PATIENT INFORMATION
PREFERRED METHOD(S) OF OFFICE COMMUNICATION

Primary contact telephone number: _____

_____ I give my consent to leave a detailed message with medical information.

_____ I DO NOT give my consent to leave a detailed message with medical information.

Note: When choosing the second option, receiving your medical information may be delayed, if it is difficult to reach you.

Insurance and Payment Responsibilities

It is the patient's responsibility to provide accurate insurance information. As a courtesy to you, we will file your insurance claim based on the information you have provided. Should the insurance company deny any or all of your claim, the patient is responsible to satisfy the account balance.

Please initial to acknowledge that you understand and agree_____.

Cancellation policy

As a courtesy to all of our patients waiting to schedule an appointment with our providers, we ask that you cancel your appointment 24 hours in advance of the appointment time.

Failure to do so will unfortunately incur a $25.00 cancellation fee to be assessed to your account.

Please initial to acknowledge that you understand and agree_____.

PRIVATE HEALTHCARE INFORMATION

I authorize McDaniel & Durrett, P.C to discuss my private medical information with the following person(s): _____

_____

_____ _____

Patient Signature Date