

Associates in Primary Care Medicine, Inc
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Warwick, RI 02888
Phone: 401-467-3115
FAX: 401-467-9120
www.apcmweb.com



“I authorize Associates in Primary Care Medicine, Inc., to furnish to my insurance carrier or other third-party payer the information about my diagnoses and treatment necessary to process claims for payment. **I acknowledge that Associates in Primary Care Medicine, Inc. bills my third party payer as a service to me and that I am financially responsible for all charges that are deemed not covered or not medically necessary.** I am aware that separate services may be covered differently depending on my policy, which is my responsibility to understand. Interest, penalty, collection costs & legal costs incurred in order to obtain patient payment become the responsibility of the patient. I assign to Associates in Primary Care Medicine, Inc., all payments for medical services rendered. This assignment will remain in effect until I revoke it in writing. A photocopy of this assignment is as valid as the original.”

1. **By signing below, I acknowledge and accept the following:**
2. Receipt of Associates in Primary Care Medicine, Inc. Notice of Privacy Practices.
3. **Consent to call:** I authorize Associates in Primary Care Medicine, Inc. to contact me via phone, including automated messages.
4. **Consent to email:** I authorize Associates in Primary Care Medicine, Inc. to contact me via email.
5. **Consent to obtain medication history:** I authorize Associates in Primary Care Medicine Inc. to download my medication history.
6. **Consent to obtain immunizations from Kidsnet** (under 18)-I authorize Associates in Primary Care Medicine to obtain my child’s immunizations from Kidsnet.
7. I acknowledge receipt of Associates in Primary Care Medicine, Inc. no show policy and reasons for possible discharge policy.

Patient Signature: _____

Date: _____

Please circle your preferences:

1. **Health notifications:** Email Phone Text Message
2. **Appointments:** Email Phone Text Message
3. **Announcements:** Email Phone Text Message
4. **Billing:** Email Phone Text Message