



Dunphy PA / Nunley MD

Patient Information Form

(Please print and complete all Entries)

Patient name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Email _____

Reason for visit _____

Please tell us how you learned about Lopez, MD/Dunphy, PA:

Explanation of payment and cancellation Policy

Payment is due at the time of service. **We do not accept insurance and we are not participants in Medicare.** This means you cannot submit a reimbursement form and submit to Medicare. We will provide you with a superbill that you may use for tax purposes.

If it is necessary to cancel your scheduled appointment, we require that you call 24 hours in advance.

Please be advised that failure to notify our office 24 hours in advance can result in a charge of \$250.

AUTHORIZATION: I authorize the release of any information acquired in the course of my treatment to my insurance carrier and physician. I accept responsibility for payment of services not covered by my insurance in accordance with the policy of Dunphy, PA/Nunley, MD.

I UNDERSTAND AND AGREE to the terms of Dunphy, PA/Nunley, MD payment and cancellation policies.

Printed Name _____

Signature _____

Date _____

HIPPA NOTICE: This information will only be used for communication with you, your physician, and your insurance company.