



RELEASE & ASSIGNMENT

I hereby consent to any necessary medical diagnosis and treatment for myself, child, or above-named individual for whom I am legally responsible. The release of medical information to any insurance carrier and direct payment to the practice for any treatment or examination rendered is authorized. I hereby acknowledge and accept final responsibility for payment of charges for medical services rendered.

Signature

Date

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you. Your clear understanding of our financial policy is important to our professional relationship. If you have any billing questions that we cannot answer directly, please call (434) 982-7794.

Blue Ridge Heart & Vascular participates and accepts assignment of insurance benefits of most insurance organizations. Of course, you are still responsible for the timely payment of deductibles, co-insurance, and/or co-payments. Co-payments are due at the time of your visit.

If you have insurance with an organization that we do not participate with, provide us with adequate information, and we will bill your insurance company for you. In these cases, payment of your bill remains your responsibility, including any balance after your insurance company settles your claim.

REMINDER: Patients with HMO or other managed care plans are responsible for getting pre-authorization from their primary care provider or directly from the insurance plan. Please present your letter of prior authorization from the insurance plan or referral from your primary care physician.

NOTICE OF PRIVACY PRACTICES

Blue Ridge Heart & Vascular has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning our acknowledgment and consent.

ACKNOWLEDGEMENT & CONSENT

I have received the Notice of Privacy Practices for Blue Ridge Heart & Vascular. Blue Ridge Heart & Vascular is authorized to use and disclose health information about

(Print patient name)

Date of Birth

for treatment, payment and healthcare operations purposes consistent with its Notice of Privacy Practices, including discussions with family members (unless otherwise requested).

Signature of Patient

Date