

Patient Information Form & Confidential Communication Request

Patient Name _____

Date of Birth _____ Social Security # _____

Gender M / F Marital Status S / M / D / W Is today the Patients first visit here? Y or N

*Race _____ *Ethnicity _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Work Phone # _____ Email _____

Preferred Contact # (circle) Home Work Cell

Employer Name _____ Occupation _____

Responsible Party/Policy Holder: Name _____

Date of Birth _____ Social Security # _____

Emergency Contact: Name _____

Phone # _____ Relationship _____

Referring Physician: _____

Family/Primary Physicain: _____

Preferred Pharmacy: _____

Address: _____

If Patient is a Minor or Student Please Complete the Following:

Fathers Name: _____ Phone # _____

Address _____

Employer _____ Occupation _____

Work Phone # _____ Cell # _____

Mothers Name: _____ Phone # _____

Address _____

Employer _____ Occupation _____

Work Phone # _____ Cell # _____

Confidential Channel Communication Request

May we discuss your Personal Health Information with anyone else? If so, please list their name and phone # below:

Spouse _____

Parent _____

Children _____

Other _____

Patient or Responsible Person Signature: _____

Date _____

ACADIANA OTOLARYNGOLOGY HEAD & NECK SURGERY, L.L.C.

Thank you for choosing Acadiana Otolaryngology Head & Neck Surgery, L.L.C. as your healthcare provider. We are committed to your health and successful treatment. The following is our Financial Policy Agreement, Ownership Disclosure, Privacy Policy and Authorization for Release of Information, which you must read and sign.

Financial Policy

General Payment Requirements – Unless other arrangements are approved, FULL PAYMENT IS DUE AT THE TIME OF SERVICE. We accept cash, checks, and credit cards. For surgery patients, any pre-operative visit charge and surgery co-payment, based on insurance benefit verification, are due in full at the time of the pre-op visit. If payment in full creates a hardship, please ask to speak with the manager to discuss other payment options.

For minors, the adult accompanying the minor is responsible for full payment. For unaccompanied minors, we will be unable to provide non-emergency treatment unless there is payment by cash or check at time of service, or insurance coverage has been verified. In such cases, any applicable coinsurance or co-payment must be paid in full.

If, after your insurance has paid, you have overpaid us, we will refund any amount greater than \$3.00 to you.

Assignment of Benefits and Rights- If you have health and accident insurance coverage, including worker's compensation benefits, automobile insurance or Medicare, your signature on this document evidences your agreement to irrevocably assign and transfer all right, title and interest in any benefits payable under such programs to Acadiana Otolaryngology Head & Neck Surgery, L.L.C. You agree to authorize and direct that any such payments be made directly to Acadiana Otolaryngology Head & Neck Surgery, L.L.C. You further agree to irrevocably assign and transfer to Acadiana Otolaryngology Head & Neck Surgery, L.L.C all your rights to pursue administrative appeals of denials of claims for benefits and to assert legal claims or causes of action that may arise against your insurer or health plan for the wrongful denial of claims for benefits. This transfer and assignment shall be for the sole purpose of granting Acadiana Otolaryngology Head & Neck Surgery, L.L.C the independent right of recovery against your insurer or health plan, but shall not be construed as creating an obligation to exercise such rights.

Regarding Insurance - This office will file, upon receipt of necessary insurance information, your claim with most major insurance providers. This is a service that we provide but it is ultimately the responsibility of the patient to pay the balance due and to complete the claims process with the insurance company. You may be responsible for payment of the difference between the insurer's determination of what we should be paid and our billed charges.

We participate in most managed care plans. If you are enrolled in a managed care plan, you agree to cooperate and comply with all pre-certification or pre-authorization, benefit verification or other requirements.

We try to understand the covered services under your plan and comply with insurance company pre-certification and insurance verification; however, this does not guarantee payment. If your insurance company denies payment of services provided or does not pay for all services billed, you may be responsible for the balance.

Payment on outstanding balances within 30 days is required. Please ask to speak to our manager if you need to discuss other payment arrangements.

Past Due Accounts - Open accounts with no acceptable* payment activity for 60 days will be considered past due. A billing charge may be assessed to the account balance along with a finance charge of 1.5% per month. You will be responsible for the original past due balance along with these additional charges.

Collections - Open accounts with no acceptable* payment activity for 120 days may be placed with our collection agency. If this action becomes necessary, you will be responsible for payment of the original balance plus any billing charges, finance charges, collection fees, and attorney fees and expenses incurred in collecting amounts owed.

(*Acceptable payment on an account will be determined on an individual basis. Please contact the Manager if you intend to make payments on your account to avoid any misunderstandings.)

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

Ownership Disclosure

Both State and Federal law require your physician to disclose his/her ownership or financial interest in any healthcare facility or entity to which you may be referred. Drs. Montgomery & Alldredge have an ownership interest in Lafayette Surgical Specialty Hospital, L.L.C., Lourdes Imaging Development, L.L.C., and Lafayette Hearing Specialists, L.L.C. Dr. Durel has ownership in Oil Center Surgical Plaza and Lafayette Hearing Specialists, L.L.C.

Privacy Policy

Acadiana Otolaryngology Head & Neck Surgery zealously guards your privacy and adheres to the Health Information Portability and Accountability Act or HIPAA. You will receive a copy of our Notice of Privacy Practices today. Please ask for your copy at the checkout counter.

Consent to Release Information

I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical information and supporting documentation contained in my medical records maintained in this office to any entity that may be financially responsible for payment of expenses related to my treatment, including my insurer, health plan, Medicaid, Medicare, Medicare carriers, the Health Care Financing Administration and any external professional review organization acting on their behalf, for the purpose of administering benefits under such plans. If my treatment is work-related, I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical information regarding such treatment to my employer and/or its designee. I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical records to the applicable above-listed entities that may require medical record review pursuant to a quality improvement program. I hereby consent to Acadiana Otolaryngology Head & Neck Surgery, L.L.C. using any of my protected health information for any treatment, payment, or healthcare operation activity, as described in the Notice of Privacy Practices, a copy of which I acknowledge receiving today.

This authorization specifically includes the release of medical information concerning substance use or abuse, nervous and mental disorders and infectious diseases.

I authorize Acadiana Otolaryngology Head & Neck Surgery, L.L.C to release medical records and reports to any health care provider participating in the care rendered by Acadiana Otolaryngology Head & Neck Surgery, L.L.C, or any future medical care including but not limited to referring or consulting physicians, hospitals, ambulance services or home health providers. I also authorize any other physician or other health care provider, laboratory, hospital, Imaging Center or other provider to release to Acadiana Otolaryngology Head & Neck Surgery, L.L.C all medical records, reports, scans and X-rays necessary for my care.

I CERTIFY THAT I HAVE READ THE FOREGOING FINANCIAL POLICY AGREEMENT, OWNERSHIP DISCLOSURE AND CONSENT TO RELEASE INFORMATION AND THAT I UNDERSTAND THE PROVISIONS THEREIN. I ACKNOWLEDGE RECEIPT OF NOTICE OF PRIVACY PRACTICES.

Name of Patient (Please print)

Date

Signature of Patient (18 and Older)

Signature of Financially Responsible Party

Witness

Relationship to Patient