

Drs. Dale R. Gray & James D. Koepsell

Release of Information/Financial Policy & Acknowledgment of HIPAA form

Thank you for choosing Drs. Gray & Koepsell as your health care physicians. The following is a statement of our Release of Information/Financial Policy which we require you to read and sign prior to any treatment. Also, this acknowledges that you received a copy of our Notice of Privacy Practices describing the rights of the patient and Drs. Gray & Koepsell's obligations regarding the use and disclosure of health information. This form must be signed by the patient before treatment.

RELEASE OF INFORMATION/MEDICAL RECORDS

By signing this form, you authorize Drs. Gray & Koepsell or their designee(s) to release and disclose such medical records, information and documentation as may be necessary or appropriate in order to process insurance claims and/or obtain payment on your behalf. You also authorize the release of information acquired in the course of your examination or treatment and all information pertaining to your history and progress in your case. This includes any alcohol or drug abuse data that may be protected by Federal Regulations-42CFR part 2. You agree that a photocopy of your original authorization shall be considered equally authentic.

REGARDING INSURANCE

We cannot bill your insurance company unless you provide us with your insurance information and any special claim form required by your insurance company. We accept assignment of insurance benefits. That means your insurance will pay us directly the amount due based upon your benefit coverage. By signing this form, you authorize assignment of your benefits to Drs. Gray & Koepsell for treatment and related services. However, we do require, as your insurance benefits require, payment of co-pays, co-insurance and deductibles at the time of service. Your insurance policy is a contract between you and your insurance company. *Please know your benefits. Please be aware that only your insurance company can tell you if the services provided are covered under your benefit plan. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date of service rendered. In the event that your account is turned over to an outside collection agency, you will be responsible for all fees incurred to collect the unpaid debt. You also will not be able to continue being a patient of Drs. Gray & Koepsell.*

Prior to seeking payment from you, we work with the insurance company to obtain payment. Your assistance in collection from your insurance company may be required. In the event that your insurance company has not paid your account in full within 45 days of the billed date, the balance is your responsibility.

WE ACCEPT PAYMENT IN THE FORM OF VISA, DISCOVER, MASTERCARD, CASH OR PERSONAL CHECK

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. The federal government agency that administers the Medicare and Medicaid programs has determined that except for certain circumstances, the discounting or waiving of a patient's co-pay or deductible is unlawful. Additionally, under the new HIPAA regulations, we are now not allowed to discount or waive patient's co-pays or deductibles as outlined by benefit plans offered by other third party payers. You are ultimately responsible for payment.

Please see next page

CASE INVOLVING AN ATTORNEY

If you are receiving services related to an auto accident, workers' compensation case or personal injury and you are working with an attorney, we expect a minimum monthly payment of \$25.00 in order to continue treatment and hold your account without involving a collection agency. We also require information relating to your group health coverage. Both your group health and the appropriate auto/workers' compensation carrier will be billed at the same time. This procedure is necessary in order to have a claim on file with group health in case the auto/workers' compensation carrier does not pay or is exhausted at some point during your treatment. This procedure not only protects Drs. Gray & Koepsell, but you as the patient from the timely filing limits of group health coverage.

REFUNDS

Due to the nature of our long-term relationships with our patients, we will issue refunds on a monthly basis unless a specific request is made.

I have read the Release of Information/Financial Policy and received my HIPAA form. I understand and agree to this Release of Information/Financial Policy:

X _____ Date _____
Signature of Patient or Responsible Party

X _____ Date _____
Signature of Co-Responsible Party