Nadia Abu-Nijmeh, M.D. • Luis Bolanos, M.D. • Hinna Khan,M.D. • Jennifer Kleinfeld,M.D.
Kristy M. Macellio, PA-C

ASSOCIATED PEDIATRICS OF
FOX VALLEY
HELPING BUILD HEALTHY FAMILIES EVERY DAY

PATIENT ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

In signing this HIPPA Patient Acknowledgement Form, you acknowledge the receipt of the Notice of Privacy Practices for Associated Pediatrics of Fox Valley, S.C., and understand the use and disclosure of your Protected Health Information. A copy of this signed dated document shall be effective indefinitely or whenever HIPPA releases updates and/or changes to the Act.

_____	_____	_____
Patients Name	Date Of Birth	Social Security Number
_____	_____	_____
Mothers Name	Date Of Birth	Social Security Number
_____	_____	_____
Fathers Name	Date Of Birth	Social Security Number
_____	_____	_____
Other Legal Representative's Name	Date Of Birth	Relationship to child

I also authorize Associated Pediatrics of Fox Valley, S.C., to furnish information to insurance carriers concerning the patient's illnesses and treatments. As a courtesy, our practice will file your claims with your insurance company. In the event there is a patient due balance, a payment is expected within thirty (30) days of the receipt of our billing statement. Delinquent accounts may be placed with a collection agency after ninety days (90). In the event the unpaid balance is not paid in full, collection fees and attorney fees will be added to your balance. Return checks will incur a $30 service fee.

Policyholder for Primary Insurance NAME: _____ Date of Birth:_____
Relationship to child: ☐Mom ☐Dad ☐Other

Child's Address: _____ City: _____ Zip Code: _____

Primary Phone Number: Cell/Land line_____ ☐Mom ☐Dad ☐Other

Primary Phone Number: Cell/Land line_____ ☐Mom ☐Dad ☐Other

Emergency Phone Number: Cell/Land line_____ Relationship to child _____

I understand the above statements regarding my privacy and the written billing procedures of Associated Pediatrics of Fox Valley. I also understand that this notice is effective indefinitely unless the HIPPA has changes or I ask that this copy be revoked and request a new form.

_____ _____
PARENT/LEGAL GUARDIAN SIGNATURE DATE