



**PIEDMONT INTERNAL MEDICINE, PULMONARY
AND INFECTIOUS DISEASES, P.A.**

Today's Date:		Referred By:	
PATIENT INFORMATION			
Last Name:	First Name:	Middle Name:	Marital Status:
Is this your legal name?	Birthdate:	Age:	Sex:
Address:			
SSN:	Home Phone:	Cell Phone:	
Work Phone:	Employer:	Email Address:	
PLEASE NOTE: YOU WILL BE CHARGED A \$50.00 FEE FOR MISSED APPOINTMENTS AND APPOINTMENTS NOT RESCHEDULED WITHIN 24 HOURS. AS A COURTESY WE WILL REMIND YOU. PREFERRED METHOD OF CONTACT: PHONE CALL EMAIL TXT MESSAGE			
INSURANCE INFORMATION			
Person Responsible:	Birthdate:	Address if different:	Phone:
Subscribers Name:	Subscribers SSN:	Group Number:	Policy Number:
Relationship to Subscriber:			
Secondary Insurance:	Subscribers Name:	Group Number:	Policy Number:
Relationship to Subscriber:			
IN CASE OF EMERGENCY			
Contact Name:	Relationship to Patient:	Phone:	Cell Phone:
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize PIEDMONT INTERNAL MEDICINE, PULMONARY AND INFECTIOUS DISEASES, P.A or insurance company to release any information required to process my claims.</p>			
_____ Patient/Guardian Signature		_____ Date	



**PIEDMONT INTERNAL MEDICINE, PULMONARY
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Dr. Syed A. Masood

Dr. Naseem J. Masood

To accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs.

While we are pleased to be able to provide this service to you, it is extremely difficult for us to keep track of all the individual requirements of each plan. Each plan has different stipulations regarding how often services may be rendered and most importantly where those services may be performed. Even within the same insurance company, the plans differ depending upon what type of contract your employer has negotiated.

Providing quality medical care for our patients is our primary concern. We are more than willing to provide that care within your insurance contract guidelines, if you notify us at each time of service the guidelines of your plan coverage.

If you do not inform us of any special requirements in your contract and we subsequently order services (lab work and or hospitalization) that are not covered by your specific plan, we or the selected medical facility will have no other alternative but to bill you directly for those charges. This also applies to emergency room visits that we were not informed of before or within **forty-eight hours** of those services. Payment for those charges will be the responsibility of the patient.

With your cooperation and assistance, the ability for you to receive all the benefits offered to you will be greatly increased, and we will be able to concentrate on caring for your medical needs.

Sincerely,

The Staff of Piedmont Internal Medicine, Pulmonary and Infectious Diseases, P.A.

**I HAVE READ AND UNDERSTAND THE OFFICE POLICY STATED ABOVE. I ALSO
AGREE TO ACCEPT RESPONSIBILITY AS DESCRIBED IN THE ABOVE READING.**

SIGNED

DATED