

Dear Patient,

This letter was written in hopes to answer any questions you may have about the information in the four attached forms. All of the forms will need to be signed for your chart. Below is a brief description of all the forms needing signatures and what they will be used for. Thank you.

Patient Information Form

The American Medical Association suggests that this form should be completed when a patient first visits a practice and at least once every year. This form is used to gather necessary demographic data to keep records current. Much of the information documented on this form addresses insurance and payment-related information. This form has a series of statements at the bottom. The patient must read, sign and date it. The statement states:

“I hereby assign payment of medical benefit to Tanveer A. Qureshi, M.D., P.A. dba The Heart Center of North Texas for all services rendered. I understand that I am financially responsible for all charges, whether or not paid by the above said insurance companies.”

This statement informs you that:

- You have assigned or transferred the right of direct reimbursement from any health plan, including those that involve nonparticipating physicians, to the practice so the reimbursement can be mailed directly to the practice.
- You understand your financial responsibility for charges/services rendered.

You may also list people other than yourself that we may contact and leave messages with regarding your care.

Assignment of Benefits and Instruction for Direct Payment to Medical Providers

This form is used as authorization by patients to their insurance plan(s) to send the reimbursement check directly to the provider.

For our new and current patients, you will be asked to complete and sign this form once. For patients on insurance plans that our providers are *not participating* in, you will be asked to sign this form every time you visit with the provider.

Authorization for Release of Medical-Related Information

Our patients’ confidentiality is of the utmost importance to the physicians and staff of The Heart Center of North Texas. Patient medical information is confidential and private. It cannot be released without the patient’s consent. Because insurance companies sometimes need to refer to medical information before making a determination on a claim, we need your permission to release that information which they request.

Signature on File

Tanveer A. Qureshi, MD, PA dba The Heart Center of North Texas uses the standard HCFA 1500 form to file insurance claims. Item #'s 12 and 13 of the HCFA 1500 form requires the patient’s signature prior to filing the claim. Rather than having you sign each claim prior to it being submitted, your signature on this form allows us to print “signature on file” in the appropriate blocks on the HCFA 1500 form (items 12 and 13). We must have your signature to file your claims.

Thank you.