

CHATTANOOGA BONE & JOINT SURGEONS, PC

Specialists in Orthopaedic Surgery and Sports Medicine

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ACKNOWLEDGEMENT AND AUTHORIZATION FORM Notice of Privacy Practices (HIPAA Receipt Acknowledgement)

I hereby acknowledge that I have received a copy of the CBJs Notice of Privacy Practices and am aware that copies of the Notice of Privacy Practices Document are available at the front desk for review as well as on our website at cbjsonline.com

Signature of Patient or Personal Representative

Date: _____

Printed Name of Patient or Personal Representative

Date: _____

Description of such Personal Representative's authority to act for the patient, if applicable.

Authorization of Release of Medical Billing Information and Assignment of Benefits

I hereby authorize the release of medical information to my insurance company and authorize payment directly to the physician for insurance claims understanding that the federal standards of private health information release are being followed by this practice (i.e. HIPAA). Further information can be obtained by requesting it from the receptionist or Privacy Officer.

Patient or Guardian's Signature: _____

Date: _____

Financial Statement and Information Agreement

I understand that I will be responsible for any court costs or collection fees should it become necessary to take action to collect for services or supplies rendered. I also understand that failure to agree to and sign this form will convert my account to a self-pay status requiring all of my charges to be paid in full at the time of service unless other arrangements have been made.

Patient or Guardian's Signature: _____

Date: _____

Pharmacy Information

I hereby release my pharmacy information to Chattanooga Bone & Joint Surgeon's to update my medical information.

Pharmacy

Location

Signature of Patient or Personal Representative

Date