



Folsom Obstetrics & Gynecology Medical Group, Inc.

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Patient Name: _____ Date of Birth: _____

1. ACKNOWLEDGEMENT OF RECEIPT OF PHI & NOTICE OF PRIVACY PRACTICES:

I have received a copy of the Notice of Privacy Practices for the medical practice of Folsom OB/GYN Medical Group, Inc. Our practice reserves the right to modify the privacy practices outlined in the notice.

Please Initial: X_____

2. AUTHORIZATION TO RELEASE INFORMATION:

I agree that my physician and staff may give out written or verbal information concerning my medical records to any insurance carrier or agent that is authorized to have access to and to make copies of my medical records.

Please Initial: X_____

3. FINANCIAL AGREEMENT/ ASSIGNMENT OF BENEFITS:

I hereby give my authorization to bill my insurance carrier and if applicable, I authorize payment to be made directly to Folsom OB/GYN Medical Group, Inc. I agree to pay all statements not covered by insurance for services rendered by the physicians and medical staff at the end of each medical service. Any balance not paid within 30 days of receipt of statement will be considered in default, unless financial arrangements have been made with our billing department in advance.

Please Initial: X_____

4. NO CHILDREN POLICY:

I have received a copy of the No Children Policy for the medical practice of Folsom OB/GYN. I understand that Folsom OB/GYN is a potentially hazardous environment for my child and will leave them at home where they are safe.

Please Initial: X_____

5. SPECIAL LETTER AND FORM COMPLETION:

I understand that if I request a letter describing any medical condition and/or treatments, including disability paperwork, I will be charged a minimum of \$15.00

Please Initial: X_____

I, the undersigned certifies that I have read the foregoing, receiving a copy thereof, if requested, and that I am the patient or am authorized by the patient's general agent to execute the above and accept its terms.

Signature: _____ Date: _____

1735 Creekside Drive, Folsom, CA 95630 Phone: (916) 983-3500 Fax: (916) 983-8437