

Acknowledgements and Authorizations

LCD Medical, PLLC 400 NW Broad St., Southern Pines, NC 28387

St. Luke's Medical Practice

****Please sign and date each item below****

- I have read and understand the HIPAA/Privacy Policy for LCD MEDICAL, PLLC.

Signed _____ Date: _____

- I hereby assign my insurance benefits to be paid directly to the healthcare provider.

Signed _____ Date: _____

- I authorize LCD MEDICAL, PLLC to release medical information required to process my claim.

Signed _____ Date: _____

- I have read and understand the Financial Policy for LCD MEDICAL, PLLC.

Signed _____ Date: _____

- I have read and understand the office policies and protocols outlined in the Welcome Letter.

Signed _____ Date: _____

- I authorize LCD MEDICAL, PLLC to obtain/have access to my medication history.

Signed _____ Date: _____

- I authorize my provider's office to contact me by mobile phone.

Signed _____ Date: _____