

Ear, Nose & Throat Specialists of Tulsa, L.L.P

William Hawkins M.D.

Referring Doctor: Name: _____ City: _____

Primary Care Physician: Name _____ City: _____

PATIENT INFORMATION

Name: _____ DOB: _____ SS#: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Employer: _____

Race: (Please check all that apply) Caucasian Black or African American Asian
 American Indian or Alaska Native Other _____

Ethnicity: Hispanic or Latino Yes / No

Marital Status: S M D W

Parent /Guardian Info (if patient is a minor)

Name: _____ DOB: _____ SS#: _____

Name: _____ DOB: _____ SS#: _____

PRIMARY INSURANCE – POLICY HOLDERS INFORMATION (if other than the patient)

Name of Insurance: _____ Relation to patient: _____

Name: _____ DOB: _____ SS#: _____

Employer: _____

SECONDARY INSURANCE – POLICY HOLDERS INFORMATION (if other than the patient)

Name of Insurance: _____ Relation to patient: _____

Name: _____ DOB: _____ SS#: _____

Employer: _____

(For office Use Only)

Date Granted: _____ Initials: _____

Confidential Communication Request
EAR, NOSE & THROAT SPECIALISTS OF TULSA, L.L.P.
6802 S OLYMPIA AVE, STE 200
TULSA, OKLAHOMA 74132

I hereby request the use of the following confidential channels for the communication of information related to my personal health, or payment for treatment. **This request replaces any prior request for confidential channel of communications I may have made.**

Contact Information:

Home #: _____ I prefer appointments to be confirmed at this number

Work#: _____

Cell# _____ I prefer appointments to be confirmed at this number

Email: _____

Please list other persons you authorize us talk to in regards to your treatment or appointment information:

Name: _____ Relationship to patient: _____ Phone#: _____

Name: _____ Relationship to patient: _____ Phone#: _____

Name: _____ Relationship to patient: _____ Phone#: _____

Signed: _____ **Date:** _____

Print Name: _____

If not signed by the patient, please indicate relationship to the patient: _____

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES AND
PATIENT AGREEMENTS RELATED TO TREATMENT**

CONSENT FOR ROUTINE MEDICAL TREATMENT

Ear, Nose and Throat Specialist of Tulsa, L.L.P. and its employees are hereby authorized to collect medical history information, obtain vital signs and perform other routine procedures for purposes of providing care to you. You have the right to consent or refuse consent to any proposed procedure or therapeutic course, absent emergency or extraordinary circumstances. Under emergency circumstances, we will take necessary and available actions to meet your medical needs.

CONSENT TO DISCLOSURE OF INFORMATION

Patient medical records and billing information are created and retained by Ear, Nose and Throat Specialist of Tulsa, L.L.P. and are accessible to its personnel and medical staff for use in my care. Ear, Nose and Throat Specialist of Tulsa, L.L.P. personnel and physicians may use and disclose medical information for its business operations and to any other physician or health care personnel involved in providing care. Safeguards are in place to discourage improper access. Ear, Nose and Throat Specialist of Tulsa, L.L.P. is authorized to disclose all or part of my medical record to any insurance carrier, workers compensation carrier, or administrator of a self-insured employer group which is responsible for any part of Ear, Nose and Throat Specialist of Tulsa, L.L.P. charges and to any health care provider who is or is expected to become involved with a patient's care. These disclosures are for treatment or payment purposes. Oklahoma law requires that we advise you that the information authorized for disclosure may include information which may be considered a communicable or venereal disease, including, but not limited to, Hepatitis, Syphilis, Gonorrhea, Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (AIDS). By signing this agreement, you are consenting to such disclosure. You may revoke this consent in writing addressed to Ear, Nose and Throat Specialist of Tulsa, L.L.P., except to the extent we have already acted in reliance on it.

ASSIGNMENT OF INSURANCE BENEFITS

You agree that insurance benefits for Ear, Nose and Throat Specialist of Tulsa, L.L.P. charges payable to the insured are to be made payable to Ear, Nose and Throat Specialist of Tulsa, L.L.P. and that insurance benefits for services provided by physicians in the hospital setting otherwise payable to the insured are to be made payable to the physicians(s) responsible for your care. Any payment received for this episode of care may be applied to any unpaid bills for which you are liable, subject to the rules of coordination of benefits.

PRECERTIFICATION POLICY

You understand that Ear, Nose and Throat Specialist of Tulsa, L.L.P. will assist with insurance precertification requirements which are the responsibility of the policyholder and/or hospital, but will not assume responsibility for precertification or any impact which it may have on insurance payment.

FINANCIAL RESPONSIBILITY

As consideration for the services provided to you, payment is guaranteed for any amount due for such services provided by Ear, Nose and Throat Specialist of Tulsa, L.L.P. Charges for services and goods shall be at Ear, Nose and Throat Specialist of Tulsa, L.L.P.'s billed charges rates unless otherwise agreed to in writing by Ear, Nose and Throat Specialist of Tulsa, L.L.P.

PATIENT'S CERTIFICATION

I hereby certify that I have read each of the above statements, have had each item explained to my satisfaction, and have received a copy of this Patient Agreement. I further certify that I am the patient or legally authorized by the patient to accept the terms of this Patient Agreement. A photocopy of this document has the same effect as an original.

Signature of Patient or Patient's Legally Authorized Representative (*Documentation Must Be Provided*)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

A complete description of how your medical information will be used and disclosed by Ear, Nose and Throat Specialist of Tulsa, L.L.P. is in our NOTICE OF PRIVACY PRACTICES, which you should read before signing this Acknowledgement. The Notice is posted throughout our office and you will be given a copy for your personal use.

I have received a copy of Ear, Nose and Throat Specialist of Tulsa, L.L.P. Notice of Privacy Practices dated _____

Patient or Representative

Legal Authority of Representative

Date Signed

Basis for refusal, if refused: _____