

Patient Information

First Name: _____ MI: _____ Last Name: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ SS# _____ Age: _____

Email: _____ Race: _____ Ethnicity: _____ Language: _____

Marital Status: _____ Employer: _____ Work Phone# _____ Circle one: (Male or Female)

Primary Care Physician: _____ Pharmacy: _____ City: _____

Emergency Contact: _____ Relationship: _____ Phone# _____

Parent/Guardian: _____ DOB: _____

Insurance Information:

Primary Insurance Company: _____ ID# _____ Group# _____

Subscriber's Name: _____ DOB: _____

Relationship to Subscriber: Self Spouse Child

Secondary Insurance Company: _____ ID# _____ Group# _____

Subscriber's Name: _____ DOB: _____

Relationship to Subscriber: Self Spouse Child

Medications: Please use the back if needed or attach a medication list.

Medication:	Dosage:	How often:

Allergies to Medications:

Medication:	Reaction:

Previous Surgeries:

_____ Date: _____

_____ Date: _____

Have you had any problems with anesthesia (numbing or put to sleep) **Yes No**

If yes, please explain _____

Non-Surgical Hospitalization: Reason _____ Date: _____

Have you had any of the following:

Pneumonia vaccine? **Yes No** Date: _____ Influenza Vaccine? **Yes No** Date: _____

Colonoscopy cancer screening? **Yes No** Date: _____ Breast cancer screening? **Yes No** Date: _____

Reason for Visit: _____

CONSENT TO TREATMENT, BILLING, AND HIPAA PRIVACY

Name: _____ Birthdate: _____

Thank you for choosing Valley Facial Plastics and ENT, PA (henceforth referred to as VFPENT). Please carefully read the information below. By initialing beside each policy, you are acknowledging that you have read and understand our clinic's policies and procedures as they relate to each topic. A copy of our privacy practices is available to you on request and displayed in our lobby.

PERSON(S) AUTHORIZED TO ACCESS AND DISCUSS MEDICAL INFORMATION

Choose and initial option 1 or 2

Option 1: Initial: _____ I voluntarily authorize VFPENT to disclose my complete health record and healthcare status including, but not limited to, diagnosis, lab test results, treatment, billing records, and appointments for all conditions on an as-needed basis to the person(s) listed below. Forms of disclosure may include in-person, fax, email, web portals, telephone, and printed copy. I recognize that I can change this information at any time and that this information does not have an expiration date and is valid until I change it.

Name: _____ Phone: _____

Relationship to patient: _____

Name: _____ Phone: _____

Relationship to patient: _____

Option 2: Initial: _____ I currently choose **NOT** to authorize any person to have access to my health information.

NOTICE OF DISCLOSURE OF FEE/PAYMENT POLICY

Initial: _____ I authorize VFPENT to file claims with my insurance carrier for services rendered. I acknowledge that copayments are due at the time services are rendered. I understand that I am responsible for any part of the charges that are not paid by my insurance carrier, and I will be billed directly for those services. I understand that I am fully responsible for payment in full for all services rendered in the event that VFPENT is not contracted or in-network with my insurance carrier. SELF PAY patients are required to pay at the time of service. Patients who pay for all services provided the same day are eligible for a 10% discount (not applicable to hearing aids, supplies, or medication). All self-pay patients who cannot pay in full on the date service are required to pay a minimum deposit of \$100 and a payment plan must be arranged with the billing department at that time. I acknowledge it is my responsibility to notify the billing department of changes to my insurance carrier or financial situation should it impact my billing or payment situation.

MULTI-SPECIALTY PRACTICE

Initial: _____ I am aware that Valley Facial Plastics & ENT is a multi-specialty practice, and that I may be billed for more than just an office visit. Additional charges may include audiometry, binocular microscopy, cerumenectomy, nasal cautery, laryngoscopy, administering of medications, biopsy, cryotherapy, excisions, fine needle aspiration, post-surgical debridement, ultrasounds and more. These are not inclusive of all the additional charges that may be billed separately from an office visit. I understand that the final cost of care will be based upon treatment rendered at the time of service.

CONSENT TO OBTAIN AND SHARE MEDICAL INFORMATION

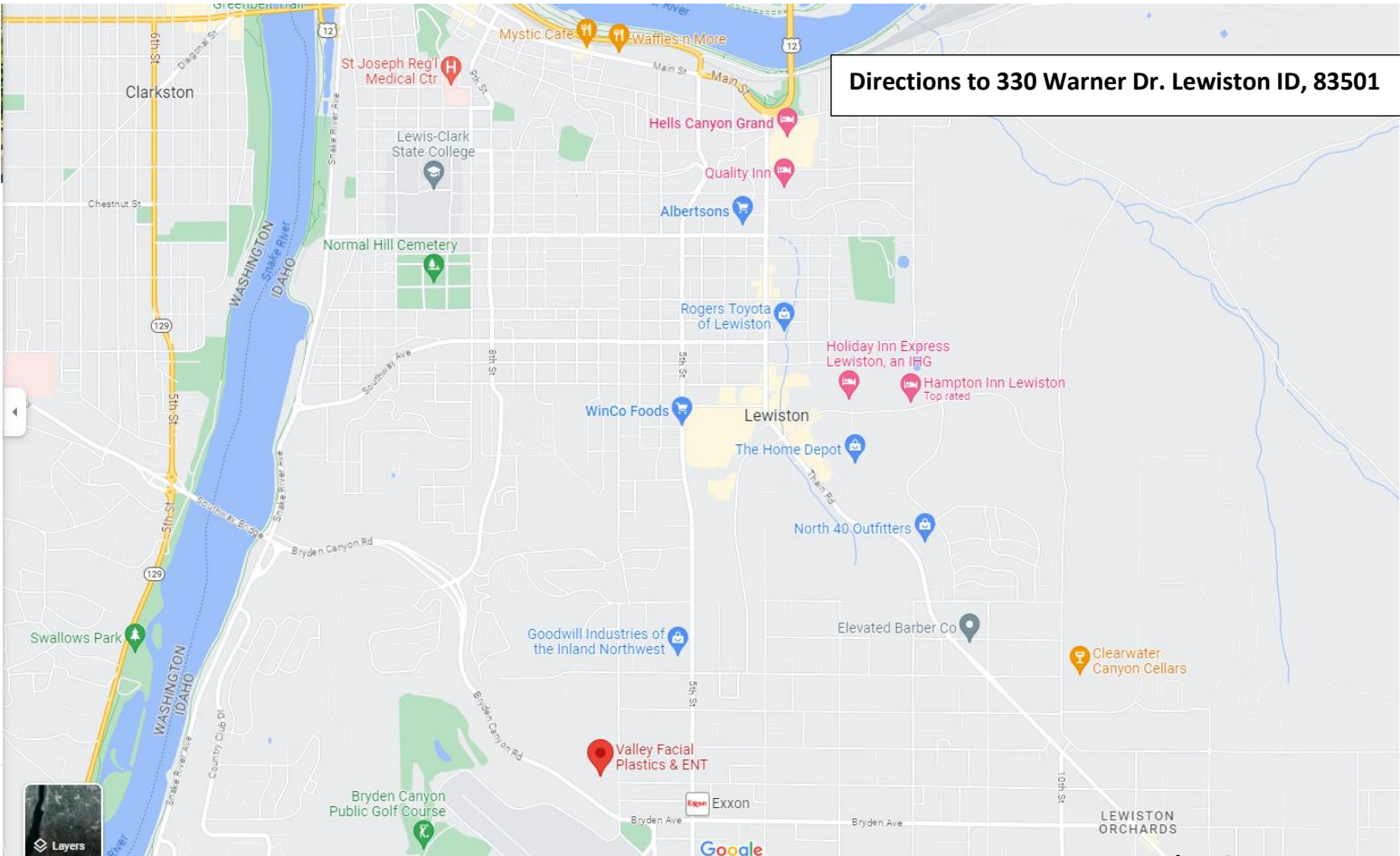
Initial: _____ I authorize VFPENT to use and share my protected information electronically with and from healthcare providers, pharmacies, and insurance companies I am actively covered by within full compliance of HIPAA laws that may be used in my healthcare and/or for insurance claims billing on my behalf. Valley Facial Plastics & ENT complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

CONSENT TO TREAT

By signing this form, I consent to and authorize my provider(s) at VFPENT to treat me or my legal delegate listed on this form. I understand that my provider(s) is/are available to explain treatments before they are provided, and I have the right to refuse treatments. I understand that consent remains valid as long as I receive services from any provider associated with VFPENT and has no expiration date.

Patient/Guardian Signature: _____ Date: _____

Directions to 330 Warner Dr. Lewiston ID, 83501



From Clarkston:

- Take Snake River Ave and Bryden Canyon Rd to 4th St in Lewiston
- 8 min (4.5 mi)
- ↑ Head northeast on Diagonal St toward 5th St
- 0.3 mi
- ↗ Use the right 2 lanes to turn slightly right onto US-12 E/Bridge St
- Continue to follow US-12 E
- Entering Idaho
- 0.4 mi
- ↘ Turn right onto US-12/Snake River Ave
- Continue to follow Snake River Ave
- 1.4 mi
- ⤷ At the traffic circle, take the 1st exit and stay on Snake River Ave
- 0.6 mi
- ↶ Turn left onto Southway Bridge
- 0.1 mi
- ↘ Turn right onto Bryden Canyon Rd
- 1.7 mi
- Continue on 4th St to your destination

From Asotin:

- ↑ Head west on 2nd St toward Washington St
- 6 sec (157 ft)
- ↘ Follow WA-129 N to Fleshman Way/Southway Bridge in West Clarkston-Highland. Take the exit toward Lewiston from WA-129 N
- 7 min (4.7 mi)
- ↘ Turn right at the 1st cross street onto Washington St
- 348 ft
- ↶ Washington St turns left and becomes WA-129 N/1st St
- Continue to follow WA-129 N
- 4.5 mi
- ⤷ At the traffic circle, take the 2nd exit onto the Fleshman Way/Southway Bridge ramp to Lewiston
- 0.1 mi
- ↘ Take Bryden Canyon Rd to your destination in Lewiston
- 4 min (2.4 mi)
- ↑ Merge onto Fleshman Way/Southway Bridge
- Continue to follow Southway Bridge
- Entering Idaho
- 0.5 mi
- ↑ Continue onto Bryden Canyon Rd
- 1.7 mi
- ↶ Turn left onto 4th St
- 0.2 mi
- ↶ Turn left onto Warner Dr
- 407 ft
- ↶ Turn left
- Destination will be on the left

From: Grangeville/Orofino

- ↘ Continue on US-12 W to Lewiston
- 46 min (42.1 mi)
- ↘ Turn right onto US-12 W (signs for Lewiston)
- 33.0 mi
- ⤴ Slight right to merge onto US-12 W/US-95 N
- Continue to follow US-12 W
- 9.1 mi
- ↘ Continue on 21st St to your destination
- 8 min (2.9 mi)
- ↶ Slight left onto 21st St
- Pass by AutoZone Auto Parts (on the left in 0.5 mi)
- 0.9 mi
- ↘ Turn right onto 17th Ave
- 0.3 mi
- ↶ Turn left onto 17th St/5th St
- 0.8 mi
- ↘ Turn right onto Stewart Ave
- 0.2 mi
- ↶ Turn left onto 4th St
- 0.6 mi
- ↘ Turn right onto Warner Dr
- 407 ft
- ↶ Turn left
- Destination will be on the left
- 118 ft