Northshore Center for Gastroenterology

Registration Form/Release

PATIENT INFORMATION			
Last Name:	First:	M.I.:	Date:
Marital Status: ☐Single ☐Married ☐Divorced ☐Separated ☐Widowed		D.O.B:	
Home Phone:	Cell Phone:	Email:	
Referring Doctor:	SS #:	Employed: ☐Yes ☐No	
Occupation:	Employer:	Work Phone:	
Home Address:			
City:	State:	Zip Code:	
Emergency Contact:	Relationship:	Phone:	
PHONE MESSAGES (HIPAA REQUIRMENT)			
Best Number to Reach you?	Phone: ☐Cell ☐Hm ☐Wk	Time: ☐Morning ☐Afternoon ☐Evening	
Ok to leave message? ☐Yes ☐No	If yes, message approved for: ☐Voice Mail ☐Person-Name:		
PRIMARY INSURANCE INFORMATION			
Subscriber Last Name:	First:		
Subscriber ID:	Group #:	SS#:	
Relationship: ☐Self ☐Spouse ☐Child ☐Other	D.O.B:		
SECONDARY INSURANCE INFORMATION			
Subscriber Last Name:	First:		
Subscriber ID:	Group #:	SS#:	
Relationship: ☐Self ☐Spouse ☐Child ☐Other	D.O.B:		

NORTHSHORE CENTER FOR GASTROENTEROLOGY PRIVACY AND CORPORATE POLICY

Your privacy is important to Northshore Center for Gastroenterology. Our office collects both personal and medical information from you to ensure that we provide the highest level of service for your medical needs. Your information may be released to your insurance company to receive reimbursement for services rendered. NSG may disclose your personal information to its agents or sub-contractors for these purposes, the agent or sub-contractor in question will be obligated to use that personal information to provide medical services and receive reimbursement. In addition to the disclosures reasonably necessary for medical treatment and reimbursement, NSG may disclose your personal information to the extent that it is required to do so by law, in connection with any legal proceedings or prospective legal proceedings, and in order to establish, exercise or defend its legal rights. NSG will take reasonable technical and organizational precautions to prevent the loss, misuse or alteration of your personal information. NSG will store all the personal information you provide on its secure servers.

NSG files service claims to your insurance company as a courtesy to you. Account balances are the sole responsibility of the guarantor. We do expect timely settlement of your account, and payment at the time of service is expected. Any delinquent accounts will be subject to penalty fees, and may be reported to the Credit Bureau. Our office reserves the right to charge a fee for missed appointments or procedures. A missed appointment is defined as failure to show for your scheduled appointment or a cancellation/reschedule within less than 24 hours of the appointment time slot (procedures cancelled for inadequate preparation are excluded from cancellation fees).

PATIENT/GAURDIAN SIGNATURE

I hereby acknowledge receipt, before any medical services were provided, of the Northshore Center for Gastroenterology's Privacy and Corporate policy. I acknowledge that I have been given the opportunity to ask any questions that I may have regarding such policy. I understand NSG may use or disclose personal health information relating to me for purposes of treatment, payment, and health operations as disclosed in the notice. I, the undersigned, understand that I am financially responsible for all charges whether or not paid by my insurance (unless I am exempt do to provider contractual obligations). I hereby authorize NSG to release all information necessary to facilitate the processing of all claims related to my care. I authorize use of this signature on all my insurance submissions, and request that payment be made directly to NSG or its' agents or subcontractors for services rendered.

Signature:	Date: