Precision Medical Solutions LLP

Montgomery	119 Market Place – Montgomery, AL 36117	Phone 334-260-3767	Fax 334-260-8133
Auburn	2515 East Glenn Avenue #302 – Auburn, AL 36830	Phone 334-826-0078	Fax 334-826-0079

PATIENT INFORMATION

Patient Full Name: ______________________________ Birth Date ______________

Street Address ______________________________

City ______________________State ______________ Zip Code ______________

Home Phone ______________ Cell Phone ______________ Emergency Phone______________

Sex Male Female Referring Physician: ______________ Diabetes Physician ______________

Employer Name & Address ______________________________

Contact E-Mail Address ______________________________

PATIENT INFORMATION

WE DO NOT ACCEPT UNITED HEALTHCARE OR MEDICARE COMPLETE AS YOUR PRIMARY INSURANCE

PRIMARY INSURANCE	SECONDARY INSURANCE	OTHER INSURANCE
Medicare BCBS Tricare Other	Medicare BCBS Tricare Other	Medicare BCBS Tricare Other
Policy #:______________	Policy #:______________	Policy #:______________
Group #: ______________	Group #: ______________	Group #: ______________
Policy Holder: ______________	Policy Holder: ______________	Policy Holder: ______________
Relationship ______________	Relationship ______________	Relationship ______________
Policy Holder SSN ______________	Policy Holder SSN ______________	Policy Holder SSN ______________

Is this a worker's compensation claim? Yes No If Yes, name/phone of adjusters: ______________

ASSIGNMENT OF BENEFITS

For goods and services received, I hereby authorize and direct that payment(s) be made directly to Precision Medical Solutions LLP for benefits payable under the terms of my policy. I recognize that if payment is made directly to me, the amount received up to the amount due for goods and service rendered , is the property of Precision Medical Solutions LLP and should be paid over to Precision Medical Solutions LLP immediately. I understand that I am financially responsible for charges not paid by this assignment. I also understand that any equipment, bracing, stockings, etc. that I receive from Precision Medical Solutions LLP is non-returnable unless otherwise notes by the manufacturer prior to purchase. Rented products are the exception as long as both parties are aware that the product is being rented prior to the exchange of property.

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Initials

MEDICAL RECORDS AUTHORIZATON

In accordance with HIPAA privacy regulations, I authorize Precision Medical Solutions LLP to release all medical records and pertinent medical information to any insurer, governmental agencies providing benefits or to anyone liable for charges. I also authorize release of said information to my referring physician and other medical providers who are or may become involved in my treatment. I further authorize release of medical records from my physician(s) to Precision Medical Solutions LLP My initials indicate that I have received a copy of the HIPAA privacy notice.

HIPAA Notification:

You may call me at the number above. ________ DO NOT Leave a Message ________ Leave Message with Anyone

________ Leave Message on Machine ________ Leave Message with ______________

FINANCIAL RESPONSIBILITY:

I certify that the above information is complete and accurate. I agree to pay Precision Medical Solutions LLP for any and all charges for goods and services rendered. I understand that Precision Medical Solutions LLP may accept assignment of insurance benefits in lieu of an equal amount of payment at time of service, but that I am responsible for charges not paid by this assignment. I further understand that Precision Medical Solutions LLP may engage a collection agency or attorney to assist with collection of the balance due of which timely payment has not been made. I agree to pay all collection costs including a collection fee of the balance due plus 33 1/3% plus attorney fees and court costs.

Responsible Party: ______________________________ Date of Birth: ______________ SSN: ______________

First Middle Last

You agree, in order for us to service your account or to collect monies you may owe, Precision Medical Solutions LLP and/or our agents may contact you by telephone at any number associated with your account including wireless telephone numbers, messages or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable. I/We have read this disclosure and agree that Precision Medical Solutions LLP, its employees and/or agents may contact me/us as described.

Date: ______________ Signature ______________________________

Medicare and Medicaid DO NOT cover many of these items for patients over 18 years of age. You may be billed for these items unless you receive prior authorization through Medicaid for these items.

Date: ______________ Signature ______________________________

HAVE YOU EVER RECEIVED SAME OR SIMILAR EQUIPMENT AS TO WHAT IS PRESCRIBED TODAY? Yes No