SACOTO PEDIATRICS, PC

MARIA TEREZA SACOTO, MD

5985 COLUMBIA PIKE –STE 200-FALLS CHURCH, VA 22041-PHONE (703)820 1951-FAX (703)820 1952

Today's date:_____

Reason for visit:_____
Date of onset/accident/symptoms:_____
Family physician or PCP:_____

PATIENT INFORMATION
Patient's last name:_____First:_____MI:_____
Address:_____Apt:_____
City:_____State:_____Zip:_____
Home phone:_____Work phone:_____Cellular:_____
Sex: M F Date of birth (mm/dd/yyyy):_____Age:_____
Emergency contact:_____Phone:_____

IF PATIENT IS A MINOR
Parent/guardian name:_____Relationship to patient:_____
Address, if different from above :_____Phone:_____
City:_____State:_____Zip:_____

PATIENT'S HEALTH INSURANCE (please provide card)
Name of insurance company:_____
Subscriber's name:_____Relationship to patient:_____
Subscriber Date of birth :_____Employer's name:_____
ID Number:_____Group:_____

I hereby authorize SACOTO PEDIATRICS, PC to apply for benefits on my behalf for covered services rendered. I request payments from_____ be made directly to the above named provider.

I certify that the information I have reports with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this or any related claim, to the above named billing agent (or in case of Medicare part B benefits, to the Social Security Administration and Health Care Financing Administration) and/or the insurance company named above. I permit a copy of this authorization to be used in place of the original. This authorization may be revoked by either me or the above named carrier at any time in writing.

I request the payment of authorized Medigap benefits to made either to me or on my behalf to the above named provider for any services furnished me by that physician/supplier. I authorize any holder of medical information about me to release to Sacoto Pediatrics, PC any information needed to determine those benefits payable for related services.

I agree to pay in full any balance for services that are deemed to be my responsibility; this may include services denied by my insurance as non-covered, applied to my deductible, part of my coinsurance, etc. Should the account be referred to an attorney for collection, the undersigned shall pay attorney, fees and collection expenses. All delinquent accounts will be assessed interest at the legal rate. It is understood that bills are payable upon presentation.

_____ _____ _____
Signature Date Office Staff Witness

SACOTO PEDIATRICS, PC

MARIA TEREZA SACOTO, MD

5985 COLUMBIA PIKE –STE 200-FALLS CHURCH, VA 22041-PHONE (703)820 1951-FAX (703)820 1952

NOTICE OF PRIVACY PRACTICES
ACKNOWLEDGEMENT OF RECEIPT

I received a copy of Sacoto Pediatrics, PC Notice of Privacy Practices. I understand that if Sacoto Pediatrics, PC uses my personal information in a manner that is different than described by the Notice, Sacoto Pediatrics, PC must first get my permission in writing.

I am accepting this Notice on behalf of:

◯ Myself
◯ Another person as his or/her representative (parent, guardian, family member, etc)

Signature of Patient/Personal Representative:

Print Name of Personal Representative (if applicable):

Date signed:_____

If you received this by mail, please return a signed copy to:

Attention Privacy Officer
Maria Sacoto, MD
Sacoto Pediatrics, PC
5985 Columbia Pike Ste 200
Falls Church, VA 22041

SACOTO PEDIATRICS, PC

MARIA TEREZA SACOTO, MD

5985 COLUMBIA PIKE –STE 200-FALLS CHURCH, VA 22041-PHONE (703)820 1951-FAX (703)820 1952

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DERCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Sacoto Pediatrics, PC is required by law to maintain the privacy of certain health information about our patients. The law also requires health care providers like Sacoto Pediatrics, PC to give you a Notice like this one and to follow its standards.

Sacoto Pediatrics, PC an Your Health Care Information

As part of our day-to-day activities, Sacoto Pediatrics, PC may need to use and disclose (share) your protected health care information for several purposes without first getting your written approval. These purposes include:

- Your treatment. For example, Sacoto Pediatrics, PC might discuss your condition and medications with your pharmacist.
- Payment for your treatment. For example, Sacoto Pediatrics, PC may need to discuss your condition and the treatments Sacoto Pediatrics, PC provided to you with your insurance company.
- Sacoto Pediatrics, PC operations. For example, appropriate Sacoto Pediatrics, PC staff must discuss your condition in order to provide you a proper treatment.
- Sacoto Pediatrics, PC may contact you based upon your protected health care information. For example, Sacoto Pediatrics, PC may call to arrange your appointments, provide you with information about new medications, treatments, benefits and services that are available to you, and also to raise funds for Sacoto Pediatrics, PC.
- Sacoto Pediatrics, PC may provide information to government officials who oversee health care or are working on threats to public safety from unsafe products, diseases, abuse, neglect, domestic violence, and other crimes.
- Sacoto Pediatrics, PC may provide information to licensed researchers, as an example, may use the information about patients with your condition for a study to improve ways to combat diseases.

No other uses and disclosures of your protected health information will occur without your written authorization. And, if you sign such an authorization, you have the right to cancel it at any time.

Your Rights Regarding Your Protected Health Care Information

Under the law, you have several rights that Sacoto Pediatrics, PC is committed to upholding. Those rights include:

- The right to request restrictions on some of the ways Sacoto Pediatrics, PC uses and discloses your information. These restrictions can go beyond the restrictions already in the law. However, Sacoto Pediatrics, PC may not always agree to implement these additional restrictions.
- The right to receive confidential communications. While Sacoto Pediatrics, PC cannot promise to communicate in every possible way patients might request, we will work with you to find a practical way of communicating with you in strict confidence if you wish.
- The right to inspect and get copies of your health care information held by Sacoto Pediatrics, PC by making a request in writing. Sacoto Pediatrics, PC however, may charge a reasonable fee to cover only the cost of providing this information.
- The right to request that Sacoto Pediatrics, PC amend or correct information about you. To make such a change, Sacoto Pediatrics, PC will ask you to make the request in writing with a description of the reason you want your record changed. Sacoto Pediatrics, PC may not always agree to such requests.
- The right to a list of Sacoto Pediatrics, PC disclosures of your protected health care information that were not authorized by you and the disclosures that were unrelated to treatment, payment, and Sacoto Pediatrics, PC operations

If you have any questions or complaints about the way Sacoto Pediatrics, PC, handles your protected health care information or if you believe your privacy rights have been violated, contact the Sacoto Pediatrics, PC Privacy Officer at (703)820-1951 or in person. You can also contact the Secretary of the U.S. Department of Health and Human Services. Please note that there will be no retaliation against you for filing a complaint or making requests regarding your health care information, or for disagreeing with Sacoto Pediatrics, PC, related decisions.

Sacoto Pediatrics, PC may need to change its privacy practices from time to time. Before making such changes, however, Sacoto Pediatrics, PC will modify this Notice and begin distributing it to patients when they are treated by Sacoto Pediatrics, PC. These new practices will then apply to al information held by Sacoto Pediatrics, PC. At any time, anyone has a right to get a paper copy of the latest version of this Notice by asking the Sacoto Pediatrics, PC‘s receptionist.

SACOTO PEDIATRICS, PC

MARIA TEREZA SACOTO, MD

5985 COLUMBIA PIKE –STE 200-FALLS CHURCH, VA 22041-PHONE (703)820 1951-FAX (703)820 1952

I hereby authorize the medical care and medical treatment of my child_____ by SACOTO PEDIATRICS, PC's health providers.

SACOTO PEDIATRICS, PC
Maria T. Sacoto, MD
5985 Columbia Pike
Suite200
Falls Church VA 22041

Name of parent/legal guardian:
_____
_____

Signature:_____
_____

Date:_____

SACOTO PEDIATRICS, PC

MARIA TEREZA SACOTO, MD

5985 COLUMBIA PIKE –STE 200-FALLS CHURCH, VA 22041-PHONE (703)820 1951-FAX (703)820 1952

Cancellation Policy

Sacoto Pediatrics, PC mission is to provide excellent care to each patient in a timely manner. In order for us to deliver care in the most efficient and effective way, we had to modify some of our policies. For that reason we ask that you inform us if you are unable to attend your scheduled appointment. Your notification allows us to better utilize available appointments for other patients in need of prompt medical care.

If it is necessary to cancel your appointment, we require that you call or leave a message at least 24 hours before your appointment time. Appointments are high demand, and your early cancellation will give another person the opportunity to have access to timely care. We reserve the right to charge a fee for the scheduled visits that are:

1. Not cancelled at least 24 hours before your scheduled visit.
2. Are missed without calling to cancel (no-show).

Cancellation Fee Schedule:

New Patients: $ 30.00.-
Established Patients: $ 20.00.-

You are required to pay the cancellation fee prior to the start of your next scheduled visit. Cancellation fee cannot be billed to insurance.

Patient name: _____Date:_____

Signature:_____

Effective April 1, 2012.