2511 Old Cornwallis Road, Suite 200, Durham, NC 27713 | newpatient@doctorsmakinghousecalls.com | Phone: 919.932.5700 | Fax: 919.724.4951

Patient: ______________________________________ DOB: ____/____/_____

(Please Print Patient's Name)

Authorization

1) I authorize the release of my medical records to *Doctors Making Housecalls* upon its request for dates of treatment going back 2 years from the date below, including all discharge summaries, progress notes, consults, laboratory tests and imaging studies, for the purpose of continuity and coordination of care.
2) I authorize payment of my medical benefits to *Doctors Making Housecalls* for services rendered, and for *Doctors Making Housecalls* to give my insurance company any information about services rendered to me as necessary to process claims.
3) I understand and agree that I am financially responsible for all charges for services rendered to me, including what is not covered by my insurance and balances owed, after insurance payments, and authorize the use of my credit card or my checking account for these charges.
4) I acknowledge that I have been provided with Doctors Making Housecalls' Notice of Privacy Practices. A copy of the Notice is available on our website; www.doctorsmakinghousecalls.com.

I want this authorization to expire only upon my death. I understand that I have the right to revoke this authorization by written notice to *Doctors Making Housecalls.* I also understand that disclosed information may be re-disclosed by the recipient named herein.

➤ ____

Date (Signature of Patient or Patient's Power of Attorney)

Advanced Beneficiary Notice- Required for patients to be seen for urgent visits

As you know, Medicare does not pay for all your medical expenses, even some services that you or your physician have good reason to think you need. Medicare does not pay for the services listed below, which means you are responsible for payment at the time of service.

SERVICES	COST	REASON
Trip Fee – ***Waived in senior communities on scheduled visit days***		
• Weekdays	$105	Not a covered benefit
• Weekends	$130	Not a covered benefit
• Out-of-Area Surcharge	$25-$50	Not a covered benefit
• Prescription for glasses	$75	Not a covered benefit

NOTE: Approval will be automatic for urgent care visits requested by assisted living facilities (ALFs) in an effort to avoid an unnecessary trip to the emergency room; for non- urgent visits to ALFs, approval will be sought for each charge.

➤ ____

Date (Signature of Patient or Patient's Power of Attorney)

Vaccination Services

Please check the box if you would like to receive the following vaccinations or mark if you have already received them.

- ☐ Yearly Flu Shot Received on-------
- ☐ Pneumovax 23 Received on-------
- ☐ T-dap Not covered by Medicare Received on-------
- ☐ Prevnar 13 Received on-------

Additional On-Site Services

Please check the box if you would like to receive the following On-Site services when available in your area:

- ☐ Cardiology
- ☐ Chiropractic Services
- ☐ Dermatology
- ☐ Mental Health
- ☐ Neurology
- ☐ Oncology
- ☐ Optometry
- ☐ Orthopedic
- ☐ Podiatry
- ☐ Psychiatry

➤ ____

Date (Signature of Patient or Patient's Power of Attorney)

HIPAA: I have been offered or read the complete HIPAA Form on the Doctors Making Housecalls website at: http://bit.ly/dmhchipaa

➤ ____

Date (Signature of Patient or Patient's Power of Attorney)