

AUTHORIZATION FOR TREATMENT AND INSURANCE FILING

I hereby authorize David D. Aichholz, M.D. or Ronald D. Hirth, M.D. to render treatment and or medical advice for my betterment and well being.

I hereby authorize the release of any information necessary to file a claim directly to David D. Aichholz, M.D. or Ronald D. Hirth, M.D.. In the event that I receive payment from my insurance company, carrier or agent, I know the funds belong to them and agree to turn any such funds over to David D. Aichholz, M.D.. I acknowledge and understand that I am personally responsible for all services rendered to me by my physician and I am personally responsible for payment for any services not covered by my insurance company, carrier or agent.

Maternity patients, if you leave the practice before delivery, then each office visit will be billed to you or your insurance company.

Any balance that becomes delinquent will be subject to any fees that the collection agency charges us, should services be indicated. This can be avoided by paying bills promptly.

I give permission for this office to release any medical information dictation, lab results or billing information about me to any specialist, physician, health care agency, persons I identify as authorized, or to myself.

Patient Signature _____ Date _____

Guardian or Representative _____ Date _____
(If patient is a minor or unable to sign)

Acknowledgement of HIPPA Notice or Privacy Practices

As required by the Health Insurance Portability and Accountability Act (HIPPA) of 1996, our office is required to post its HIPPA Notice of Privacy Practices. Effective April, 2003, we must obtain a signature from each of our patients acknowledging their awareness of this notice. Please review the posted HIPPA Privacy Notice in the waiting room of this office and sign below acknowledging that you have seen it.

Patient Signature _____ Date _____

Red Flags Rule

Effective May, 2009, as part of HIPPA, we must copy each patient's driver's license to guard against identity theft.