Office of John Foley, MD/ Viktoria Kaplan, MD/ Ronald Murray, MD/ Robert Miska, MD/

Cortnee Roman, FNP-C/ Katrina Bawden, FNP-C

Patient Demographic Form

Patient Information

Patient Name		DOB		Gender
Patient Street Address		City	State	Zip
Primary Phone	Type (Circle) Cell Home Work	Secondary Phone	Type (Circle) Cell Home Work	
Email Address			Social Security Number	

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Living w/ Partner

Referring Physician	Phone	Fax
Primary Care Physician	Phone	Fax

Emergency Contact Information

Name	Relationship	Phone
Name	Relationship	Phone

Authorization to Discuss Health Information

I hereby authorize Rocky Mountain MS Clinic (RMMSC) to discuss the following specific health information with the individuals I designate below: 1) scheduling/appointment information, 2) medical information including symptoms, diagnosis, medications, and treatment plan, 3) laboratory test results, 4) MRI results, and 5) billing information. I understand that I have the right to revoke my permission at any time, except where RMMSC has already made disclosures in reliance upon this request. The authorization may be revoked at any time by contacting RMMSC in writing. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected by HIPAA.

Designee	Relationship	Phone
Designee	Relationship	Phone

Signature of Patient **Date**

01/05/2018

Insurance Information

Employer		Phone
(1) Primary Insurance		Phone
Name of Policy Holder	Relationship	DOB
ID/Subscriber #		Group #
(2) Secondary Insurance		Phone
Name of Policy Holder	Relationship	DOB
ID/Subscriber #		Group #
Person responsible for bill, if not patient		

PAYMENT EXPECTED AT TIME OF SERVICE

I, the undersigned, give permission to release information to 3rd party carriers and do assign all insurance benefits for treatment to be paid directly to the above named provider, and request that this assignment remain on file with my insurance carrier. I certify that a copy of this assignment shall be valid as the original.

By signing below I accept 100% financial responsibility for all charges incurred. I understand that it is my responsibility to provide my correct/updated insurance information and that this office will bill my insurance as a courtesy to me. I recognize that the provider cannot accept responsibility for collecting any insurance claim or negotiating any settlement on a disputed claim. Regardless of insurance coverage, I agree that it is and shall remain my responsibility to pay all amounts owing as set forth herein. I agree that interest will accrue on all past-due accounts at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third party debt collection agency, I agree that in addition to any other amount(s) allowed for by law (such as interest, court costs, reasonable attorney's fees, etc.), I will also be responsible for a collection fee of up to 40% of the principal amount(s) owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to all amount(s) incurred by me or by any individual for whom I have financial responsibility whether such amount(s) are incurred today or after today.

AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the medical provider, named above, to release any medical or incidental information that may be necessary for either medical care or in processing applications for financial benefits.

MS EDUCATIONAL MATERIALS

☐ Please check the box if you do not wish to receive educational materials about MS through your email

Signature of Patient **Date**

Rocky Mountain MS Clinic

Dr. Robert Miska, LLC

Restroom Policy

(must be completed by all patients)

Our primary concern is your safety. Therefore, all patients of Rocky Mountain MS Clinic and Dr. Robert Miska LLC, using wheelchairs, walkers, or IV poles must utilize the public restrooms located in the lobby on the first floor across from the elevators. These restrooms meet ADA guidelines which accommodate patients using this equipment. Our staff is available to accompany patients who request assistance.

Patient Name (Print)

Patient Signature Date

Rocky Mountain Multiple Sclerosis Clinic

John F. Foley, MD
Ronald S. Murray, MD
Viktoria Kaplan, MD
Cortnee Roman, FNP-C
Katrina Bawden, FNP-C

Dr. Robert M. Miska, LLC

Robert M. Miska, MD

NOTIFICATION AND ACKNOWLEDGEMENT OF

NOTICE OF PRIVACY PRACTICES

REGARDING PROTECTED HEALTH INFORMATION

Our Notice of Privacy Practices provides detailed information about how we may use and disclose Protected Health Information (PHI) about you. Copies of the notice are available for review in our waiting room. As a patient you have a right to your own paper copy of the Notice which you may request from our office.

Rocky Mountain Multiple Sclerosis Clinic/ Dr. Robert M. Miska, LLC
370 East 9th Avenue, Suite 106
Salt Lake City, Utah 84103
Phone: 801-408-5700
Fax: 801-408-5704

We reserve the right to change the Notice, and if we do, you may obtain a copy of the Revised Notice from the location noted above.

Please acknowledge your receipt of the notification by signing below and returning it to our office.

____

Patient Signature Date

____

Patient Name (Printed)

Rocky Mountain Multiple Sclerosis Clinic — **Dr. Robert M. Miska, LLC**

John F. Foley, MD
Viktoria Kaplan, MD
Ronald S. Murray, MD
Cortnee Roman, FNP-C
Katrina Bawden, FNP-C

Robert M. Miska, MD

370 East 9th Avenue
Salt Lake City, UT 84103
Suite 106, 111 and 208

Directions to our office

From the North: On I-15 turn left (east) at the 600 North exit, turn right (south) on 300 West, turn left (east) on North Temple, follow North Temple until it joins 2nd Avenue, turn left (north) on B street, turn right (east) on 9th Avenue, turn left (south) into the parking lot. Our office is on the corner of D street and 9th Avenue, It's a brown brick building labeled 2 Medical Plaza.

From the South: on I-15 take exit 600 South exit, turn left (north) on State Street, turn right (east) on South Temple, turn left (north) on E street, turn left (west) on 9th Avenue, turn left (south) into the parking lot, our office is on the corner of D Street and 9th Avenue, it's a brown brick building labeled 2 Medical Plaza.