

Neuroscience and Spine Associates, P.L.

PATIENT INFORMATION SIGNATURE PAGE

Your insurance company, as well as our Federal and State Governments require your signature acknowledging that you understand, authorize and/or approve care to be provided, as well as for us to bill your insurance. Accordingly, please review the following rules and attached referenced information, and sign at the bottom:

Patient Information

- Notice of Privacy Practices Acknowledgement
- Patient Authorization and Consent to Treatment
- Release of Medical Referral Information
- Authorization and Consent for Photograph
- Patient “No-Show / Cancellation / Late Arrivals”
- Prescription Refills
- What to bring with you to your appointment
- Cell Phones
- No - Smoking
- Request for Medical Records
- Patient Satisfaction
- Special Accommodations
- Insurance and Financial Information
- Notice of Health Information Practices - Information Purposes Only (3 pages) (HIPAA)

Patient Registration (1 page)

Separate Signature Page

Patient History (1 page)

Separate Signature Page

Arbitration Program (3 pages)

Separate Signature Page

Pain Management Agreement (2 pages)

Separate Signature Page

MRI Written Notice (1 page)

Separate Signature Page

I hereby acknowledge that I have been provided, understand and agree to follow the above indicated rules of Neuroscience and Spine Associates, P.L. (NASA), as well as the attached referenced information.

Patient Name (Please print legal name as on your Drivers License or Passport)

Date of Birth

Patient Signature

Date of Signature

Relationship to Patient: _____ Self, _____ Spouse, _____ Other _____

Reason Patient Unable / Unwilling to Sign _____