Date: _____ Chart #: _____

OB/GYN PROFESSIONALS OF EAST TENNESSEE, P.C.

PATIENT INFORMATION

PLEASE READ AND INITIAL EACH ITEM BELOW

Responsibility for changes. I understand that it is my responsibility to notify this office of any changes in my address, phone number or insurance coverage.
Initial: _____

Financial responsibility. I understand that I am financially responsible for any balance not paid by my insurance carrier. I understand that such balances will be due upon receipt of statement from OB/GYN Professionals of East Tennessee, P.C. I understand that a finance charge of 21.9% APR will be assessed on any balances still due after 30 days from date of billing. I understand that any dispute in payment by my insurance company is my responsibility. If it becomes necessary to refer my account balance for collection, I understand that a minimum of 30% (thirty percent) collection fee will be added to my account balance. I also agree to pay any court costs and/or attorney fees if my account is referred for collection.
Initial: _____

Release for billing. I authorize the release of any medical information necessary to process claims for medical services, as per HIPAA regulations. I request payment of medical benefits directly to OB/GYN Professionals of East Tennessee, P.C.
Initial: _____

Responsibility for co-payments. I understand that co-payments are due at the time of service. If my insurance charges a co-payment on labs or other tests, I will pay those charges when billed.
Initial: _____

Responsibility for referrals. I understand that if my insurance requires a referral from my primary care physician, it is my responsibility to obtain that referral prior to my visit in this office. I understand that failure to do so will result in my being responsible for full payment of that day's charges.
Initial: _____

Receipt of patient brochure. I acknowledge that I have received a copy of the practice brochure and agree to abide by the policies as listed.
Initial: _____

Tenn Care Programs. I acknowledge that OB/GYN Professionals of E. TN does not participate in any Tenn Care program and claims will not be filed to any of these programs as primary or secondary insurance. I accept full financial responsibility for all bills due relating to these claims.
Initial: _____

Signature: _____ **Date:** _____