

San Gabriel Internal Medicine

Lori L. Palazzo M.D.

Welcome To Our Office!

Name: _____ Today's Date: _____
First Middle Last

Reason for Visit Today: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Gender: _____ SSN#: _____

Driver's License #: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Insurance Information :

Provider: _____

Identification or Subscriber#: _____ Group: _____

(Complete the next section if someone other than patient is financially responsible or if you are not primary carrier of insurance)

Primary Policy Holder Name: _____

Relationship to Patient: Spouse, Guardian, Other Explain _____

Birth date: _____ Gender: _____ SSN#: _____

Emergency Contact Information:

Contact Person #1

Name: _____ Relationship: _____

Contact Number: _____

List Person(s) who should have access to Medical Information: _____

List Persons(s) who should have access to Financial Information: _____

List Person(s) who have legal Rights in deciding Patient Medical Care: _____

Important Information:

Do you have a preferred Pharmacy? _____

How Did You Learn About The Practice? _____

Patient Policy & Procedures

To reduce confusion and misunderstanding between our patients & practice, San Gabriel Internal Medicine/Dr. Lori L. Palazzo M.D. has adopted the following policies. Please discuss any questions regarding these policies with our front office assistant, or Dr. Lori L. Palazzo M.D. For your convenience we accept Visa, MasterCard, American Express, & Discover. Personal Checks will be accepted, but there will be a \$35.00 fee applied for insufficient funds plus the cost of the personal check.

Your Insurance

- San Gabriel Internal Medicine contracts with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized co pay at the time of service.*
- If you have insurance coverage with a plan which Dr. Lori L. Palazzo M.D. does not have prior agreement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of service.*
- In the event that your health plan determines a service "not to be covered" you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.*
- We will bill your health plan for services provided in our office. Any balance due is your responsibility and is due upon receipt of a statement from our office.*

Minor Patients

- For all services rendered to minor patients, we will look to the adult accompanying the patient and/or the legal guardian with custody for payment.*

I have read and fully understand the financial policy of the practice, and I agree to be bound by the terms. I also understand and agree that the practice may amend such terms from time to time.

Consent To Treat

I have requested medical services from Dr. Lori L. Palazzo M.D./San Gabriel Internal Medicine on behalf of myself and/or my dependents. I agree to and understand that a full assessment is part of my treatment to determine my condition. I understand that treatment will require but not be limited to Blood Work, EKG's, injections, Nebulizer treatments, Spirometer Evaluation, Cryosurgery, Audiometry, & Hematocrit Testing. Please note if lab or x-ray work is needed our preferred provider's are ARA (Austin Radiological Association) & CPL Laboratories. It will be your responsibility to make sure that your insurance will cover those providers. San Gabriel Internal Medicine/Dr. Lori L. Palazzo M.D. will not be responsible for any non-payment by your insurance provider. There may be a time where I may not be able to safely operate a motor vehicle and that the staff or Dr. Lori L. Palazzo M.D. will strongly urge that I arrange alternate transportation.

Assignment of Benefits

I understand that by making this request, I become fully financially responsible for any and all charges incurred in the course of treatment authorized. I further understand that fees are due and payable on the date that services are rendered and agree to pay all such charges incurred in full immediately upon presentation of the appropriate statement. I understand that if I fail to provide all necessary information to file my insurance claim, I will be required to pay all charges in full at the time of services are rendered. A photocopy of this assignment is to be considered as valid as the original. I hereby assign all medical, and surgical benefits to include major medical benefits to which I am entitled. I hereby authorize and direct my insurance carrier(s), Including Medicare, private insurance and any other health/medical plan, to issue payment check(s) to San Gabriel Internal Medicine/Dr. Lori L. Palazzo M.D. for medical services rendered to myself and/or my dependents regardless of my insurance benefits, if any. I understand that I am responsible for any amount not covered by insurance.

Authorization To Release Information

I hereby further authorize San Gabriel Internal Medicine/Dr. Lori L. Palazzo M.D. (1) release any information necessary to insurance carriers regarding my illness and treatments; (2) process insurance claims generated in the course of examination or treatment; and (3) allow photocopy of my signature to be used to process insurance claims for the period of one year. This order will remain in effect until revoked by me in writing.

***Acknowledgement Of Review Of Notice Of
Private Practices***

I have been made aware of and/or reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Patient/Responsible Party or Legal Guardian

Date

Witness

Date

San Gabriel Internal Medicine
Lori L. Palazzo M.D.
Policy & Procedures

“ No-show Appointments ”

Policy:

It is the policy of San Gabriel Internal Medicine to optimize use of the physician’s office time by working to ensure that scheduled patients fill scheduled time blocks. Patient’s who do not provide our office with a one-business day notice of any changes or cancellations of a confirmed appointment will be charged a \$25.00 fee. After (2) missed confirmed appointments San Gabriel Internal Medicine/Lori L. Palazzo M.D. will notify patients in writing that a 3rd missed appointment will result in termination of the physician-patient relationship. All no show charges will be collected from the patient at the next scheduled appointment.

I have read & fully understand the No-show appointment policy & procedure, and I agree to be bound by the terms. I also understand, and agree the San Gabriel Internal Medicine/Lori L. Palazzo may amend such terms from time to time.

Today’s Date: _____

Print: _____

Signature: _____