

Please check how you would like us to contact you and circle whether you would like us to leave a detailed message or just a call back number. By the standards and laws set by HIPAA we are no longer able to fax any medical information, other than prescription refill requests, without a signed release form.

Home
Detailed/call back #

Work/Cell
Detailed/call back #

Print Name

Date

Financial Agreement

I hereby authorize Tae J. Chung, M.D., PC to release medical information to any insurance company that may be pertinent to my case. I hereby authorize the release of my medical records to third party insurers or other authorized persons to whom disclosure is necessary to establish or collect a fee for the services provided. I understand that I am financial responsible for charges not covered by this authorization. A photocopy of this authorization should be considered as valid as the original. "Further, I acknowledge that I am indebted for past due changes and I understand that I am financially responsible for those charges also." I understand that if my account is sent to collection, up to a 50% collection fee will be added.

Medicare Patients: I authorize Tae J. Chung, M.D., PC to release medical information about me to the Social Security Administration or its intermediaries for my Medicare claims. I assign the benefits payable for services to Tae J. Chung, M.D., P.C.

I certify that I have read and fully understand the above statements and consent fully voluntarily to its contents.

Print Name

Date

RECEIPT OF HIPAA FORM

I certify that I have received, read and fully understand the conditions of HIPAA.

Print Name

Date