

Methods to Contact You

I wish to be contacted in the following manner (please check all that apply)

Home Telephone # _____

- OK to leave message on home answering machine with detailed info (this
Includes test results, pre-op info, follow-up info, etc.)
- Leave message with call back number only
- Do not call my home

Written Communication

- OK to mail to my home
- OK to fax to this # _____

Work Telephone # _____

- OK to leave message with detailed info
- Leave message with call back number only
- Do not call my work

Cell Telephone # _____

- OK to leave message with detailed info
- Leave message with call back number only
- Do not call my cell phone

PLEASE BE ADVISED WE CANNOT GIVE INFORMATION TO ANYONE WITHOUT YOUR WRITTEN CONSENT. IF YOU WANT SOMEONE ELSE (FOR EXAMPLE: YOUR SPOUSE) TO RECEIVE YOUR PERSONAL HEALTH INFORMATION, YOU MUST ASK THE RECEPTIONIST FOR AN AUTHORIZATION FORM. I UNDERSTAND THAT I MAY CHANGE MY METHODS OF CONTACT AT ANY TIME BY WRITTEN CONSENT.

I authorize insurance benefits to be paid directly to the physician and that I am financially responsible for any Balance due. I hereby consent to the release and re-disclosure of my medical record to enable or facilitate the Collection, verification, or settlement of my account for any amounts due from me or any third party, payer, health Maintenance organization, insurer or other health benefit plan.

I agree to promptly pay for services rendered for me or the patient named above. If I fail to meet my financial Commitment to LMG and it becomes necessary to take action to collect my account, I agree to pay all costs And expenses incurred in the collection of my account, including attorney and collection agency fees. I further Agree to pay \$50.00 for any missed appointment of which I did not notify the medical office 24 hours prior to my scheduled appointment.

I authorize LMG, PC to test my blood for hepatitis and/or AIDS virus, if in their opinion, an employee has suffered an exposure incident as a result of my treatment defined by the Occupational Safety & Health Administration.

Signature

Date

Print Name