

## Welcome To Our Office!

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**Patient Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work or Cell Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Sex: male female Marital Status: married single divorced widowed  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Status: employed retired unemployed student

Name of any **referring physician:** \_\_\_\_\_

Name of your **primary care physician:** \_\_\_\_\_

**Primary Insurance Company:** \_\_\_\_\_  
Claims Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Insurance policy holder:** \_\_\_\_\_  
Address (if different from patient): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work or Cell Phone: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Patient's relationship to policy holder: \_\_\_\_\_  
Sex: male female Employer: \_\_\_\_\_  
Insured's ID number: \_\_\_\_\_  
Policy Group Number: \_\_\_\_\_

### How did you learn about our practice? (circle all statements that apply)

- My doctor \_\_\_\_\_ referred me.
- My friend \_\_\_\_\_ told me about you.
- Your office is convenient.
- Google Search.
- The hospital referral service recommended you.
- You are on my insurance plan.
- I saw your website [www.KeinLundeMD.com](http://www.KeinLundeMD.com)
- The website \_\_\_\_\_ had you listed.
- I saw you on Facebook / Yelp / Instagram / Twitter
- Other: \_\_\_\_\_.

May we leave a message or text you about your healthcare information?    Yes    No

**E-mail address:** \_\_\_\_\_ May we send information there?    Yes    No

Please list anyone we can talk to about your healthcare:

1. \_\_\_\_\_ phone: \_\_\_\_\_

2. \_\_\_\_\_ phone: \_\_\_\_\_

**Emergency contact :**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work / cell phone: \_\_\_\_\_

Our office will file insurance for all reimbursable services to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductibles, copays, and non-covered service amounts. We ask that you make any required payments at the time of check in. You may review our payment policy or ask our staff if you have any questions.

**Consent for Release of Health Information**

I hereby permit Kevin Lunde, MD, PA to release and furnish all medical and financial data related to my care that may be necessary now or in the future for purposes of treatment, payment or healthcare operations to assist with, aid in, or facilitate the collection of data for purposes of utilization review, quality assurance, or medical outcomes evaluation purposes. Such information may be released to insurance companies, HMO's and PPO's, managed care organizations, IPA's, Medicare/Medicaid, or other governmental or other third party payers, or any organizations contracting with any of the above entities to perform such functions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or responsible party

**Acknowledgement of Review of Privacy Policy**

I have reviewed this office's Notice of Privacy Practices that explains how my health information will be used and disclosed. I understand that I am entitled to receive a copy of this document.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or responsible party

**Payment Release Policy**

I authorize the payment of my medical and surgical insurance benefits to Kevin Lunde, MD, PA

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or responsible party

## Patient's Financial Responsibility

- Patients are responsible for all payments including, but not limited to: copays, co-insurance, deductibles, and past due balances at the time of service. We accept cash, check, debit cards, and credit cards. Finance options are available.
- Depending on the nature of your specific medical condition, Dr Lunde may perform certain in-office procedures as a part of his examination (i.e. nasal endoscopy or fiberoptic laryngoscopy) that are not included in the standard office visit. As a highly trained specialist, Dr Lunde wants to ensure all appropriate steps are taken to provide you with the best medical care. These procedures will be billed separately from your visit charges. Depending on your individual insurance policy and carrier, these procedures may be classified as "surgery" and applied to an in-network deductible. In those cases, this amount will be due.
- No Show Fees: Please call us at least 24 hours before your appointment time if you need to reschedule, change, or cancel an appointment otherwise you will be billed a No Show Fee. There is a \$50 no show fee for scheduled office visits, hearing tests and other audiologic services. There is a \$100 No Show Fee for extended specialized appointments that include in-office surgeries, allergy testing, cosmetic procedures, and Hearing Aid evaluations and fittings.
- A deposit of \$200.00 may be required to reserve time for surgery. If the surgery is missed or not canceled at least 24 hours before the appointment time, the deposit will not be refunded.
- All in-office procedures are subject to payment at the time of service.

I have read and understand the financial policy of Kevin C Lunde M.D. and I agree to be bound by its terms. I understand and agree that such terms may be amended in the future by the practice.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_