

Ronald L. Renard, MD. Inc.

2121 Airpark Drive
Redding, CA 96001
(530) 247-7673

Financial Agreement & Release

I hereby assign all medical benefits to which I am entitled to Ronald L. Renard, MD. Inc: a medical corporation. The assignment will remain in effect until revoked by me in writing. A photocopy of the assignment is to be considered as valid as the original.

Initial: _____

I understand my medical insurance will be billed as a courtesy, and I am financially responsible for all charges not paid by my insurance. I understand that I am financially responsible for claims that are denied or delayed in processing by my insurance.

Initial: _____

I understand that all copays are due at the time of service; all deductibles, if not already met will also be due at the time of service. I understand that full payment is due upon receipt of my billing statement unless credit arrangements are agreed upon in writing. I understand that my account may be turned over to an outside collection agency after 60 days past due.

Initial: _____

I acknowledge that this office will keep a copy of my government issued ID (driver's license) on file and I may be requested to show it when asked, in keeping with federal privacy laws. (This is to protect your identity and medical records)

Initial: _____

Failing to show up for a scheduled appointment may result in a \$25.00 fee the first time and a \$50.00 fee the second time. I understand failure to show up for any appointments may result in discharge from care.

Initial: _____

I understand that I can obtain access to my Patient Health Record (PHR) for by Ronald L. Renard, MD. Inc, if I so choose. To do this, I must give Dr. Renard my valid e-mail address. I further understand that I am solely responsible to protect the password to my PHR account and I will not give access to anyone who I do not wish to have access to my medical records. *This patient portal is not available for anyone under the age of 18. Parents cannot create a patient portal for their children.* I also understand that I cannot obtain an account for anyone other than myself.

Initial: _____

I would like to access to my PHR.

Initial: _____ My valid email is: _____ (please print clearly)

I already have a PHR account with Dr. Renard.

Initial: _____

I do not wish to activate an account at this time.

Initial: _____

I hereby authorize Ronald L. Renard Inc. to release any medical information necessary to facilitate claims processing by insurance company.

Date: _____

Printed Name: _____

Signature: _____

If patient is a minor, relationship to patient: _____