

Gastroenterology Associates of Rochester, LLP

Patient's Name: _____

Date of Birth: _____

PATIENT AUTHORIZATIONS & ACKNOWLEDGEMENTS

I authorize the release of any medical information from my physician(s) to this Practice and from this Practice to my physician(s) for continuity of care.

I authorize the release of any medical information necessary to process insurance claims and/or comply with my health plan's quality assurance reviews.

I have been offered a copy of your Notice of Privacy Practices. I can view it on your website (www.rocgastro.com) or request one to be emailed or sent to me.

I understand that I am responsible for notifying the Practice if my insurance coverage changes.

I assign benefits (including Medicare) to the Practice for payment of my claims. I understand that I am responsible for any balance not covered by my insurance. In addition I agree to be responsible for all collection and attorney fees necessary to collect any sums due. I realize that failure to pay on my account may result in discharge from the Practice.

I understand that I am responsible for the following payments:

- \$10 service fee if known payment (e.g. copay) is not made at the time of service.
- \$25 charge for any returned checks.
- \$25 fee for office appointments missed or cancelled with less than 24 hour notice.
- \$50 fee for procedures missed or cancelled with less than 48 hour notice.

Contacts / HIPAA

In addition to sending information via postal mail, please circle "Yes" or "No" to indicate how we may leave you messages regarding appointments.

Home phone/voice mail: Yes / No Mobile phone/text: Yes / No Work phone/voice mail: Yes / No

List below emergency contacts & individuals with whom you authorize us to discuss your appointment & medical information.

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
_____	_____	_____ (home/work)
_____	_____	_____ (home/work)
_____	_____	_____ (home/work)

Signature: _____

Date: _____

Please mail completed form to:

Gastroenterology Associates of Rochester - 2440 Ridgeway Avenue, Rochester, NY 14626