New Patient Registration

Acct#________________

SS# ______-_____-______

Elsa S. Canales, M.D. Alfredo Camero, Jr. M.D.
Michael A. Tijerina, FNP-C, Griselda Santillan, FNP-C
6999 McPherson Rd. Suite 220, Laredo, Texas 78041

Patient Name ____ Date of Birth_____________ Age______ M / F

Address ____ City______________ State_____ Zip_________

Contact Information: Home # ________________ Cellular # _______________E-mail: _____________________________

Prefer reminders via: Call___ Text___ E-mail___ **Primary Doctor:** ____

Race: White/African-American/Asian/Other______________ **Ethnicity:** Hispanic/Non-Hispanic/Other___________

Marital Status: Single/Married/Divorced/Widowed/Separated/Domestic Partner

Language: English/Spanish/Other_____________ **Preferred Pharmacy**: ______________________ *(be specific)*

Permission to import medications Y / N **Preferred LAB:** ______________________________

INSURANCE INFORMATION-*ATTACH CARD(S)*

Name of insured: Full Name___________________________ SS#______________ DOB: ___________

Primary Insurance: ___________________________ ID #_________________ Group #_________________

Secondary Insurance: _________________________ ID #_________________ Group #_________________

PRIVACY NOTICE-PERMISSION TO RELEASE INFORMATION

By signing below, I acknowledge receipt of the ***NOTICE OF PRIVACY PRACTICES*** of Gastroenterology Consultants of Laredo. **I authorize** the release of any of my protected health information to the following person or persons:

Name: ______________________ Relation: _____________ Name: _____________________Relation:______________

NURSE PRACTITIONER

This facility has nurse practitioners on staff to improve the access to medical care for our patients. The nurse practitioners in our clinic are Michael Tijerina, FNP and Griselda Santillan, FNP. They are certified as Nurse Practitioners by the American Nurses Credentialing Corporation. They have acquired several years of specialized gastroenterology training and experience under Dr. Canales. In this practice, Mr. Tijerina and Ms. Santillan are able to obtain histories, perform physical exams, write prescriptions for medications, and make referrals for imaging studies, laboratories or other physicians. ***They routinely see patients for follow up appointments after procedures***. Generally, they are available daily for appointments or walk-in patients. In our clinic, patients are free to see the provider of their choice.

ASSIGNMENT AND RELEASE I hereby authorize Gastroenterology Consultants of Laredo to release information acquired during the course of my examination and treatment to the Health Care Financing Administration and its agents, or any other third-party carrier as necessary to secure payment of any benefits due me. I hereby assign payment of said benefits, including Medicare benefits, directly to Gastroenterology Consultants of Laredo. ***I understand that I am responsible for all charges if I do not have health care coverage, and for all copays, coinsurance amounts, deductible amounts, and any charges not covered or denied by my health care coverage. I understand that I may be charged $25.00 for each office appointment, and $50.00 for each procedure appointment I DO NOT KEEP, and DO NOT CANCEL with at least two (2) working days' notice*.** I agree to cooperate in the submission of claims by providing any information requested, including other insurance information, pre-existing condition information, and information regarding prior coverage. I understand that past due accounts may be sent to a collection agency, and that I will be responsible for any associated costs for collection, should such action become necessary. I agree that this authorization shall be valid until rescinded in writing or replaced by one of a later date. A photocopy of this assignment shall be considered as valid as the original. I have read this page in its entirety, fully understand the terms thereof, and give my authorization and acknowledgment as indicated.

Signature *(patient or legal guardian):* _____________________________________ **Date:** __________________