Kelly L. Wimberly, M.D., P.A.
Family Medicine

17101 Preston Rd. #200 | Dallas, TX 75248
972.239.4441 (phone) | 972.239.1597 (fax)

U S Immigration Registration

Patient Name (First, Middle, Last) ____

DOB (mm/dd/yyyy) ______________________ **Phone #** ______________________

Street Address ____________________________________ **Apt #** ____________

City ________________________________ **State** ________ **Zip Code** ______________

Email ________________________________

Sex: **Male** ☐ **Female** ☐ **Under 15 years of age:** **Yes** ☐ **No** ☐

If yes, Parent/Guardian Name__________________________ **Phone #** ________________

Address (if different than above)____

City of Birth:____________________________________

Country of Birth:__________________________________

A Number: ______________________

How did you hear about us? ☐ Friend/Family ☐ Internet ☐ Insurance Provider ☐ Mailer ☐ Other

ASSIGNMENT AND RELEASE:
I hereby assign my insurance benefits to be paid directly to the physician. I understand that I am financially responsible for all non-covered services, copays, deductibles and/or coinsurances. I authorize and give consent for my provider to bill me directly for recommended services performed that are not covered under the terms of my health plan. I authorize the physician to release any medical information required to process medical claims.

____ ________________________
Patient Signature (Parent or Guardian if minor) Date

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PROTECTED HEALTH INFORMATION PRACTICES CONSENT

Name of Patient____ **Date of Birth**_____/_____/______

Name of person giving consent IF OTHER THAN PATIENT:

Name____ **Relationship to Patient**_________________

TO THE USE AND/OR DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR TREATMENT, PAYMENT, HEALTH CARE OPERATION, AND AS OTHERWISE ALLOWED BY LAW

Kelly L. Wimberly, M.D., P.A. will maintain a record of the care and services you receive at her practice. This consent only covers your protected health information (PHI) created while you are a patient of Kelly L. Wimberly, M.D., P.A. Your protected health information pertains to your diagnosis and/or treatment received at the practice of Kelly L. Wimberly, M.D., P.A., including but not limited to information concerning mental illness (except for psychotherapy notes), use of alcohol or drugs, or communicable diseases such as Human Immunodeficiency Virus ("HIV"), and Acquired Immune Deficiency Syndrome ("AIDS"), laboratory test results, medical history, treatment progress, or any other such related information.

By signing this form, I consent to Kelly L. Wimberly, M.D., P.A.'s use and/or disclosure of my protected health information for treatment, payment, health care operations, and as otherwise allowed by law. Our *Notice of Protected Health Information Practices* provides information about how Kelly L. Wimberly, M.D., P.A. and her personnel may use and/or disclose my protected health information for treatment, payment, health care operations, and as otherwise allowed by law. A copy of Kelly L. Wimberly, M.D., P.A.'s *Notice of Protected Health Information Practices* will be provided for your review upon request. By signing this form, I also acknowledge that I have had an opportunity to review a copy of Kelly L. Wimberly, M.D., P.A.'s *Notice of Protected Health Information Practices* before signing this consent.

I authorize Kelly L. Wimberly, M.D., P.A. and her personnel to release and furnish on a confidential and a strict need-to-know basis all medical and financial data related to my care that may be necessary now or in the future to facilitate payment by third parties for services rendered by the Physician and Medical Staff, or to assist with, aid in, or facilitate the collection of data for the purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO's, PPO's, Managed Care Organizations, Indemnity Plans, Medicare/Medicaid or other government or third-party payers, and/or organizations contracting with any of the above entities to perform such functions.

I understand and acknowledge that Kelly L. Wimberly, M.D., P.A. participates in an electronic medical record exchange program with other health care facilities and providers ("Exchange Participants"). I understand that when I seek treatment from Kelly L. Wimberly, M.D., P.A. or Exchange Participants, my health information may be shared electronically between Kelly L. Wimberly, M.D., P.A. and Exchange Participants in order to provide care and services to me, and I do hereby authorize Kelly L. Wimberly, M.D., P.A. to share my health information in this manner with Exchange Participants. I also understand that my health information may include certain "Sensitive Information" such as genetic information and diagnoses or treatments for substance abuse, mental illness (excluding psychotherapy notes) or communicable diseases (including HIV or AIDS), and that some Sensitive Information cannot be disclosed through the medical record exchange program without a separate authorization by me.

Signature ______________________________ **Date** ____________________
(Parent or Guardian if minor)

Witness Initials (Internal Use Only) ____________________ **Date** ____________________

Kelly L. Wimberly M.D., P.A. Immigration Required Vaccinations

Vaccination	Ages 18-64 Years	≥ 65 Years
Covid-19	YES, Primary series from Pfizer, Moderna, Novavax, or J&J is required. Boosters are available.	YES, Primary series from Pfizer, Moderna, Novavax, or J&J is required. Boosters are available.
Hepatitis B	YES	NO
Influenza	YES, Annually between October 1st and March 31st.	YES, Annually between October 1st and March 31st.
MMR	YES	NO
Pneumococcal	YES	YES, One dose of PCV20 OR One dose PCV15 followed by One dose of PPSV23
Tdap	YES, Once every 10 years	YES, Once every 10 years
Varicella	YES, Unless had chickenpox in past	YES, Unless had chickenpox in past

For additional information regarding infant care and pricing please contact our office at 972-239-4441.