

We would like to welcome you to our practice. Your participation in your medical care is very important for the treatment of your medical condition. We have outlined some tips to help maximize your success.

1. Payment is due at the time the services rendered; this includes balance on account, insurance co-pay, co-insurance and deductibles.
2. **We will bill your insurance as a courtesy. It is your financial responsibility for any unpaid balance.**
3. **At discharge you will receive an estimate of charges. Your file will be audited. You will receive a statement if there are any additional charges.**
4. It is your responsibility to inform the office immediately of any changes in address, phone number/s, work information or emergency contact
5. It is your responsibility to inform the office immediately of any changes in your insurance.
6. It is your responsibility to understand and be informed of your insurance benefits. Please check with your insurance company or human resources department if you have any questions or concerns.
7. Failure to inform us of any changes in your coverage, you are therefore, voluntarily waiving your right to use your insurance. All charges incurred from that point will be your responsibility.
8. If you have an attorney with a lien you are still financially responsible for your bills owed to HMC.
9. Refills are not called into a pharmacy or faxed. There are NO EXCEPTIONS.
10. Follow-up appointments need to be made before leaving the office.
11. When called back to see the Doctor or PA only the patient will be allowed back.
12. There is a **\$25.00 fee for returned check**; thereafter no check payment will be accepted.
13. If you need any forms filled out, there is a **\$50.00** minimum fee and it is approximately 24-48 hours to complete.
14. If you need a **letter** from Doctor or our PA, there is a minimum fee of **\$75.00**, depending on the complexity of the letter, the fee maybe more. There is approximately 48-72 hours to complete your request.

I understand that I am financially responsible for any/all non-covered services. In the event of collection proceedings due to lack of payment on my part, I agree to pay any and all collection fees, interest, attorney fees and court cost that may be added to my account in order to recover monies due to Harmon Medical Center.

“This notice describes how medical information about you may be used and disclosed and how you can get access to this information.” *Please review and read carefully.*

All requested information should be relevant to the care and well being of the individual served. All information should be considered Protected Health Information (PHI), in accordance with the Federal **Health Insurance Portability and Accountability Act (HIPPA) of 1996.**

Signature of this Privacy Notice shall serve as acknowledgment that **HMC** may use and/or share information for treatment, payment and overall healthcare operations that may include counseling, billing and quality assurance. The use or sharing of any information not directly related to services and support shall have prior authorization.

An example of sharing information that may be necessary without written consent or authorization is a life threatening medical emergency.

Rights of the Individual

The individual, in writing may request restrictions on the use or sharing of any information, received confidential communication, inspect and receive copies of shared information, receive an accounting of shared information and amend or revoke authorization.

Duties of Covered Entity

Maintain Privacy and provide notice of legal duties and privacy practice. Abide by this effective notice and any restriction agreements. Provide notice of revised privacy practices.

For additional information or complaints regarding privacy practices contact the HIPPA Compliance Officer at 702-796-1116 or 800-874-0917.

Complaints against **HMC** regarding privacy of PHI.

Please forward to:

HMC

150 E Harmon Ave

Las Vegas, NV 89109