

MICHIGAN HEART P.C

**Notice of Privacy Practices Acknowledgement:**

I hereby acknowledge that I have been offered and/or received the Michigan Heart P.C. Notice of Privacy Practices.

**Notice of Financial Policy Acknowledgement:**

I hereby acknowledge that I have been offered and/or received the Michigan Heart P.C. Financial Policy.

**Authorization for leaving messages:**

I authorize Michigan Heart P.C. to leave lab results, test results and/or treatment plans with the individual listed below and/or on my answering machine in the event I am unavailable. Financial information related to my care may also be discussed with the individual listed below.

AUTHORIZED INDIVIDUAL'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ PHONE NUMBER(S) HOME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

**Authorization to bill:**

I hereby authorize payment of insurance benefits, including Medicare/Medicaid benefits, to be made directly to Michigan Heart P.C. I understand that I am financially responsible to pay for services, co-pays and deductibles not covered by my insurance. I also authorize Michigan Heart P.C. to release information to my insurance carrier.

**Health Insurance Waiver of Responsibility:**

I, \_\_\_\_\_, do not have a referral/authorization or my insurance plan may not provide coverage for my Cardiac test/visit on \_\_\_\_\_. I understand that I will be responsible for reimbursing Michigan Heart P.C. for the above date of service in the event that my insurance \_\_\_\_\_ denies the claim.

\_\_\_\_\_  
**Patient/Parent/Legal Guardian Signature**

\_\_\_\_\_  
**Date**

Email: \_\_\_\_\_

DECLINED

Office location & Staff initials preparing form

ANN ARBOR	ADRIAN	BRIGHTON	CANTON	JACKSON	LIVONIA	YPSILANTI

**OFFICE USE ONLY**

\_\_\_\_\_  
**PATIENTS NAME**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**MEDICAL RECORD NUMBER**