

PATIENT DEMOGRAPHICS

Name _____ Address _____
City _____ State _____ Zip Code _____ DOB ____ / ____ / ____
Sex _____ SS# _____ / _____ / _____ Home Phone # _____
Work Phone # _____ Cell Phone # _____

PRIMARY INSURANCE

Name of Primary Insurance _____
Name of Policy Holder _____
Relationship to Policy Holder _____ Policy Holder's DOB ____ / ____ / ____
Name of Employer _____ Group Number _____
Policy or ID # _____ Policy holder's SS# _____ / _____ / _____

SECONDARY INSURANCE

Name of Secondary Insurance _____
Name of Policy Holder _____
Relationship to Policy Holder _____ Policy Holder's DOB ____ / ____ / ____
Name of Employer _____ Group Number _____
Policy or ID # _____ Policy holder's SS# _____ / _____ / _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
Address _____ Telephone # _____

HIPAA

Our Notice of Privacy Practices (notice) provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. If our notice is changed or modified, you may obtain a revised copy by requested from the receptionist.

You have the right to request that we restrict how protected health information about is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent. This consent is given freely with the understanding that:

1. Any and all records, whether written or oral or electronic format, are confidential and cannot be disclosed without my prior written authorization, except as otherwise provided by law.
2. A photocopy or fax of this consent is as valid as though original.
3. I may revoke this consent at any time, except where the information has already been released. This consent is valid until revoked by me in writing.

Signature

Date

I authorize the office to speak to the following people regarding my financial account, appointments, lab results, and test results.

Initials

1. _____

2. _____

3. _____

PAYMENT POLICY

1. We will file insurance for our patients. However, all co-payments and/or deductible amounts are due at the time of service. Any disallowed amounts are due from the patient.
2. There will be a twenty-five dollar (\$25) fee assessed for any returned check. This fee is assessed regardless of whether the check is redeposited, because the bank has already charged us a fee for the returned item. You will subsequently receive a bill for this amount.
3. If your account has a credit balance of more than \$10.00, a refund will be mailed to you within thirty (30) days.

Your insurance policy is a contract between you and your insurance company. It is important that you understand what physician services are or are not covered before seeing your doctor. **We cannot guarantee payment of claims by your insurance company.** Reduction or rejection of your claim by your insurance company does not relieve the financial obligation you have incurred.

Referrals must be obtained prior to the visit if required. If a referral is not received at the time of visit, the patient is responsible for payment when services are rendered.

I understand I am financially responsible for all charges whether or not covered by insurance. Payment is expected at the time of services unless special arrangements have been made.

I authorize payment of medical benefits to the physician for the services rendered

Signature

Date

Eric S. Hollabaugh, MD and Edward L Parry MD NOTICE OR PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Protecting your privacy

Protecting your privacy and your medical information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At Eric S. Hollabaugh, MD and Edward L Parry, MD privacy is one of our highest priorities.

Keeping your information

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you.

We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

Working to meet your needs through information

In the course of doing business, we collect and use various types of information, like name and address and claims information. We use this information to provide service to you, to process your claims and to bring you health information that might be of interest to you.

Keeping information accurate

Keeping your health information accurate and up to date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone number listed below. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

How- and why- information is shared

We limit who receives information and what type of information is shared.

- Sharing information within Eric S Hollabaugh MD & Edward L Parry MD. We share information within our company to deliver you the health care services and the related information and education programs specified in your plan.

- Sharing information with companies that work for us. To help us offer you our services, we may share information with companies that work for us, such as claim processing and mailing companies and companies that deliver health education and information directly to you. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.
- Other. Patient-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released within the condition that the person receiving the data will not release it further, unless you give permission.

If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you (unless we are prohibited from doing so). Except as required by law or as described above, we do not share information with other parties, including government agencies.

Eric S Hollabaugh, MD & Edward L Parry, MD does not share any customer information with third-party marketers who offer their products and services to our patients.

Count on our commitment to your privacy

You can count on us to keep you informed about how we protect your privacy and limit the sharing of information you provide to us – whether it's at our office, over the phone or through the Internet.

Eric S Hollabaugh, MD
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