



PATIENT RELEASE INFORMATION
(PLEASE READ CAREFULLY. THIS FORM MUST BE SIGNED.)

1.

In order to make our care more efficient, we will require you to present your insurance cards at each visit. We will not file insurance without the presentation of your cards. If you do not have your cards the visit will not be billed to your insurance and you will be expected to pay for the visit that day of service. The receptionist will also require you to verify your information each time you visit our office. This is to benefit you as the patient and our office so that our records are always up to date and your insurance company can pay the claims in a timely fashion. It is also that we are taking every possible measure to protect and guard against identity theft.

2.

You understand that Dr. Marlowe and Dr. Marrs are specialists, meaning that beyond our control some patients will need the attention of the doctor longer than others. We always strive to schedule appointments as accurately as possible to provide for our particular patient's needs. However sometimes you will experience a wait. You understand that the doctors try to allow the time needed to properly care for you as a patient and ask that you understand when these circumstances arise. Please tell the receptionist if the wait is too long and we will gladly reschedule your appointment.

3.

As a patient you may be recommended to have lab work, x-rays, MRI's or surgery. We leave the responsibility to the patient that you provide us with the facilities that participate with your insurance company. Failure to do so may result in us using the facility of our choice. You may receive a bill from the facility providing the service.

4.

As a patient you give permission and consent for the doctors to obtain & release medical records. Due to HIPAA, additional paperwork is required. Our office requires a 72-hour notice to process the request for the records to be faxed and/or copied. There may be a charge for the release of copied records.

5.

If you have insurance, our office will file to your insurance as a courtesy. We suggest that you call your insurance company and confirm that the doctors participate with your insurance. If there is a denial from your insurance the bill will be applied to patient responsibility.

6.

Payment or co-payment is due at the time of service. If your account should be turned over to a collection agency you understand that additional fees may apply. We have a \$30.00 returned check fee for each check in the event your bank returns a personal check. You understand that your insurance may leave a balance as patient responsibility; if this should happen payment is due to Dr. Andrew Marlowe for services rendered. If we send your account to collections, there will be an additional 30% charge added to your balance.

7.

Our office is required by law to maintain the privacy of your protected health information and to provide you with a notice about our legal duties and privacy practices regarding the information we collect and maintain about you. As required by law, a copy of our Notice of Privacy Practices has been provided to you at the time of your visit. In that notice we described, among other things, how medical information about you may be used and disclosed and how you can get access to this information. The law also requires us to obtain your acknowledgement that we have provided you with our Notice of Privacy Practices. It is for that reason we ask you to read and sign this form. If you have any questions about the Notice of Privacy Practices that we provided to you, please contact our Privacy Officer, Brittany Ryder, who is on duty at this office and who may also be reached by calling (941) 379-3277. By your signature on this form, you are acknowledging that you have received and understand the Notice of Privacy Practices we have provided to you. A copy of this signed acknowledgement will be maintained in the medical chart that we maintain for you in this office.

SIGNED _____ DATE _____