



## Legal Notice

### HIPPA Notice of Privacy Practices

I, the undersigned, have received a copy and understand the Privacy Practices of Wayne C. Furr, M.D. and Lara M. Lane, M.D.

### Agreement to Pay for Treatment

I, the responsible party, hereby agree to pay all charges submitted by this office during the course of treatment for the patient. If the patient has insurance coverage with a managed care organization with which this office has a contractual agreement, I agree to pay all applicable co-payments, co-insurance, and deductibles, which arise during the course of treatment for the patient. The responsible party also agrees to pay for treatment rendered to the patient, which is not treatment for considered to be a covered service by the insurer and or third party or other payor.

### Release and Statement to Permit Payment of Private Insurance Benefits to the Provider

I, the undersigned responsible party hereby authorize this office/ its employees to release and disclose all or any part of the patient medical records to any entity which is, or may be liable, for all or part of the provider charges. I, authorize the release and disclosure of any and all of my or my child's medical records to any other entity, including, but not limited to specialty physicians, hospitals, or other health care providers, which may be of assistance in the opinion of this office, in providing treatment of the patient. I, authorize the release of records necessary to assist in the reimbursement of benefits to which I may be entitled. I, authorize this office and/or its employees to release, via fax machine, medical records which are needed in order to provide the patient with the most appropriate medical care. I, authorize the request that payment of any third party or insurance company benefits be made directly to this office for any services furnished to the patient.

### The signature below shall suffice for all insurance forms on a continuing basis.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

\*Patients with Health Plans, please present your insurance ID card to the receptionist after completing this form.

\*Some contract Health Plans (HMO, PPO, IPA, etc.) require a co-payment at the time of service – Please have this ready.