

Ranjit S. Grewal, M.D., P.A.

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Acknowledgement of Notice of Privacy Practices

I authorize Ranjit S. Grewal, M.D., P.A. to release any information necessary to process my claims for health care benefits. I agree to assign the benefits of my insurance carrier to Ranjit S. Grewal, M.D., P.A.. I understand that Ranjit S. Grewal, M.D., P.A. will file my insurance claims as a courtesy to me and is not required to wait for extended delays in payment. I understand that I am fully responsible for an non-covered services, denied services, health insurance deductibles, or unassigned portion of charges at this office.

I have received a copy of the Notice of Privacy Practices (HIPPA) from the office of Ranjit S. Grewal, M.D., P.A. and I consent to the use and sharing of my health records for treatment, payment, and operation purposes as described in the Notice. I know that if I do not consent, services cannot be provided to me.

I have read and understand all of the following:

- 1) Payment (*in the form of cash, check, or credit card* {Visa, MasterCard, Discover}) is required for all services and/or copayments at the time of services are rendered.
- 2) Returned checks will be charged a \$30.00 fee to cover processing and bank fees.
- 3) Overdue accounts are subject to a \$30.00 late fee after 60 days. In the event that a delinquent account must be turned over to the collections agency, the patient is responsible for all attorney fees, court costs, and collection agency fees associated with the collection process.
- 4) In order to provide the best possible service and availability to all our patients, it is office policy to charge a \$30, no show fee for any appointments not cancelled with at least 24 hours notice. This fee is NOT covered by the patients' insurance company and is the full responsibility of the patient. Please call the office as early as possible if you know you will need to reschedule or cancel your appointment.
- 5) When the office verifies the patients' benefits before an appointment, the office is given a general description of what services will be covered. It is not possible for the office to know exactly what the insurance company will cover until the claim is processed. The office does highly recommend that the patient become well acquainted with the specifics of their benefit plan.
- 6) PARENTS OF YOUNG CHILDREN: While we strive to provide a safe environment for everyone, medical exam rooms can be a dangerous place for unsupervised children. Please watch your children closely. For their safety, it is extremely important to keep them away from medical waste trash cans, drawers, cabinets, all medical equipment, and the rolling stools. At your request, we can remove some of these items from the room for you.

Signature: _____ Date: _____