

HIPAA NOTICE AGREEMENT

By signing this agreement, I can acknowledge that I am able to look at or receive a copy of the Notice of Information Practices (HIPAA). (revised April 2013) The medical chart is property of the clinic; however, pertinent medical information can be made available with your written permission.

* If patient is 18 or older, patient must sign:

Patient Name (please print)

Patient Signature or Parent/Representative if under 18

Date

Hess Clinic Witness

ASSIGNMENT & RELEASE-----

I, the undersigned certify that I (or my dependent) have insurance coverage with _____
Name of Insurance Company
and assign directly to HESS CLINIC all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I authorize Dr. Hess or other providers in HESS CLINIC to gather history, diagnose and treat patient listed above.

Patient's Signature (if 18 or older) or
Parent/Representative Signature

Relationship to Patient

Date

PATIENT POLICIES/GUIDELINES

- * All visits are done by appointment only – We are not a walk-in clinic
- * We process most commercial insurance. Please bring your card with you to every office visit to present at check-in. If your insurance is out of network, you may be asked to pay for your office visit and we will reimburse you for any credit once the claim has been processed.
- * If you have a co-pay, please be prepared to pay this at the time of your office visit– we do not bill for co-pays.
- * Insurance companies do not pay all fees and may exclude certain services from coverage. It is your responsibility to understand your insurance plan.
- * If you are injured on the job, please notify your supervisor. They will contact the clinic to authorize an office visit.
- * Any appointment missed or canceled the day of the appointment will be assessed a \$25 fee. If you need to cancel or reschedule an appointment, please call by 8:00 am of the day of the appointment. You may also leave a message on our answering machine after hours.
- * Minors must be accompanied by a parent to be seen unless special arrangements have been made.
- * For prescription refills of current medications, we ask you contact your pharmacy; they will fax a request to the clinic to process.
- * Our office sends statements each month– payments are due upon receipt of the statement.
- * Our office on occasion does take photographs for the medical record. The photographs are part of your medical records for reference and continued medical care only and not for public use.

I have read, understand and agree with the above policies.

Patient Signature (if 18 or older) or
Parent/Representative Signature

Date