
Patient Name

Date of Birth

Insurance Acknowledgment

Fees for all professional services are the patient's responsibility. If we do not participate with your insurance plan, it is your obligation to pay for services rendered. The cost of the Office Consultation is approximately \$300, depending on services rendered. Please ask any question you may have about your insurance plan or billing, we want to help you in any way we can.

Signature

Date

Medical Release and Insurance Assignment

I hereby authorize Hematology Oncology Consultants to furnish information to insurance carriers and physicians concerning my illness and treatment. I hereby assign to the physician(s) all payments for medical services rendered to my dependents or myself. I understand that I am responsible for any amount not covered by insurance. This request is in effect until revoked, in writing, by me.

Signature

Date

Michigan Healthcare Professionals Acknowledgement of Receipt of Patient Notice of Privacy Practices

Our HIPPA policy is available on our website hocpc.com under the forms section (MHP Notice of Privacy Practices) and is posted in our office. If you would like a paper copy of the form, please request it at the front desk.

I acknowledge that I have read, received or am able to obtain a copy of the Michigan Healthcare Professionals, PC Patient Notice of Privacy Practices effective September 23, 2013.

Signature

Date

Hematology Oncology Consultants No Show Policy

We request that if you are unable to keep your scheduled appointment, that you contact our office at least 24 hours in advance. Without appropriate notification, you will be considered a "No Show". Late cancellations due to hospitalization or emergency are excluded from this policy, but please try to notify us as soon as possible.

First "No Show" - We will call and offer to reschedule your appointment.

Subsequent "No Show" - We will call and offer to reschedule your appointment and you will be charged a \$35 no show fee. This fee cannot be billed to your insurance and will be your direct responsibility.

Signature

Date