

BAHMAN "BEN" SABBAGHIAN, MD & SHIRIN SABBAGHIAN, MD
Patient Information

Patient Name: _____ Date of Birth: ___ / ___ / ___ SS# ___ - ___ - ___

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Marital Status: ___ Single ___ Married ___ Widow ___ Other Race: _____

Age: ___ Sex: ___ Height: _____ Weight: _____ Drug Allergies: _____

Pharmacy Name & Address: _____

Email Address: _____ Place of Employment: _____

Referring Physician: _____

Smoker? ___ How Long? _____ Packs Per Day? _____

Responsible Party? _____ Date of Birth: ___ / ___ / ___ SS#: ___ - ___ - ___

Address: _____ City/State/Zip: _____

Responsible Party's Employer: _____ Cell: _____ Home: _____

PERSON WHO DOES NOT LIVE WITH YOU TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Phone: _____

INSURANCE INFORMATION: (PLEASE PRESENT INSURANCE CARD & ID)

Primary Insurance: _____ Policy Holder: _____

Secondary Insurance: _____ Policy Holder: _____

In order to assist our office in protecting your privacy, please fill out the following information:

We can contact you or leave a message at: ___ Home ___ Work ___ w/spouse ___ on voice mail

We may discuss your diagnosis, treatment plan and billing information with the following people;

Name: _____ Phone: _____

Name: _____ Phone: _____

***All services rendered are charged to the patient and due at the time of service unless other arrangements have been made in advance.**

I hereby authorize the physician to furnish information to the insurance carriers concerning my illness & treatment & I hereby assign to the physician all payments for services rendered. I understand that I am responsible for any amount not covered by insurance. **If your account is turned over to a collection agency you will be responsible for a 35% collection fee.**

Patient Signature: _____ **Date:** _____

Bahman Sabbaghian, MD
Shirin Sabbaghian, MD
1307 Crowley-Rayne Hwy. Suite D
Crowley, LA 70526

FORM: Consent for Purpose of Treatment, Payment & Health Care Operations

I consent to the use or disclosure of my protected health information by Drs. Bahman & Shirin Sabbaghian for the purpose of diagnosing or providing treatment to me, obtaining payment for my health care bills or to conduct health care operations.

I understand that diagnosis or treatment of me by Drs. Bahman & Shirin Sabbaghian may be conditioned upon my consent as evidenced by my signature on this document.

I have the right to revoke this consent in writing, at any time, except to the extent that Drs. Bahman & Shirin Sabbaghian have taken action in reliance on this consent.

I understand I have a right to review Drs. Bahman & Shirin Sabbaghian's Notice of Privacy Practices prior to signing this document.

Drs. Bahman & Shirin Sabbaghian's Notice of Privacy Practices have been provided to me.

Drs. Bahman & Shirin Sabbaghian reserve the right to change the privacy practices that are described in the Notice of Privacy Practices.

I may obtain a revised Notice of Privacy Practices by calling the office & requesting a revised copy to be sent to me by mail or asking for one at the time of my next appointment.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Date

Description of Personal Representative's Authority

OFFICE & PAYMENT POLICY

Dr. Ben Sabbaghian & Dr. Shirin Sabbaghian

Thank you for choosing our practice! We are committed to the success of your medical treatment & care. Please understand that payment of your bill is part of this treatment & care.

All patients must complete our *Patient information form*. We believe that a good relationship is based on understanding and open communications. Our staff has been instructed to make every effort available to you to clarify any misunderstanding you may have concerning your balance.

For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with our Billing Specialist or the Practice Manager.

*If you have a balance due from a prior service, you will be required to pay your account in full at checkout.

*Co-pays are collected at check in. If you do not have a form of payment we will Reschedule your appointment!

How may I pay?

We accept payments by cash, check, VISA or MasterCard. For your convenience, our billing office is staffed Monday through Thursday from 8AM to 4PM. The phone number is 337-783-3624.

You are expected to make payment in full upon receipt of your bill showing your balance due or according to the terms below:

Balance Due & Terms

\$100 or less -Payment in full within 30 days to 3 months

\$101-\$500 -6 months

\$501-\$5,000 -12 months

Other payment plans or options may be available upon request.

When is my account delinquent?

An account is considered past due 30 days following billing unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and may be forwarded to our collection agency and will have a service fee/billing fee added of 35%. If a patient is taken to small claims court the patient will be responsible for **all** fees/charges.

How are my Medication Refills handled?

Requests are usually handled within 48 business hours. Processing times may vary depending on the availability of your doctor, who for your safety, must review each request prior to completion!

Are there Service Charges?

1. If the decision is made to see a patient who does not have his/her co-pay or deductible a service charge of \$35.00 will be added & the patients' insurance will be notified in writing that this occurred which could result in loss of insurance.
2. Excessive calls for prescriptions will be given a service charge of \$20.00!
3. There is a \$20 fee for all Forms & letters to be completed by our office. Please allow 3 business days for completion. Payment is required before forms will be completed!

Bahman Sabbaghian, MD
Shirin Sabbaghian, MD
1307 Crowley-Rayne Hwy. Suite D
Crowley, LA 70526

FORM: NOTICE OF PRIVACY PRACTICE SUMMARY

This summary discloses how health information about you may be used. A full notice of your privacy rights has also been provided to you.

Drs. Bahman & Shirin Sabbaghian uses health information about you for treatment, to obtain payment for treatment with your authorization as required (check your state laws), for administrative purposes, and to evaluate the quality of care that you receive.

Drs. Bahman & Shirin Sabbaghian will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

Drs. Bahman & Shirin Sabbaghian may use your information to provide appointment reminders, information about treatment alternatives or other health-related issues.

Drs. Bahman & Shirin Sabbaghian may disclose your information for public health activities, to funeral directors to enable them to carry out their activities, for organ and tissue donations, research, health & safety, governmental function in order to comply with workers compensation laws & regulations, a right to request restriction, report and retain a copy of your health record, request communication of your information by alternative means at alternative locations, revoke your authorization & request an accounting of your health records.

You may complain to the Privacy Officer, Abbey Henry, and to the Department of Health & Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

My "protected health information" includes my demographic information, collected from me, another health care provider, a health plan, my employer or health care clearinghouse. This protected health information relates to my past, present or future physical or mental health or condition & identifies me, or there is a reasonable basis to believe the information may identify me.

Drs. Bahman & Shirin Sabbaghian must maintain the privacy of protected health information, provide you with notice of its legal duties and privacy practices with respect to your health information, abide by the terms of the notice, notify you if unable to agree to the requested restriction on how your information is used or disclosed, accommodate reasonable requests you may make to communicate with health information by alternative means or by alternative locations and obtain your written authorization to use or disclose your health information for reasons other than those listed above & permitted under law. If you have any questions or complaints, contact Abbey Henry, at (337)783-3624.

Patient Signature

Date

Bahman Sabbaghian, MD
Shirin Sabbaghian, MD
1307 Crowley-Rayne Hwy. Suite D
Crowley, LA 70526

Phone Calls

Our phones are very busy & our staff is limited. When calling our office please be prepared to give the necessary information and keep calls as brief as possible! There are several lines being answered at one time. Your calls will be returned. Please do not call back to see if the messages were given. All messages are promptly given to the appropriate person and they will return your call.

Phone Calls to Doctors

Our physicians will not be doing telephone medicine. If you need to talk to your doctor we will give you an appointment. Calling the doctors after hours will result in a charge which insurances do not pay-making you responsible.

Do I need a Referral?

If you have a HMO plan with which we are contracted, or MEDICAID, you need a referral authorization from you Primary Care Physician(PCP). If we have not received an authorization prior to your arrival, we have a telephone available for you to call your PCP to obtain it. If you are unable to obtain the referral at that time, YOU WILL BE RESCHEDULED!

What is my Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors. Claims that have not been paid in 45 days will be automatically billed to you and we can assist you in refileing your insurance at your request. **Remember, we file with your insurance as a courtesy! It is YOUR responsibility to make sure your claim has been paid!**

What about missed appointments?

We would appreciate your help & courtesy of a call if you are unable to keep an appointment within 24 hours of the appointment time. We reserve the right to charge you a **missed appoinment fee of \$30.00** and three (3) non cancelled missed appointments are grounds for patient discharge.

Assignment of Benefits

You need to assign benefits/payments for your insurance payments to the doctor.

What if my child needs to see the Physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult (who consents to the treatment) is responsible for payment of the account, according to the policy outlined on the previous pages. We will not be involved in seperation/divorce disputes.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance, as well as applicable co-pays & deductibles, are my responsibility. I authorize my insurance benefits be paid directly to Drs. Bahman & Shirin Sabbaghian. I authorize Drs. Bahman & Shirin Sabbaghian to release pertinent medical info to my insurance company.

Date

Signature

Printed Name

PATIENT PORTAL ANNOUNCEMENT

In our efforts to improve the quality of care that Drs. Bahman & Shirin Sabbaghian provides, we are pleased to announce the availability of our Patient Portal to better serve you! The Patient Portal is a secure, web-based system that allows you to view certain aspects of your medical record, securely communicate with us between visits for NON-URGENT issues & questions, and also download & securely transmit a summary of your medical record to other web-based applications & providers of care. Over time, we will be phasing in various features & functions that will be available through the Patient Portal.

What can I do with the Portal?

- *View your record- You can view your current medications, medication allergies and medical problems. The medical problems listed may be limited to only those problems for which we are providing care.
- *Appointments- You can view summaries of past visits that we may have posted to your portal & you can also view details (date, time, type of visit) for upcoming appointments.
- *Lab & Test Results-Once your doctor reviews your lab or test results, we will post these, along with a personal note from your doctor about the results to your Portal account. You will be able to acknowledge your review of the results through the portal as well, thus avoiding phone calls, voice messages, on-hold time, etc. *NOTE: It is very important for you to review the doctor's note along with the results itself as there are often situations where industry standard "high or low" result values may or may not indicate a problem in your particular case.
- *Educational Materials- We may post educational materials about your condition to the patient portal. This may be links to a website for you to review, documents for you to read, or even videos for you to watch. These resources will help you better understand your condition and will include information about the care you will be receiving and/or actions for you to take to best manage your condition.
- *Secure Messaging- The Patient Portal allows you to securely communicate with our office. The Secure Messaging function allows you to send & receive messages. Secure messages you send to us, much like phone messages, will be routed by our office staff to the appropriate person & will enable us to respond to you in the most appropriate fashion. The message is not sent directly to the doctor. Both messages sent & received will automatically be filed in your electronic medical record at our office!
- *Generate a Personal Health Record- This function will enable you to generate a summary of your medical record in a secure and standard format. This summary record can then be downloaded or transmitted to another provider that is compliant with industry standard formats.

Is my information secure?

At Drs. Bahman & Shirin Sabbaghian's office we take your privacy & the security of your personal health information very seriously. Both our clinic Electronic Medical Records system & Patient Portal have been certified by the proper federal authorities to ensure the security of your information. Additionally, our clinic has employed additional Information Technology Safeguards to protect your data. Finally, the process for you to initiate the Patient Portal functions and for you to receive ongoing information through the portal have been designed to provide you and persons you authorize to have access to your personal health information. However, in today's internet connected world, it is all but impossible to completely ensure privacy & security. We are taking all steps we can, but there are steps you should also take to ensure security & privacy, including:

***Personal Email Address**-We will only activate your Patient Portal account through the use of a personal email address that you provide to us. We will not activate it until we receive the address from you. We will not send personal health information to this email, but rather you will use the email address, along with a unique password, that you choose, and the last 4 digits of your social security

number, to authenticate your access to the Patient Portal.

***Email Notifications**-Once you have authorized us to activate your Patient Portal, we will send you a Welcome Email. This Welcome Email will provide you with the information necessary for you to login, view your health information and being interacting with us. When we "post" information to your Patient Portal, you will receive an email notifying you that new information is available and you will again login to the portal to view the information.

How do I accept or decline?

Along with the announcement, we have provided you with complete instructions on how to activate your online access to the portal as well as complete instructions on how to use the portal. Please choose to either authorize us to activate your account or decline the activation using the appropriate section below:

****PORTAL ACCEPTANCE****

I have read & understand the Patient Portal Announcement, the online access instructions and the Patient Portal Guidelines & Usage instructions and AUTHORIZE Drs. Bahman & Shirin Sabbaghian to activate my Patient Portal Account using the email address indicated below. I understand that it is my responsibility to safeguard the email address and my Portal password in order to maintain the security and privacy of my personal health information. I also understand that Drs. Bahman & Shirin Sabbaghian will use the Patient Portal as a means of communicating with me when appropriate. I further understand that the Patient Portal is not to be used for urgent medical needs nor does it replace the need for me to keep my regular appointments with my doctor.

Patient Printed Name

Patient Signature

Date of Birth

Patient's EMAIL Address

Date

****Please notify us immediately if you change your email address****

****PORTAL DECLINE****

I have read & understand the Patient Portal Announcement, the online access instructions and the Patient Portal Guidelines & Usage instructions and choose to DECLINE the use of the Patient Portal at this time.

Patient Printed Name

Patient Signature

Date

**Bahman "Ben" Sabbaghian, M.D.
Shirin Sabbaghian, M.D.
1307 Crowley Rayne Hwy Ste D
Crowley, LA 70526
Phone#: (337) 783-3624
Fax#: (337) 783-4265**

Authorization for the release of medical records

To whom it may concern:

I hereby authorize and direct _____

located at _____

to release my records to the office of Dr Ben/ Dr Shirin Sabbaghian.

Thank you.

Patient Name: _____

Patient date of birth and/or social security #: _____

Patient Signature: _____

Witness: _____

Date: _____