

Neurological Associates of Burbank, Ahed Hanna, MD

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Notice of Patients Privacy Rights and Release of Medical Information

Print name: _____ Date: _____

Date of Birth: _____ Referring Physician _____

Primary Doctor _____

Pharmacy name and phone number _____

Please **check** the appropriate circles below:

- You may call my phone and leave me medical information.
- You may **NOT** call my phone to leave me medical information.
- You may send medical information to my home.
- You may **NOT** send medical information to my home.
- You may email me medical information
- You may give medical information to my spouse/other (name: _____)

Relationship _____

Home Address: _____

Home Phone _____ Cell Phone _____

Email: _____

Emergency Contact: _____ **Relationship:** _____

Phone: _____

Appointment Policy

Appointment confirmation is needed in order to keep your scheduled appointment. We call to confirm appointments two days in advance and reconfirm one day in advance. To avoid a \$75 no-show fee (\$150 for Nerve Test) , the courtesy of a 24-hour cancellation notice is required.

Insurance Verification

Insurance verification is not a guarantee of payment. Verification is only a quote of patient benefits. Insurance companies review charges individually and make payment accordingly. It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance. **It is the patient's responsibility to verify that their health insurance is in network with Dr. Ahed Hanna, prior to treatment.**

Signature: _____

