



Patient Information (Please Print)

Patient Name: _____ DOB: _____ Age: _____ Marital Status: _____

SSN#: _____ Home Phone #: _____ Cell Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Business Phone: _____ Email: _____ Patient Portal Access(Y / N)

Insurance: _____ Member ID: _____
(Example: AETNA or Empire) (Example: UBN4561231564 or 7782839394)

Responsible Party for Insurance: _____ DOB: _____
(Card Holder's Name) (Card Holder's)

Emergency Contact: _____ Contact Number: _____

INSURANCE AUTHORIZATION AND ASSIGNMENT(Please Read and Sign)

I request the payment of authorized Medicare/Other insurance company benefits be made either to me or on my behalf to Adirondack Surgical Group for any services furnished me by the party/physician who accepts assignment. I understand it is mandatory to notify the health care provider of any other party who may be responsible for paying for my treatment. (Section 1128B of the Social Security Act and 31 U.S.C.381-3812 provides penalties for withholding this information). Regulations pertaining to Medicare assignment of benefits may apply.

I authorize any holder of medical or other information about to release to the Social Security Administration and health Care Financing Administration or its intermediaries or parties of any insurance company and information needed for this or a related Medicare/Other insurance company or a related Medigap claim. I permit a copy of this authorization to be used in place of the original.

Print Name: _____ SSN: _____

Signature: _____ Date: _____

Compliance Assurance Notification for our Medicare/Medicaid Patients

To Our Valued Patient:

Healthcare fraud and abuse have been identified as a national problem costing taxpayers literally billions of dollars each year. We want you to know that all our employees, managers and doctors continually undergo training so that they may understand and comply with government rules and regulations regarding Medicare and Medicaid. We strive to achieve the very highest standards of ethics and integrity in performing services for our Medicare and Medicaid patients.

It is our policy to properly determine accurate compensation for our services in accordance with the government rules, laws and regulations. We want to ensure that our practice never contributes in any way to the growing problem of improper Medicare and Medicaid service billing errors.

We also know that we are not perfect! Because of this fact, our policy is to listen to our employees and our patients without any thought of penalization if they feel that in any way compromises our policy of integrity. More so, we welcome your input regarding any billing or service problems so that we may remedy the situation promptly.

Thank you for being one of our highly valued Medicare/Medicaid Patients.