

# TENNESSEE PLATEAU ONCOLOGY

I \_\_\_\_\_ give Tennessee Plateau Oncology

Permission to share my protected health information and account financial information to

\_\_\_\_\_ (relationship) \_\_\_\_\_

My protected health and account financial information may be given only by either my verbal or written consent to the parties listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information:

Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I understand and recognize that the Medical Insurance I possess, may not completely cover the fee(s) for Professional Services rendered to me. I hereby agree that I, my spouse, family and estate are responsible for said fee(s). I authorize payment directly to and assign to any/all medical payments, if any, otherwise payable to me, to Tennessee Plateau Oncology for their services. I hereby state that all information provided is true and complete to the best of my knowledge. I agree that I, my spouse, family and estate will be responsible for all collection fee(s) incurred if an outside collection agency is used to recover past due balances.

I acknowledge and understand the payment policies of Tennessee Plateau Oncology and authorize the release of medical information necessary to process claims made by Tennessee Plateau Oncology.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Guarantor: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I have received the Tennessee Plateau Oncology Notice of Privacy Practices.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_