



Barry S. Callahan, M.D.
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Patient Name: _____

DOB: _____

Date: _____

Patient Authorization to Release Information and Assignment of Benefits

I hereby authorize Alabama Bone and Joint Clinic to release any information in the course of my examination or treatment to any insurer or government agency providing benefits for me. I further authorize payment to the physician(s) of all benefits payable under the terms of my insurance policy and agree to pay my assigned portion of the bill including any co-pays, co-insurance, or deductible amounts due at the time of service. In the event this account is turned over to a collection agency or attorney for collection: I shall additionally pay all costs of collections, including reasonable attorney's fees.

Signature of Patient/Legal Guardian: _____

Privacy Practices Acknowledgement

I acknowledge that I have received a copy of Alabama Bone and Joint Clinic Notice of Privacy Practices:

Signature: _____ Date: _____

I also authorize Alabama Bone and Joint Clinic to disclose my protected health information to the following (including prescription pickup):

I do not want my information given to anyone

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Do you have an answering machine and/or voicemail: Yes No

Is it okay to leave information on an answering machine and/or voicemail: Yes No – only speak directly to me

Forms, Chart Notes and X-Rays/MRI's

- There is a fee for completing patient forms that must be paid in advance.
- The expected time for completion of forms is ten (10) working days.
- Copying of chart notes or records is subject to the following rates:
 \$5.00 search fee plus \$1.00/page up to 25 pages, then \$0.50/page after 25 pages
- Imaging copies are \$10.00 per disc. Two days prior notice is required for this service.

PLEASE NOTE: Outstanding balances due from the patient must be paid in full before any of these services can be provided.

Signature: _____