

DATE: _____ ACCT.# _____

JAMES MORRIS, M.D.

STEPHEN VICK, M.D.

BATON ROUGE UROLOGY GROUP

Please Check Which Doctor You Are To See

H. ANDREW HOLLIER, M.D.

MARK POSNER, M.D.

ANGELO ANNALORO, JR., M.D.

INSURANCE CODE _____

THOMAS WILLS, M.D.

*****PATIENT INFORMATION*****

LAST NAME: _____ FIRST NAME: _____ MI _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP + 4 _____ PRIMARY PHONE: (____) _____ OTHER: (____) _____

WORK PHONE: (____) _____

BIRTH DATE: _____ AGE _____ SEX: () MALE () FEMALE MARITAL STATUS: M S D W

REFERRED BY? DOCTOR: _____ RELATIVE/FRIEND: _____
PHONE BOOK: _____ OTHER: _____

SSN: _____ / _____ / _____ PATIENT EMPLOYER: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

SPOUSE/PARENT (IF MINOR CHILD): _____

SPOUSE/PARENT NAME: _____ SPOUSE/PARENT WORK NUMBER: _____

EMERGENCY CONTACT: _____ Phone (____) _____ Relation: _____

PHARMACY NAME: _____ PHARMACY LOCATION _____

With correct information, claims will be filed to primary insurance carriers. Our billing policy requires routine payment of estimated co-payments and any deductible not met at the time of each visit. You may pay by CASH, CHECK, VISA, AMERICAN EXPRESS, DISCOVER OR MASTERCARD. Any special arrangements must be made with our credit manager. You will receive a bill for the amount due. In order to submit a claim for you we must have your authorization.

I HEREBY AUTHORIZE THE RELEASE OF BILLING OR MEDICAL INFORMATION AND ASSIGN INSURANCE BENEFITS (INCLUDING MEDICARE) ON MY BEHALF TO THE DOCTOR OR GROUP INDICATED. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY BALANCE NOT COVERED BY MY INSURANCE AND TO THE BEST OF MY KNOWLEDGE HAVE PROVIDED COMPLETE AND ACCURATE INFORMATION.

SIGNATURE: _____

*****FOR OFFICE USE ONLY*****

RESPONSIBLE PARTY: _____ PATIENT _____ OTHER (Name) _____ Patient is: ___ Self ___ Spouse ___ Child ___ Other _____

ADDRESS & PHONE: _____
(If Different)

RESPONSIBLE PARTY EMPLOYER: _____ WORK PHONE _____

TYPE OF INSURANCE: ___ PRIVATE INSURANCE ___ HMO ___ MEDICARE "B" ___ MEDICAID ___ NO COVERAGE

PRIMARY INSURANCE CO: _____ SECONDARY INSURANCE CO: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____ CITY: _____ STATE: _____ ZIP _____

PHONE NUMBER: (____) _____ PHONE NUMBER: (____) _____

POLICY ISSUED TO: _____ POLICY ISSUED TO: _____
(Name Exactly as on Insurance Card) (Name Exactly as on Insurance Card)

S.S. # _____ DATE OF BIRTH: _____ S.S. # _____ DATE OF BIRTH: _____

RELATIONSHIP TO PT: _____ RELATIONSHIP TO PT: _____

INSURANCE ID # _____ INSURANCE ID # _____

GROUP/OTHER # _____ GROUP/OTHER # _____

EFFECTIVE DATE: _____ EFFECTIVE DATE: _____

INSURED'S CO-PAYMENT _____ % YEARLY DEDUCTIBLE _____ (SECONDARY INSURANCE FILED FOR MEDICARE ONLY)

Baton Rouge Urology Group

7777 Hennessy Blvd., Suite 2004, Baton Rouge, LA 70808 225-769-2500 800-259-7763

FINANCIAL POLICY

Thank you for choosing Baton Rouge Urology Group for all of your urologic needs. Our goal is to provide and maintain an excellent patient-physician relationship. In order to do this, we have provided the following financial policies. Please take the time to read this information carefully. If you have any questions, please speak to our Business Office **before** your visit. Should you need assistance from our Business Office after your visit today, we can be reached at (225)-763-0971.

-Our office accepts Cash, Money Orders, Visa, Mastercard, Discover and American Express. Personal Checks are accepted for established patients that have accounts in good standing. Returned check fee is \$25. Returned check fees must be paid by cash, money order or credit card. If a check has been returned from your bank for any reason, we reserve the right to refuse future personal checks.

-ALL copayments, deductibles and coinsurance amounts are due at the time of treatment. If you have a deductible or coinsurance, you will only be asked for the amount that we expect you will owe. Insurance discounts will be considered when collecting your deductible or coinsurance amounts. ***Please note that we cannot "bill" you for these expected amounts. Please bring the necessary payment method(s) with you to each visit.***

-Patients with Medicare only (no secondary coverage) will be responsible for payment of the 20% coinsurance and the Part B deductible (if not met) at the time of service.

-Please bring your insurance card with you to each visit. Our staff will verify your eligibility and your insurance company will give us basic policy information including copayment amounts (when available).

-If you do not have insurance coverage, a \$225 deposit (cash or credit card only) will be required **prior** to your initial visit. Any outstanding amount will be due at the conclusion of the visit. All subsequent visits will be required to be paid in full at the time of service.

- Your insurance policy is a contract between you, your insurance company and possibly your employer. It is your responsibility to know and understand your benefit plan and what types of coverage it offers. It is your responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. Please note that our staff cannot quote benefit information. You should always refer back to your written insurance policy with any questions.

-Our office provides specialty services for urologic care. We do not provide routine medical physicals or "check-ups." If you are seeking routine medical care, you should contact your primary physician for these services.

-Statements are mailed monthly for any amount owed that was not collected at the time of service (emergency room visits or treatment, hospital visits, etc.) Payment is due within 30 days from the date of statement. If you are unable to pay the bill in full within 30 days, call our Business Office immediately to discuss. We understand that temporary financial struggles may interfere with timely payment. We strongly encourage you to call our office immediately to discuss this matter. Financial concerns should not interfere with urgent medical needs.

-Accounts that are neglected and found not to be in good standing will be "deactivated" until the balance has been paid in full. No future appointments can be made until the account has been paid in full. Interest charges may apply. Delinquent accounts will be referred to an outside collection agency. If your account has been referred to an outside collection agency, **YOU** will be responsible for any fees associated with the collection process including but not limited to: collection agency fees, attorney fees, court costs and other charges as applicable by law.

COMPLETION OF SUPPLEMENTAL FORMS

-If it becomes necessary to complete forms for supplemental policies such as cancer policies, accident policies, etc. a \$20 fee will apply for BASIC forms of 1-2 pages. If the form is complex or more than 2 pages, a \$40 charge will apply. If the form is exceptionally lengthy or complex requiring additional physician time, a staff member will notify you with the price prior to the completion of the form. Any form completion fee must be paid by cash, money order or credit card prior to completion of the form. Currently, our office does not charge for completion of one work related, federally mandated FMLA form per surgery or illness.

APPOINTMENTS

Physicians schedule appointments in advance however the nature of our work necessitates a large volume of emergencies in the office and in the hospital. We will attempt to make every effort to decrease your wait time in our facility. Most emergencies occur with very little notice. Please make sure we have accurate contact phone numbers on file to be able to reach you should we need to reschedule. If you find you are unable to keep an appointment, please notify our office immediately but no less than 24 hours prior to your appointment.

It is our sincere desire to deliver the highest quality of medical care while conserving the cost associated with providing the best care. We ask that you consider these policies when scheduling appointments. If you have any questions, please ASK BEFORE you receive medical care. Our Business Office Associates are available to assist you. They may be reached by calling (225)-763-0971. Other departments may be reached by calling (225)-769-2500 or (800)-259-7763

NOTICE OF PRIVACY PRACTICES
FOR
BATON ROUGE UROLOGY GROUP
7777 Hennessy Blvd., Suite 2004
Baton Rouge, LA 70808
(225) 769-2500

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.

Introduction

At Baton Rouge Urology Group we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect, and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice is effective April 14, 2003, and applies to all protected health information as defined by federal regulations.

Understanding Your Health Record/Information

Each time you visit Baton Rouge Urology Group a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A tool in educating health professionals,
- A source of data for medical research,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Although your health record is the physical property of Baton Rouge Urology Group, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request. We may charge you a fee for the costs of copying, mailing, or other supplies used in fulfilling your request.
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Amend your health record as provided in 45 CFR 164.528,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request communications of your health information by alternative means or at alternative locations,
- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR 164.522, and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

Baton Rouge Urology Group is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you've supplied us.

We will not use or disclose your health information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization according to the procedures included in the authorization.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the practice's Privacy Officer at 225-769-2500.

If you believe your privacy rights have been violated, you can file a complaint with the practice's Privacy Officer, or with the Office for Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Privacy Officer or the Office for Civil Rights. The address for the OCR is listed below:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

Examples of Disclosures for Treatment, Payment and Health Operations

We will use your health information for treatment.

For example: Information obtained by a nurse, physician or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you once you're discharged from this hospital.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.

We will use your health information for regular health operations.

For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

Business associates: There are some services provided in our organization through contacts with business associates. Examples include physician services in the emergency department, radiology and certain laboratory tests. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name.

Notification: We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, and general condition.

Appointment Reminders: We will use and disclose your protected health information to contact you as a reminder about scheduled appointments or treatment.

Communication with family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Funeral directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

Workers' compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

Law enforcement: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provisions for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Revision Number _____

BATON ROUGE UROLOGY GROUP

Angelo Annaloro, Jr., M.D., F.A.C.S. • H. Andrew Hollier, M.D. • James S. Morris, M.D., F.A.C.S.

Mark P. Posner, M.D., F.A.C.S. • Stephen R. Vick, M.D. • Thomas E. Wills, M.D.

RECEIPT OF NOTICE OF PRIVACY PRACTICES WRITTEN ACKNOWLEDGEMENT FORM.

I, _____, have received a copy of *Baton Rouge Urology Group's* Notice of Privacy Practices.

Signature of Patient

Date

RECEIPT OF NOTICE OF FINANCIAL POLICY WRITTEN ACKNOWLEDGEMENT FORM.

I, _____, have received a copy of *Baton Rouge Urology Group's* Notice of Financial Policies.

Signature of Patient

Date