _____

Name _____ Relationship _____

_____ _____

Patient Signature **Date**

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Financial Policy

Thank you for allowing us the opportunity to participate in your medical care. We would like to assist you in understanding the financial policies of this office. If you have any questions about the following information or any uncertainty regarding insurance coverage please ask for assistance.

- We will file your primary insurance and secondary insurance for you as a courtesy.
- The patient/responsible party is ultimately responsible for payment of all services.
- Copayments, deductibles, and non-covered services are due at the time of service. We accept cash, checks, VISA, and Mastercard as payment.
- There is a $30 fee for returned checks.
- Your insurance is a contract between you and your insurance company. We are not a party to that contract. In the event your insurance does not pay within 60 days of the date of service, the account will be forwarded to you for payment.
- Changes in insurance information should be communicated with our office as soon as possible.
- If the service provided is or may be "non-covered" services and not considered reasonable and necessary under the Medicare program and/or other insurance we will notify you in advance and ask you to sign an "Advance Beneficiary Notice".
- Accounts over 90 days past due will be turned over to a third party collection agency. Your future status with the office will be considered at such time.
- There is a $25 fee for no show appointments

I authorize the release of any medical information necessary to process this claim. I permit a copy of the authorization to be used in place of the original. I understand that my insurance has been filed as courtesy and in no way takes away my responsibility for payment of these charges. I am responsible for any copayments, deductibles, coinsurance, and charges not covered by my insurance carrier. I also understand that any patient balance not paid in 90 days will be forwarded to an attorney for collections. I will be responsible for any additional collection and or court costs.

Signature _____ **Date** _____

I hereby authorize Huntsville Heart Specialists, LLC to apply benefits on my behalf for the covered services rendered by the office, or by the office's order. I request that payment from my insurance company be made directly to Huntsville Heart Specialists, LLC or to the party who accepts assignment. I certify that the information I have reported with regard to my insurance coverage is correct.

Signature _____ **Date** _____

Privacy Policy

- Your protected health information will be used by Huntsville Heart Specialists, LLC or disclosed to others for the purposes of treatment, obtaining payment, or supporting the day-to-day health care operations of the practice.
- Huntsville Heart Specialists, LLC is required to provide you a notice that describes how information about you may be used and disclosed. Additionally, we must provide you information on how you may get access to this information. These policies and practices are defined in the "Notice of Privacy Practices" brochure provided to you. **PLEASE REVIEW IT CAREFULLY.**
- You may request a restriction on the use of the disclosure of your protected health information. However, Huntsville Heart Specialists, LLC may or may not agree to your request to restrict the use of disclosure of your health information. You may be asked to complete any authorization to activate this request. Please consult with the Privacy Officer if you would like additional information of clarification. It is a violation of the federal privacy standards if Huntsville Heart Specialists, LLC fails to comply with your request. If you still have questions after reviewing the Notice of Privacy Practices brochure, please consult with a Privacy Officer at the location and contact information listed on the back of the brochure.
- You may revoke this consent at any time, however, Huntsville Heart Specialists, LLC requires that you must revoke this consent in writing. If you choose to revoke this consent, the revocation will not affect use and disclosure of your information before the date of your request.
- Huntsville Heart Specialists, LLC reserves the right to change or modify the privacy practices outlined in the Notice of Privacy Practices brochure. Huntsville Heart Specialists, LLC will notify you of any changes of privacy practices either by mail, at your next appointment, or any other pre-approved method that your request.

I have reviewed this consent form, received the brochure entitled "Notice of Privacy Practices" and given permission to Huntsville Heart Specialists, LLC to use and disclose my health information in accordance with this consent and the notice provided.

Signature _____ **Date** _____