

Medication Record

Name: _____

Date	Medication	Dose Given	Frequency (i.e. 2x per day)	Time	am
					pm

*Receipt of Notice of
Privacy Practices*

I _____, hereby acknowledge receipt of
(Patient's name printed)

"Notice of Privacy Practices". The Notice of Privacy Practices provides detailed information about how the group may use and disclose my confidential information.

I understand that N. Tobia, M.D. Board Certified Internist has reserved the right to change its privacy practices that are described in the notice. I also understand that a copy of any Revised Notice will be provided to me or made available to me.

Signed: _____ Date _____

If you are not the patient please specify your relationship to the patient _____

-Patient's file

Patient Name: _____

Patient DOB: _____

FINANCIAL RESPONSIBILITY AGREEMENT

To provide timely and accurate payment for any services furnished to the patient listed above

- I certify that the insurance information that I have provided is accurate, complete and current and that no other coverage or insurance exists.

I further acknowledge and agree:

- I am responsible for knowing my coverage plan details and if the physician I visit is an in network provider or out of network. If my plan is an HMO plan, I am aware that I must have Dr. Tobia listed as my PCP.
- That I am responsible for all charges for services provided to the patient listed above which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan and I agree to pay all charges which are not covered by my Health Insurance Plan or for which I am responsible for payment under my Health Insurance Plan.
- That this financial form with assignment of benefits applies and extends to subsequent visits and appointments at St. Steven Medical Center.

I certify that I have read and understand the above statements, that all of my questions have been answered to my satisfaction, and that I agree with each statement above.

Patient/Person Legally Responsible

Relationship to Patient

Date

Dr. Nader Tobia
St. Steven Medical Center Ltd.
9401 S. Pulaski Rd., Suite 203
Evergreen Park, IL 60805

