

HIPPA Confidential Information Release Form Billing information Form

Print name as it appears on government identification

Date of birth

Patient prefers to be called: _____

This form has been developed for two reasons:

1. In order to help us provide important medical information, even when you are not available, such as leaving a message in your voicemail/answering machine, or leaving detailed medical information with someone you have designated. This information may include something as simple as a reminder for your next appointment or as personal as a lab or x-ray result. If you do not wish to have this information shared with anyone or left on your voicemail, please indicate below.

I wish to be contacted in the following manner: (check all that apply)

<p>Home telephone _____</p> <p><input type="radio"/> OK to leave a detailed message</p> <p><input type="radio"/> Leave a message with call back number only</p> <p><input type="radio"/> Do not leave any message/information</p>	<p>Work telephone _____</p> <p><input type="radio"/> OK to leave a detailed message</p> <p><input type="radio"/> Leave a message with call back number only</p> <p><input type="radio"/> Do not leave any message/information</p>
<p>Cell phone _____</p> <p><input type="radio"/> OK to leave a detailed message</p> <p><input type="radio"/> Leave a message with call back number only</p> <p><input type="radio"/> Do not leave any message/information</p>	<p>Written Communication</p> <p><input type="radio"/> OK to mail to my house</p> <p><input type="radio"/> OK to mail to my work/office</p> <p><input type="radio"/> OK to fax to: _____</p>

Designated Spouse/Partner/Guardian who may receive information

If you are the parent/guardian of a patient who is 17 years or younger, please do not add your name unless the child does not live with both parents/guardians; in this case, you may indicate if the other parent may receive information.

2. It is important for you to understand that every insurance plan is different. We strongly recommend that you check with your insurance carrier regarding your plan's benefits and coverage. You may also want to check with your insurance company prior to consenting to procedures or testing that may be ordered by your physician to determine what will be covered.

Your provider may order laboratory or imaging tests that they believe are necessary to provide the best plan of care. Most laboratory tests are sent either to the Vail Valley Medical Center laboratory or outside facilities. You should expect separate bills for these services.

Vail Valley Medical Center clinics cannot and will not change the procedural codes or diagnosis codes to accommodate a patient whose insurance will not pay for certain codes. These billing processes are federally regulated and changing codes constitutes fraud. Signature of this form indicates that you understand that you will be responsible for any charges not covered by your insurance plan.

Patient/Parent/Guardian Signature

Today's Date