**Nia K. Terezakis, M.D.**

**Patricia R. Hickham, M.D. Elizabeth B. Grieshaber, M.D.**

**PERSONAL INFORMATION AND INSURANCE UPDATE:**

Please check that the personal information and insurance information listed above is the current personal and insurance information for the patient on the date of each visit. If it is not correct, please notify our staff and give any updated personal and/or insurance information and a photo ID. You (the patient, insured, or guarantor) are immediately responsible for any balance plus a $10.00 processing fee if the personal and insurance information is not up to date and you accept the responsibility for any unpaid claims.

Your signature below gives this office permission to submit these claims and release any information and records the insurance carrier may request to process your claim.

HIPAA requires that each patient be offered a copy of our Privacy Policy. Your signature below indicates you have received or have been offered a copy of our Notice of Privacy Practices.

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Signature Date Staff Initials