

**PATIENT CONSENTS, POLICIES AND RESPONSIBILITIES**

**Consent for Treatment:** In presenting myself for treatment, I give my consent to Dr. Zahir Yousaf and all agents under his direction, for medical and surgical treatment.

**Consent to Treat a Minor Patient:** All minors (under age 18) must be accompanied by a parent or legal guardian at their visit.

**Privacy Policy:** Dr. Zahir Yousaf maintains complete compliance with all HIPAA regulations regarding privacy and protection of patient medical and financial information. In accordance with HIPAA guidelines, presentation of your insurance card as payment for your services gives us permission and authorization to file claims electronically and/or by paper and to release private medical information concerning your claims to your insurance company.

**Release of Medical Records:** Medical records are released to other medical providers in accordance with HIPAA guidelines concerning continuity of care. There is a \$25 minimum charge for processing and copying records, at the patient’s request, for any reason other than continuing care as directed by a provider in this office.

**Referrals:** It is the patient’s responsibility to obtain any necessary referrals from their primary care provider prior to receiving treatment. Patients who elect to receive services without a proper referral will be required to sign a waiver and will be expected to pay for the service prior to treatment.

**24–Hour Cancellation/Reschedule Notice:** We require a 24-hour notice for appointment cancellations. If an appointment is cancelled with less than a 24 hour notice or if a patient does not show up for their appointment, a \$75.00 fee will be charged. After three “no shows” or cancellations with less than a 24 hour notice, the patient will be discharged from the practice.

**Assignment of Benefits:** My signature below gives full assignment of my insurance benefits for my treatment to Dr. Zahir Yousaf.

**Financial Policy:** My signature below attests that I have read, understand and accept responsibility for compliance with the Financial Policy of Dr. Zahir Yousaf.

1. Full payment is expected at the time of service unless we are contracted with your insurance company. We accept cash, checks, debit cards, and all major credit cards.
2. Insurance copays are due at the time of service.
3. Balances after insurance processing of your claim are due within 30 days. This balance may include, but not limited to, deductibles and co-insurance. Any patient balances over 30 days are considered past due.
4. For patients with Medicare as their secondary insurance, payments by Medicare are made directly to the patient, not the doctor. We will, therefore, not bill Medicare for secondary claims. Patients will be billed for the remaining balance after we receive payment from the primary insurance. Once your payment is received by our office, we will provide you with a receipt that you can send to Medicare for reimbursement.
5. Past due balances requiring collection activity will be subject to an additional charge equal to 30% of the full balance.
6. A \$25.00 will be charged to your account for any check returned to us by your bank.

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Patient Name (please print)

\_\_\_\_\_  
Signature of Patient/Parent/Guardian

\_\_\_\_\_  
Date