

PATIENT REGISTRATION
RIVKA ANN SANDERS, MD
540 Catalina Drive, Ashland OR 97520
Ph (541) 482-0061 Fx (888) 869-7645

_____ PATIENT Full legal name		____/____/____ Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____ _Single _Married _Div _Sep _Widow(er) _Partner		Patient's telephone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Landline	
_____ GUARANTOR (if patient is a minor or incapacitated)		_____ Relationship	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Landline
_____ Street	_____ City	_____ State	_____ Zip Code
_____ Email		_____ Referred to or learned of Dr. Sanders by	
_____ Preferred PHARMACY	_____ City	_____ Street	_____ Previous primary care physician
_____ EMERGENCY contact		_____ Relationship	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Landline

Optional: By my initials here _____, if my spouse is or should become a patient of The Practice, I authorize my billing statements to be combined with my spouse's into a single family account.

GUARANTOR ACCEPTANCE OF TERMS

For professional services rendered by Rivka Ann Sanders, MD (The Practice), I fully understand and accept that:

- Medical services are limited to primary care by appointment only. I will call 9-1-1 in an emergency.
- I have the right to prior informed consent to, or refusal of, any recommended medical procedure, the right to prior notice of the fee for any recommended service or medical procedure, and the right to a copy of The Practice's Notice of Privacy Practices by request (also available at www.RAS.MD).
- The patient's protected health information may be released for medical and billing purposes.
- The Practice will submit a claim to the patient's health plan for each professional service rendered and credit my account for payments received and contracted discounts. However, The Practice does not guarantee that it is "in network" and the patient's health plan does not guarantee coverage of services.
- Because The Practice is not guaranteed payment by the patient's health plan or if The Practice is unable to determine my cost share (i.e. deductible, co-payment, and co-insurance), at the time of service, I may be asked to deposit funds to my account in excess of what I believe my cost share should be. Should a credit balance accrue to my account, The Practice, at its discretion, may either refund it immediately or hold it on account for my future use unless and until I request a refund.
- I may incur non-covered administrative fees for items such as late payment of my account balance due, copies of medical records, services, correspondence, and teleconferences requested by a third party on my behalf, not showing up for appointments, and last-minute appointment cancellations.
- The patient's health plan does not alleviate me of my personal financial responsibility to The Practice. I am and remain personally responsible for the payment of all fees incurred and will pay them when due.
- **All medical services rendered via telephone or the internet incur a fee.**