

**This questionnaire is in addition to the initial intake form  
(which must have been completed within the last two years).**

### **Consent for Care, Records Release, and Insurance Reimbursement**

I understand that I am establishing care as an initial client with a Physician Assistant–Certified (PA-C).

I authorize the clinic, upon my request, to release a copy of my medical records, including SOAP notes, to my Primary Care Provider (PCP) listed below.

I further understand that, if requested by me, the clinic may submit charges to my insurance company solely for the purpose of seeking possible reimbursement. I acknowledge that this clinic is **out of network with all major medical insurance plans** and that reimbursement is not guaranteed.

If reimbursement is received from my insurance carrier, my account will be credited accordingly. I understand that I am financially responsible for all charges regardless of insurance reimbursement.

#### **Primary Care Provider Information (Complete Below if You Wish for us to Send a copy of your visit notes)**

- PCP Name: \_\_\_\_\_
- Practice / Office Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Fax: \_\_\_\_\_
- Check One:     Send after every visit            OR             Send initial visit notes only

#### **Insurance Information (If Seeking Reimbursement)**

NO     YES (give a copy of your insurance card to our front desk staff). Submission does not guarantee payment.

- Insurance Company Name: \_\_\_\_\_
- Member ID Number: \_\_\_\_\_
- Group Number: \_\_\_\_\_
- Policyholder Name: \_\_\_\_\_
- Policyholder Date of Birth: \_\_\_\_\_ Address (if different from patients): \_\_\_\_\_
- Relationship to Policyholder:     Self             Spouse             Child             Other: \_\_\_\_\_
- Customer Service Phone Number: \_\_\_\_\_
- Claim Submission Address: \_\_\_\_\_

By signing below, I acknowledge that I have read, understand, and agree to the terms outlined above.

Full Name: \_\_\_\_\_

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

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

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