

2012

Acct#: \_\_\_\_\_

**PLEASE USE BLACK INK AND PRESS FIRMLY**

**Medical Care, PLLC medical records and patient information confidentiality policy**

In compliance of state and federal regulations, Medical Care will not release an individual's medical records or information without the patient's written authorization. The patient may restrict or revoke the authorization to release medical information at any time.

MAY MEDICAL CARE CONTACT YOU BY PHONE AND IF NO ANSWER LEAVE A MESSAGE FOR APPOINTMENTS, SCHEDULING, REFRRALS, PRESCRIPTIONS, LABS, OR OTHER TEST RESULTS, ETC.

YES \_\_\_\_\_ NO \_\_\_\_\_

If Medical Care cannot reach you, is there another person with whom we can discuss your medical information? Please list relationship/contact phone numbers:

Name: _____	Relationship: _____	Phone # _____
Name: _____	Relationship: _____	Phone # _____
Name: _____	Relationship: _____	Phone # _____
Name: _____	Relationship: _____	Phone # _____

If patient is a minor. I authorize the following people to bring my child or dependant to Medical Care for treatment:

Name: _____	Relationship: _____	Phone # _____
Name: _____	Relationship: _____	Phone # _____
Name: _____	Relationship: _____	Phone # _____
Name: _____	Relationship: _____	Phone # _____

**ALL PATIENTS: CASH PAY, TENNCARE, MEDICARE, AND PRIVATE INSURANCE**

I agree to be financially responsible for any service I receive and to pay any charges necessary to collect, including but not limited to collection fees, attorney fees and court costs.

Signed : \_\_\_\_\_ Printed Patient Name : \_\_\_\_\_

Date : \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

**INSURANCE**

I authorize the release of any medical information necessary to process claims. I authorize payment of medical benefits to Medical Care, LLC or the named provider for professional services rendered. I agree to be responsible for charges not paid by my insurance (co-pay, deductible, not covered services, etc.) We cannot bill your insurance company unless you give us your correct insurance information at the time of service. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Please be aware that some, and perhaps all, of the services provided to you may be non-covered services and not considered reasonable and necessary under the Medicare program and/or medical insurance.