

Dean A. Kocay, M.D.
Fellow of the American College of Surgeons

Acknowledgment of Review of Notice of Privacy Practices

I have reviewed this office's Notice of Privacy Practices, which explains how my medical information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Communication between Physician Office and Patient

Our office generally contacts patients at their home phone number, work phone number and occasionally by mail or email in regards to appointment reminders, lab results and/or treatment options. These methods of contact may include leaving messages with your spouse or other family members involved with your medical care, or leaving messages on answering machines. If the methods of communication described above are unsatisfactory, please indicate any limits below:

Dean A. Kocay, MD is a member of Critical Connection Central Texas - a doctor-owned medical co-op that permits physicians to more easily share medical information when they are providing care to the same patient. Your medical information will only be released to your physicians, their staff (as necessary), and other physicians authorized to provide you care if your physician is not available (referred to as "covering physicians"). Your health information will only be released with your consent or when otherwise allowed under state or federal law. For example, we may share limited health information with a healthcare provider for emergency services if you are unconscious and unable to provide consent.

Financial Policy

To reduce confusion and misunderstanding between our patients and practice, we have adopted the following financial policies. If you have any questions regarding these policies, please discuss them with our office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service. For your convenience we accept VISA, MasterCard, and Discover.

We have made prior arrangements with many insurers and health plans to accept an assignment of benefits. This means that we will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. This office's policy is to collect this copayment when you arrive for your appointment. If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of the service. In the event that your health plan determines a service to be "not covered," you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office. We will bill your health plan for all services provided in the hospital. Any balance due is your responsibility and is due upon receipt of a statement from our office.

For all services rendered to minor patients, we will look to the adult accompanying the patient and the parent or guardian with custody for payment.

I have read and understand the policies of the practice outlined above and agree to be bound by these terms.

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Description of Personal Representative's Authority

Date