

# CMC Privacy Practices and Patient Rights

\* Required

1. **NAME \***

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2. **I have received the Notice of Privacy Practices and the Notice of Patient's Rights and Responsibilities and I have had an opportunity to review both. I also agree to provide any and all changes of address so that invoices may be delivered in a timely fashion. I agree that a photocopy of this agreement shall be as valid as the original. \***

*Check all that apply.*

- Yes  
 No

3. **I will show up on time for my appointments, if I am not able to be here at appointment time I will call and alert the clinic that I will be late or will reschedule. \***

*Check all that apply.*

- Yes  
 No

4. **I understand I am financially responsible for all charges for services to me, including the balance remaining after payment of possible insurance benefits; I authorize payment of medical benefits for professional services rendered to Community Medical Clinic (CMC). \***

*Mark only one oval.*

- Yes  
 No

5. **I am aware that co-pays and deductibles MUST be paid at the time of services. Legally, co-pays and deductibles cannot be waived. \***

*Mark only one oval.*

- Yes  
 No

6. **RELEASE OF INFORMATION: I authorize the release of any medical information necessary to process my claim. I also authorize Community Medical Clinic to obtain and/or release medical records/information from other physicians, when necessary, in order to better facilitate my care. \***

*Mark only one oval.*

- Yes  
 No

- 7. COLLECTION POLICY/FEEES:** I understand that if my account is past due and no payment has been received within 30 days from statement date, CMC will contact me to verify billing information, any account without payment in 30 days **WILL NOT** be granted refills or be seen until payments have been made. All accounts are due in full, unless you set up an auto-debit payment plan. Balances of greater than 60-90 days will be turned over to a collection agency. \*

*Mark only one oval.*

Yes

No

- 8. RETURN CHECKS:** A \$20.00 fee will be charged for all returned check or insufficient funds as well as being turned over to the Faulkner County Prosecuting Attorney. \*

*Mark only one oval.*

Yes

No

- 9. Electronic Signature and Date \***

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