Family Allergy
Asthma, Immunology & Sinus Center

Maryam Zarei, M.D.

IMPORTANT OFFICE POLICIES & PROCEDURES

Patient: _____ D.O.B:_____

_____**HIPPA NOTICE OF PRIVACY PRACTICE:** I hereby acknowledge that I was offered a copy of HIPPA notice. A copy is available upon my request, and any amended notices will be available at each appointment.

_____**CONSENT FOR TREATMENT / RELEASE INFORMATION:** I grant FAAISC, P.C. permission to administer medical treatment and perform procedures as deemed necessary and I authorize the release of medical information, to process insurance claims.

_____**ELECTRONIC COMMUNICATION CONSENT:** I hereby consent to HIPPA compliant, secure, electronic communication through http://family_allergy.myupdox.com, to be used for non-emergency communication. A username and password will be automatically assigned; you will need to log-in, to complete the set-up of your account.

_____**TEST RESULTS**
We take your medical care seriously, and will schedule an appointment to review all results.
A copy will be available at your visit and via portal, after discussion with MD.

_____**FINANCIAL POLICY (NET 60 DAYS)** Copay is due at the time of service. For all past due balances (> 60 days) you will receive a courtesy phone call and letter. If we are unable to settle the claim the account will be sent to collections (additional 30% billing fee). Please call 24-hours before your appointment to reschedule.
$50 missed appointment fee.
$25 returned check fee.

_____**FORMS: SCHOOL/CAMP, FAMILY LEAVE, COURT TESTIMONY, EXPERT WITNESS**
The completion of forms are NOT a part of your routine medical service. We are happy to assist you, but we reserve the right to charge appropriately for our time and effort. Be aware that your insurance provider may not wish to pay for these services.
$15 for simple 1-3 page School/Epi-Pen forms.

_____**ASSIGNMENT OF BENEFITS:** I have read and understand the office policies and I authorize all benefits payable by my insurance company to FAAISC, P.C.

Signature:_____ Date: _____