



Notice of Receipt of Lung Care Compliance Paperwork

I acknowledge that I have received the following documents/ consent forms in my patient folder today, and based on my review of these documents, I consent to treatment from Lung Care &, PC:

- Notice of Privacy Practices/Emergency Contact.
- Televisit Consent Form
 - (circle YES to consent on intake questionnaire)
- Nondiscrimination/Accessibility Requirements Form
- Electronic Prescription Consent Form/Permission to access external prescription history
 - (circle YES to consent on intake questionnaire)
- Attendance/Cancellation/Reschedule Policy
- Policy for scheduling/rescheduling outside tests (CT scans, Ultrasounds, Sleep studies, Referral to other physicians, etc.)
- Prescription Refills Policy
- Billing/Deductibles/Copays/Notification of change to insurance coverage
- Credit Care Fees effective 10/1/24
- Portal Messages/Fees
- Policy on Patient Forms/Letters including FMLA/Handicap Parking, Etc.

Patient/Representative

Signature: _____ Date: _____

**Form 06012024