

Arlington Gastroenterology Services

Arlington | Southlake

Hamid Kamran, MD FACP

CONTRACT AUTHORIZATION

Please PRINT AND complete ALL sections below!

May we speak to anyone else regarding your medical condition? ☐ Yes ☐ No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Health Insurance Portability & Accountability Act (HIPAA)

• I have been provided the opportunity to review the Notice of Privacy Practices, I, the undersigned, authorize Arlington Gastroenterology Services, to send/ receive confidential healthcare information as the term is defined by HIPAA (Health Insurance Portability and Accountability Act of 1996, 45 C.F.R, Parts 160-164) by facsimile to healthcare providers, hospitals, laboratories and other medical caregivers for the coordination of care for the patient listed below. I may revoke this authorization within five (5) days with a written notice to Arlington Gastroenterology Services.

Assignment of Benefits-Financial Agreement

• I hereby authorize payment of insurance benefits to be made directly to Arlington Gastroenterology Services any for services rendered. I understand that I am financially responsible for all charges whether or not covered by my insurance carrier. I also authorize Arlington Gastroenterology Service to release all information necessary to secure the payment of benefits. A photocopy of this agreement shall be considered valid just as the original.

NOTICE

• Time slots for office visit and procedures are allocated per patient agreement. As a courtesy, a three (3) business day notice (procedures) and two (2) business day notice (office visits) must be provided to our office in order to properly allocate those available time slots. In the event that a timely notification is not provided to the office, the patient will be responsible for any and all appropriate charges.

• Indicate where you can be reached during business hours: ☐ Home ☐ Work ☐ Cell

• May we leave a message? ☐ Yes ☐ No

Patient Name: _____

Authorized Signature: _____ **Date:** _____