

Patient #: \_\_\_\_\_



**OB/GYN SPECIALISTS**

Of Tulsa

**PATIENT INFORMATION**

DATE: \_\_\_\_\_

**LEGAL NAME** Last Name First Name Middle Age Date of Birth

Name you prefer to go by in our office Social Security Number Marital Status: \_\_\_M \_\_\_S \_\_\_W \_\_\_D

Street Address Apt # City State Zip

Cell Phone Home Phone Work Phone

Patient's Employer Occupation

Primary Care Physician Referred By

**Primary Insurance Company Name** \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Policyholder \_\_\_\_\_ Relationship to patient \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

**Secondary Insurance Company Name** \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_ Employer \_\_\_\_\_

Policyholder \_\_\_\_\_ Relationship to patient \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

**IN CASE OF EMERGENCY – PLEASE PROVIDE TWO EMERGENCY CONTACTS**

Name Relationship Phone Number

Name Relationship Phone Number

I authorize OB/GYN Specialists of Tulsa to furnish information to my insurance carrier(s) concerning my illness and treatments, and thereby assign to the physician(s) all payments for medical services rendered to myself or my dependents. I understand I am responsible for all fees, regardless of insurance coverage.

Signature of Patient or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



Cox Gehring Gray Hildebrand Shepherd

## **AUTOMATED COMMUNICATION FOR OB GYN SPECIALISTS OF TULSA**

In the interest of serving you, our office is utilizing the Relatient and Patient Results Network to provide you Appointment confirmations, Pap smear and laboratory results. These are automated systems. Laboratory results are available 24 hours a day, 7 days a week. Appointment confirmation will begin up to 5 days prior to your scheduled appointment. You may opt out of these services at any time.

### **Patient Results Network**

Your confidential results are available using the PRN card provided to you at the time of your visit. Your secure identification code will be your **full** social security number. Your results will remain available to you for 2 weeks after they are recorded. Once you have dialed the toll free number on the card you were provided, the system will walk you through how to access your results.

In the event you have waited the estimated time to access your results and they are not available, please call our office at (918) 712-8700. We hope these systems will save you time and make it easier for you to confirm your appointment, and access your test results.

I authorize OB/GYN Specialists of Tulsa to include this form in my medical records.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date

### **AUTOMATED APPOINTMENT REMINDERS**

By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize OGS to employ a third-party automated outreach and messaging system to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s), and other limited information, for the purpose of notifying me of a pending appointment. I also authorize my healthcare provider to disclose to third parties, who may intercept these messages, limited protected health information (PHI) regarding my healthcare events. I consent to the receiving multiples messages per day from my healthcare provider, when necessary. I consent to allowing detailed messages being left on my voice mail, answering system, or with another individual, if I am unavailable at the number provided by me.

\_\_\_ You may email appointment confirmation to \_\_\_\_\_

\_\_\_ You may leave voice mail message confirming appt. at this phone # \_\_\_\_\_

\_\_\_ You may send text message confirming appt. at this phone # \_\_\_\_\_

\*\*\* ALL THREE METHODS HIGHLY RECOMMENDED\*\*\*

# PATIENT AGREEMENTS RELATED TO TREATMENT

## CONSENT FOR ROUTINE MEDICAL TREATMENT

OB/GYN Specialists of Tulsa 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 me. I have the right to consent or refuse consent to any proposed procedure or therapeutic course, absent emergency or extraordinary circumstances.

## CONSENT FOR DISCLOSURE OF INFORMATION

Patient medical records and billing information are created and retained by OB/GYN Specialists of Tulsa and are accessible to its personnel and medical staff for use in my care. OB/GYN Specialists of Tulsa personnel and physicians may use and disclose medical information for its business operations and to any other physician or healthcare personnel involved in providing care. Safeguards are in place to discourage improper access. OB/GYN Specialists of Tulsa 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 OB/GYN Specialists of Tulsa's charges and to any healthcare provider who is, or is expected to become, involved with my care. These disclosures are for treatment or payment purposes. Oklahoma law requires that OB/GYN Specialists of Tulsa advise me that the information authorized for disclosure may include information indicating a communicable or venereal disease, or treatment for psychiatric conditions or substance abuse. By signing this agreement, I am consenting to such disclosure. I may revoke this consent in writing addressed to OB/GYN Specialists of Tulsa except to the extent that they have already acted in reliance on it.

## ASSIGNMENT OF INSURANCE BENEFITS

I agree that insurance benefits for OB/GYN Specialists of Tulsa charges payable to the insured are to be made payable to OB/GYN Specialists of Tulsa 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 physician(s) responsible for my care. Any payment received for this episode of care may be applied to any unpaid bills for which I am liable, subject to the rules of coordination of benefits.

## PRECERTIFICATION POLICY

I understand that OB/GYN Specialists of Tulsa 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 me, payment is guaranteed for any amount due for such services provided by OB/GYN Specialists of Tulsa. Charges for services and goods shall be at OB/GYN Specialists of Tulsa's billed charge rates unless otherwise agreed to in writing by OB/GYN Specialists of Tulsa

## PATIENT'S CERTIFICATION

I hereby certify that I have read each of the above statements, have had each item explained to me to my satisfaction, and I have received a copy of this Patient Agreement at my request. 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 the original.

→ X  
Signature of Patient or Patient's Legally Authorized Representative

X  
Date

## RELEASE OF PROTECTED HEALTH INFORMATION

In addition to the persons and organizations described above, information may be released to the following individuals:

\_\_\_\_\_  
Name/ Relationship                      Phone number

\_\_\_\_\_  
Name/Relationship                      Phone number

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Name/ Relationship                      Phone number

\_\_\_\_\_  
Name/Relationship                      Phone number

\_\_\_\_\_  
Phone number

## ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

A complete description of how your medical information will be used and disclosed by OB/GYN Specialists of Tulsa is in our NOTICE OF PRIVACY PRACTICES, which you should read before signing this Acknowledgement. You will be given a copy for your personal use and additional copies are available in our office and on our website.

**I have received a copy of OB/GYN Specialists of Tulsa's Notice of Privacy Practices.**

→ X  
Signature of Patient or Patient's Legally Authorized Representative

X  
Date

→ X  
Printed Name of Patient

X  
Date of Birth

## **OB/GYN Specialists of Tulsa Office Policies**

Thank you for choosing us as your health care provider. We are committed to providing you with the very best care and treatment possible. All our physicians are specialty trained in Obstetrics and Gynecology to provide the most contemporary treatment in female health. As we strive to provide quality health care, we recognize the benefits of insurance plans and the billing and collection of patient accounts can be confusing. The following is a statement of our Office Policies which we hope will help you understand the financial obligations of medicine today.

### **APPOINTMENT CONFIRMATIONS**

By supplying my home phone number, mobile phone number, email address, and any other personal contact information, I authorize OGS to employ a third-party automated outreach and messaging system to use my personal information, the name of my care provider, the time and place of my scheduled appointment(s), and other limited information, for the purpose of notifying me of a pending appointment. I also authorize my healthcare provider to disclose to third parties, who may intercept these messages, limited protected health information (PHI) regarding my healthcare events. I consent to the receiving multiples messages per day from my healthcare provider, when necessary. I consent to allowing detailed messages being left on my voice mail, answering system, or with another individual, if I am unavailable at the number provided by me.

### **INSURANCE**

The physicians of OB/GYN Specialists of Tulsa participate in several PPO, HMO, and MANAGED CARE plans. Please present your insurance card at all visits to the office. We will submit all claims to your primary carrier, and as a courtesy, we will file your secondary insurance if applicable

### **SURGERY**

Surgery usually involves a larger fee than office procedures. Prior to any surgery, we will provide you with a Financial Estimate of your responsibility. Therefore, a down payment may be required prior to surgery. Insurance payments are to be assigned to us. In the event of overpayment, a refund check in the amount of the credit will be sent to you. Please remember that all Financial Estimates are solely based on information provided to us from your insurance plan. Therefore it is not a guarantee of payment from them.

### **OBSTETRICAL**

Our obstetrical global fee covers costs for routine obstetric care. This includes antepartum care, delivery and postpartum care. This does not include laboratory, ultrasounds or additional services outside the routine obstetric care. These services will have separate fees. We will review your insurance benefits with you and can establish a payment plan if necessary.

### **LABORATORY**

You will be billed by the laboratory providing the service.

### **PAYMENTS**

All co-pays, deductibles and co-insurance are due and collected at the time of service. If you choose to leave a credit card on file, any balance after insurance processes claims, will be automatically ran.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

### **AUTHORIZATION TO RELEASE INFORMATION**

I authorize the release of medical information necessary to process insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN**

I authorize payment of medical and surgical benefits to OB/GYN Specialists of Tulsa for services rendered. I understand I am financially responsible to the physician for charges not covered by insurance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Credit Card On File**

At OB/GYN Specialists of Tulsa, we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable.

Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and that insurance portion of the claim has paid and posted to your account. A receipt will be mailed to the address we have on file.

I (we), the undersigned, authorize and request OB/GYN Specialists of Tulsa to charge my credit card, indicated below, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by OB/GYN Specialists of Tulsa.

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to OB/GYN Specialists of Tulsa in writing and the account must be in good standing.

Patient Name (Print): \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**I authorize OB/GYN Specialists of Tulsa to charge the portion of my bill that is my financial responsibility to the following credit or debit card.**

**Please Circle One:**      **Amex**                  **Visa**                  **MasterCard**                  **Discover**

**Credit Card Number** \_\_\_\_\_

**Expiration Date**        /     /                              **CVV** \_\_\_\_\_

**Cardholder Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_