



Nebraska Pulmonary Specialties, LLC

Notice of Privacy Practices Acknowledgement

Representative of Nebraska Pulmonary Specialties, LLC are allowed to leave any and all information regarding my status as a patient on my voice mail. Representatives may also contact me at my place of employment. I realize this information may include patient health status and/or financial information.

Signature: _____ Date: _____

Nebraska Pulmonary Specialties, LLC may disclose to a member of my family, a relative, a close friend, or any other person I identify, my protected health information that directly relates to their involvement in my healthcare or if they are responsible for payment of my account. Nebraska Pulmonary Specialties, LLC may also use or disclose my health information to notify or assist in notifying a relative or any person responsible for my care, of my location, general condition or death. I understand that it is my responsibility to notify Nebraska Pulmonary Specialties, LLC in writing if I know of any individuals I do not want my protected health information released to.

Signature: _____ Date: _____

MEDICARE Patients Only

MEDICARE Number: _____

1. Are you a veteran? Yes No
2. Are you a VA referral? Yes No
3. Do you have a Federal Black Lung Card? Yes No
4. Are you covered by any employer's health insurance plan? Yes No
5. Is this a medical condition due to an accident of any kind? Yes No
 If yes, was it related to: Work Auto Home Other
 Date of Accident: _____

I request that payment of authorized MEDICARE benefits be made on my behalf to Nebraska Pulmonary Specialties, LLC for any services furnished to me by their physicians. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Signature: _____ Date: _____