



INSURANCE AUTHORIZATION/WAIVER

I authorize direct payment of Kenneth R. Madsen, M.D., for providing care to the patient named below, including all medical insurance benefits applicable to the patient's care at Memorial Hospital of Sweetwater County or care provided at Dr. Madsen's office located at 1208 Hilltop Drive # 205, Rock Springs, Wyoming, 82901.

I authorize the release of any medical information necessary to process insurance claims.

If my insurance company denies payment in part or in full for any services which it determines are not medically necessary, or not covered under my insurance policy, or for any other reason, I understand that I am responsible for payment of said charges or balances. I further understand that I am responsible for full payment on my account with Kenneth R. Madsen, M.D., if my insurance is terminated or found not to be in force at the time services are rendered.

I agree that a copy of this authorization will serve as an original.

✖ _____
Signature (Patient or Guardian) _____ Date _____

INSURANCE AUTHORIZATION FOR MEDICARE BENEFITS (Medicare Patients Only)

I request that payment of authorized Medicare benefits be made to Kenneth R. Madsen, M.D., for any services furnished to me. I am responsible only for the Deductible, Coinsurance and Non-Covered services. Coinsurance and Deductibles are based upon the charge determination of Medicare carrier.

✖ _____
Signature of Medicare Beneficiary _____ Date _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Kenneth R. Madsen, M.D., reserves the right to modify the privacy practices outlined in the notice. I have received a copy of the Notice of Privacy Practices for Kenneth R. Madsen, M.D.

✖ _____
Signature of Patient (Patient Representative/Guardian) _____ Date _____

Relationship to Patient

ATTEMPT TO OBTAIN ACKNOWLEDGEMENT

An attempt was made to obtain an acknowledgement of receipt of the Notice of Privacy Practices for _____ on _____. The acknowledgement was not obtained because:

- The patient/patient representative refused to sign the acknowledgement.
- An emergency situation prevented us from obtaining the acknowledgement.
- Communication barriers prohibited obtaining the acknowledgement. Other: _____

Signature _____ Date _____ Name of Staff Member _____