



Family Practice: Dr. Adam Bruckner, Dr. Mark Meiler, Dr. Sumita Jain, Candace Waters, FNP-BC & Kristin Haddock, FNP.
Surgical: Dr. Wayne Frei, Dr. Frank Chase & Dr. Lorenzo Sampson. **Urology:** Dr. Darren Mack, Dr. Jonathan Anderson & Jessica Luke, APRN.
Cardio: Dr. David Cundey, Dr. Ansermo Arthur, Dr. Gregory Eaves, Dr. Weems Pennington, Dr. Idris Sharaf, Dr. Thomas Paxton & Dr. Janet Utz.
Center for Digestive & Liver Diseases: Dr. Ayaz Chaudhary. **OB/GYN:** Dr. Seema Faiyaz & Dr. Margo Wacks. **Orthopaedics:** Dr. Evan Ekman.

Patient Name: _____ SSN: _____ DOB: _____

Email Address: _____

HIPAA COMPLIANCE

(Patient Must Complete or Indicate N/A)

I authorize Aiken Professional Associates to communicate with the following individuals and/or healthcare providers about my medical condition, diagnosis, treatment, appointments (past and future) and financial obligation. I understand medical information may be withheld from individuals, including family members, unless I list them by name below. I may change this information at any time by giving written notice to Aiken Professional Associates.

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Date: _____ Expires on: _____

EMERGENCY CONTACT

Name: _____ DOB: _____ Phone: _____

FINANCIAL POLICY

Aiken Professional Association strives to make our financial policy, insurance filing, and billing process for our patients as simple as possible. Claims will be submitted to your primary and secondary insurance company. It is your responsibility to make sure we have your correct insurance information and also your responsibility to know your co-pay amount and your deductible. Remaining balances are the responsibility of the patient except as required by law for State and Federal reimbursement programs. For Self-Pay patients, payment must be made at the time of service, and a 50% discount is offered to those patients. Patients will be assessed a \$30 fee for checks returned due to Insufficient Funds. Statements are mailed out each month. Please contact our Central Billing Office at 1-888-804-6274 for questions or concerns regarding your balance.

PATIENT CONSENT FOR MEDICAL TREATMENT

I authorize the physicians of Aiken Professional Associates and their medical staff to provide medical services including but not limited to: physical examination, office procedures, and/or other medical testing necessary for the treatment of my care.

 Patient's Name (Please Print)

 Signature Date

 Patient Representative (Please Print)
 (If patient is unable to sign)

 Signature Date

 Relationship: Spouse, Child, Caregiver

Ask about our Online Patient Portal to view lab results, email our staff, and request appointments. Email address is required.