PATIENT NAME:____DATE OF BIRTH__________________

1. **<u>ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PROCTICES:</u>** I have received a copy of the Notice of Privacy Practices for the medical practice of Dr. Brad Penenberg and Dr. Sonu Ahluwalia. Our practice reserves the right to modify the privacy practices outlined in the notice.

Please initial:____________________

2. **<u>AUTHORIZATION TO RELEASE INFORMATION:</u>** I agree that my physician and staff may give out written or verbal information concerning my hospital records to any insurance carrier or agent that is authorized to have access to and to make copies of my medical records.

Please initial: ____________________

3. **<u>AUTHORIZATION TO PAY INSURANCE BENEFITS:</u>** I hereby assign all medical benefits payable to me to be paid directly to BLP Orthopedic, Inc. Any Monies payable to Dr. Brad Penenberg or Dr. Sonu Ahluwalia will be paid directly to them.

Please initial: ____________________

4.**<u>NON-CANCELLED APPOINTMENTS:</u>** I understand that when I make an appointment and do not cancel within 24 hours of said appointment, I will be charged $25.00 because another patient could have had that appointment time.

Please initial: ____________________

5. **<u>FINANCIAL AGREEMENT:</u>** I hereby agree to pay all statements not covered by insurance for services rendered by the physicians and medical staff at the end of the medical service. Any balance not paid within 30 days of receipt of the statement will be considered in default unless financial arrangements have been made with Med Net, our billing service.

Please initial: ____________________

6. **<u>SPECIAL LETTERS AND FORM COMPLETION:</u>** I understand that if I request a letter describing any medical conditions and/or treatments, I will be charged a **minimum** of $25.00.

The undersigned certifies that he/she has read the foregoing, receiving a copy if requested thereof, and is the patient or is authorized by the patient as patient's general agent to execute the above and accept its terms.

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Signature **Date**