Emilio Del Priore, M.D.
Cardiovascular Specialist
230 Hilton Avenue Suite 110
Hempstead, NY 11550
Phone: (516) 565-5500 Fax: (516) 565-5502

NEW PATIENT SIGNATURE PAGE

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE:

I acknowledge that I have received a copy of Emilio Del Priore, M.D., P.C.'s Notice of Privacy practices.

Patient Signature	
Printed Name	
Date	

PATIENT CONSENT:

I hereby give Emilio Del Priore M.D., P.C., its physicians and staff and my consent to release my protected health information as needed in connection with my care and treatment.

I understand that under HIPAA regulations, my consent is not necessary for Emilio Del Priore, M.D., P.C., its physicians and staff, to release my protected health information for purposes related to my treatment, payment for my treatment, and healthcare operations.

Patient Signature	
Printed Name	
Date	

MEDICAL CLAIMS INSURANCE UNDERSTANDING AND CONSENT:

I understand and agree to the following:

That, should the physician participate with my medical insurance carrier, I am responsible for any and all copayments, coinsurance, and deductible amounts, and I am responsible for all charges incurred should I fail to obtain any necessary referral/authorization as required by my insurance carrier.

That, should the physician not participate with my medical insurance carrier, I am responsible for full payment of all charges incurred. If I am sent payment directly, I am required to send payment directly from insurance company, I am required to send the check to Dr. Del Priore's office, and contact his billing department c/o 20/20 MD Billing at 201-488-3360 to advise that payment is in the mail.

I consent to the release of any of my protected health information necessary to process medical claims for professional services rendered to me.

Patient Signature	
Printed Name	
Date	