



**Patient information forms
must be updated every
6-12 months for you to be
considered an active patient
and receive any services,
including prescription refills.**

- ◆ Please, review the enclosed patient information and make any changes needed. Be sure and check the insurance information including the numbers to be sure it is accurate. Sign the bottom once you have made any needed corrections.
- ◆ Read the HIPPA Notice of Privacy Practices.
- ◆ Complete HIPPA Release & Assignment of Benefits form for yourself and 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.
- ◆ Read and sign the Financial Policy **if it is enclosed**. Keep a signed copy for your records.
- ◆ Include a **copy of the front and back of your insurance card if it is different than what is on the patient information sheet.**
- ◆ Fax the above information to 402-390-9851, email it to reception@popepaulvi.com or mail it to **Pope Paul VI Institute, Patient Care Department** at the address listed on the bottom.
- ◆ Call our office at 402-390-6600 if you have any questions.