



Please, complete and return the following as soon as possible.

- ◆ Read and sign the Financial Policy. Keep a signed copy for your records.
- ◆ Read the HIPPA Notice of Privacy Practices, read only and keep for records.
- ◆ Complete HIPPA Release & Assignment of Benefits form, be sure to include an email address if you want to be able to communicate by email.
- ◆ Have your husband, if appropriate, also complete a HIPPA Release & Assignment of Benefits form. He must give us permission to communicate with you about anything that is recommended for him.
- ◆ Complete the Advanced Beneficiary Notice, keep a copy for your records.
- ◆ Complete the General Medical History
- ◆ Please, email, receptionists.ppvi@gmail.com, or fax all completed forms along with a copy of the **front** and **back of your insurance card** to 402-390-9851. Put “New Patient Appointment (date of appointment)/(last name)” in the subject.
- ◆ Arrive 15 minutes early. We are located on the second floor, the elevator is in the center of the building.
- ◆ What to bring to your appointment:
 - ❖ Picture ID
 - ❖ Insurance Card
 - ❖ Creighton Model Charting
 - ❖ Pertinent Medical Records you’d like the doctor to review
 - ❖ Any Co-pay/payment required