

Patient Name: _____ Address : _____

DOB : _____ Social Security # _____ City : _____ State : _____ Zip: _____

Phone # _____ Alternate Phone # _____ Email address: _____

(circle): Male / Female Marital Status (circle): married divorced legally-separated single widowed life-partner

Employment Status (circle): Full Time Part Time Student Unemployed Retired Other

Emergency Contact: _____ relationship to you : _____ phone # : _____

As required by Law, upon arrival to see the Doctor, you are required to present :

_____ your insurance card with Dr. Jabaly's name listed on it

_____ valid form of ID (including but not limited to: Drivers' license, State ID, Military ID, US Passport).

In order to avoid taking unnecessary medications, bring your medication bottles with you to each appointment. It is your responsibility to know what medications you need refilled at the time of your appointment. If you accidentally forget to request a needed medication during your appointment and find it necessary to call the office and request that medication between appointments,

_____ there will be a \$10 per medication fee each time you call.

Insured and uninsured Patients are accepted. If you have insurance, it is your responsibility to make sure that your insurance is valid at the time of your appointment. If later it is found that your insurance was not valid at the time of your appointment you will be financially responsible for that visit.

Consent for Billing : I, as the Patient or legal guardian of, authorize the Insurance Carrier to issue checks for medical expenses due me payable to : GJ International Consultants (Georges Jabaly, MD). I also authorize the release of any information regarding treatment to the insurance carrier. I have been informed that I am responsible for all medical expenses and agree to pay any expenses not covered by my insurance carrier. After my primary insurance carrier has paid or rejected payment, I am aware that I am responsible for the remaining balance. Billing my insurance is done of contractual obligation for participating carriers and for other non-participating insurance carriers it is done only as a courtesy. If my account should become delinquent, it may be referred to collections and I am financially responsible for all related expenses including attorney fees.

Signature _____ date _____

Accepted forms of payment include: credit or debit cards, checks with valid ID, as well as cash.

_____ If you have an insurance deductible, you are required to pay a \$100 deposit prior to your first visit.

_____ After your first visit, any monies owed on your account will be paid prior to you seeing Doctor again.

_____ If Dr. orders any laboratory or other tests for you, those results will not be given over the phone.

There will be a \$40 fee for the following: - not billable to your insurance

- Paperwork You need Doctor to complete such as but not limited to : FMLA, or other forms that require Doctor's or staff time. The \$40 fee is charged each time forms are needed.
- A "Non-cashable check", that is, a check that is returned to us and not cashed due to insufficient funds in the account, closed account, or for any other reason.
- Late cancellation of scheduled appointment. Late is defined as canceling with less than 24 hours advance notice.
- Not showing up for Your scheduled appointment.

Regarding Medical records:

- No fee if another doctor requests your medical records.
- If copies of your medical records are needed for any other reason, there is a processing fee.
- A signed release form must be completed before medical records are released from our office for any purpose.
- Please keep in mind, medical records requests require 10 days to process.

If a controlled substance becomes necessary, there are other forms you will be required to complete at that time.

Sometimes there are reasons why Patients no longer wish to be Patients. Along the same line of thinking, when Doctor starts caring for You, he would like to care for you for life. However, from time to time, circumstances arise that prevent this. If for some reason Doctor finds that he is no longer able to be your doctor you will be notified in writing.

Some reasons why Dismissal may occur include but are NOT limited to :

- Any combination of 3 or more of : either 'late cancel', 'late reschedule', or 'no show'.
- Hostile or violent threats or treatment of office Staff or Doctor including verbal, written, via phone, or social media.
- Disparaging comments or actions towards office Staff or Doctor.
- Misrepresentation of your insurance coverage and-or Non-payment of Your Bill
- Misrepresentation of facts related to your health situation or that of a minor you represent.

Certainly, compliance with the items outlined in this document will help foster a positive, working medical relationship between you, Doctor Jabaly, and the office staff. Things happen, sometimes positive, sometimes not as positive. In either situation, some common courtesy from all involved persons seems to make sense. We look forward to you becoming and-or maintaining your healthiest possible self.

I have read (or had read to me) the above information. I have had the opportunity to ask questions, and I have been informed that noncompliance with this will lead to dismissal from the practice.

Print Name (parent/guardian if minor)

Patient's signature

Initials

Date