

Arthritis & Rheumatology Associates of SJ, P.C.

2848 S. Delsea Drive, Ste. 2C, Vineland, NJ 08360

Phone: (856) 794-9090 Fax: (856) 794-3058

Name: _____ DOB: _____

Phone number: (_____) _____ - _____

_____ I acknowledge that I have received a copy of "Notice of Privacy Practices" & office policies from Arthritis & Rheumatology Assoc. of SJ

I hereby grant my permission for disclosure of my personal health information to:

1. _____ Relationship _____
2. _____ Relationship _____
3. _____ Relationship _____

Check Choice below:

____ I hereby give my permission for Arthritis & Rheumatology Assoc. of SJ staff to leave information on my answering machine/voice mail in reference to appointments & and medical instructions.

____ I refuse disclosure of my personal health information to anyone other than myself.

Do you have a Living Will or Advanced Directive? Yes: ____ No: ____

Arthritis & Rheumatology Assoc. of SJ photographs patients and places the photo inside of the patient's chart. We do this to help to document medical conditions, prevent medical errors and identity theft.

Do you consent to be photographed? Yes: ____ No: ____

Do you have a language, cultural and/or religious custom which may impact our provider's ability to provide medical care?

What type? Language Cultural Custom Religious Custom None

Note: All co-pays are due at the time of service. A \$30 fee may be assessed for "no-show" appointments. All balances are due in 30 days unless special arrangements are made. We do not routinely call for delinquent accounts. Accounts that are greater than 90 days past due are sent for collections unless payment arrangements have been made and are current. You will be responsible for any balances due to lack of coverage and pre-existing conditions not covered under your plan.

Patient/Guarantor Signature: _____ Date: _____