

# VIP MidSouth, LLC Registration Form

Today's Date: \_\_\_\_\_

Patient Account # (office use only): \_\_\_\_\_

Patient Information									
Patient Last Name:			First:		Middle:			I prefer to be called:	
Date of Birth:		Gender: Male Female		SS#:		Primary Language(required):			
Race: (Choose One)	American Indian/Alaskan	Asian Declined	African American/Black	Native Hawaiian/Pacific Islander	White Other	Ethnicity: (Choose One)	Hispanic/Latino	Declined Unknown	
Address:			City:			State:		Zip:	
Home Phone:		Work Phone:			Cell Phone:				
Primary Pharmacy:		Email Address:		Place of Birth (hospital):		Name at Birth:			
Mother's Information									
Name:				Date of Birth:		SS#:			
Address: (If different than patient)			City:		State:		Zip:		
Home Phone:			Work Phone:			Cell Phone:			
Employer:			Are you the insurance carrier: Yes No			If yes is coverage: Primary Secondary			
Insurance Name:		Insurance Effective Date:		Should you receive the statement for this account: Yes No					
Father's Information									
Name:				Date of Birth:		SS#:			
Address: (If different than patient)			City:		State:		Zip:		
Home Phone:			Work Phone:			Cell Phone:			
Employer:			Are you the insurance carrier: Yes No			If yes is coverage: Primary Secondary			
Insurance Name:		Insurance Effective Date:		Should you receive the statement for this account: Yes No					
Emergency Contacts									
Name:			Phone #:		Relationship to patient:				
Name:			Phone #:		Relationship to Patient:				
Patient's Siblings									
Name:			DOB:		Are they a current patient?				
Name:			DOB:		Are they a current patient?				
How did you hear about us?		<input type="checkbox"/> Internet <input type="checkbox"/> Movie Theater Ad <input type="checkbox"/> Referred by: _____ <input type="checkbox"/> Other: _____							

**Consent for Treatment**

This certifies that I, the parent/legal guardian, request treatment of our minor child by the physicians and/or staff of VIP MidSouth, LLC. Authorization is hereby granted for such treatment.

Parent/Legal Guardian Signature: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT FOR TREATMENT:** I do hereby request and authorize VIP MidSouth, its medical practices and providers including physicians, nurses, and other qualified personnel to perform evaluation and treatment services and procedures as may be necessary in accordance with the judgment of the attending medical practitioner(s).

**PRIVACY NOTICE:** I acknowledge receipt of the VIP MidSouth *Notice of Privacy Policies* and have been given a chance to review this document. I understand VIP MidSouth, LLC has the right to change its *Notice of Privacy Policies* and that I may at any time contact VIP MidSouth, LLC to obtain a current copy of the *Notice of Privacy Policies*.

**INSURANCE AUTHORIZATION AND ASSIGNMENT:** I request that payment of authorized medical benefits be made on my behalf directly to VIP MidSouth, LLC of all service(s) furnished to me. I authorize VIPMS to release any medical information directly to my health insurance carrier and/or its legitimate agents that is necessary to process related health insurance claims and/or to determine plan benefits in accordance with HIPAA release of protected health information standards. I hereby authorize photocopies of this form to be valid as the original.

**PAYMENT GUARANTEE:** I do hereby guarantee payment of all fees and charges related to all services and durable goods provided to me through VIPMS medical practices and providers from my first date of examination or treatment. I agree to make payment immediately on date of service for copays, co-ins and deductible amounts. When this is not feasible I agree to make mutually acceptable payment arrangements that include a deposit of at least \$50.00. **I understand that VIPMS does not routinely bill for copayment amounts and that copayments are due at the time of visit.** In the event that I fail to make full payment or fail to comply with other payment arrangements made with VIPMS, I understand that appropriate collection measures will be initiated. If it becomes necessary to send my account to collections I agree to pay a fee of up to 33.3% and any and all court costs and attorney fees.

**ELECTRONIC PRESCRIBING:** I have been made aware and understand that VIPMS may use an electronic prescription system which allows prescriptions and related information to be electronically sent between my provider and my pharmacy. I have been informed and understand providers using the electronic prescribing system will be able to see information about medications I am already taking, including those prescribed by other providers. I give my consent to VIPMS providers to see this protected health information.

**IMMUNIZATION REGISTRY:** I understand that VIPMS participates in the Tennessee's Dept. of Health's statewide immunization registry that collects vaccination history and information to serve the public health goal of preventing the spread of vaccine preventable diseases. The registry complies with federal health information privacy laws.

**PERMISSION TO FAX CHILDHOOD IMMUNIZATION RECORD TO SCHOOLS:** I do hereby grant permission for VIPMS to send or fax childhood immunization records to schools, upon request.

I, or my legal representative, certify that I have read this document, that it has been fully explained to me and that I understand its contents, and hereby agree to all terms and conditions set forth above and acknowledge the receipt of a copy if requested

\_\_\_\_\_  
Signature of Patient or Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date

**GALLATIN**  
648 HARTSVILLE PIKE  
GALLATIN, TN 37066  
(615) 451-9246

**HENDERSONVILLE**  
262 NEW SHACKLE ISLAND RD.  
SUITE 203  
HENDERSONVILLE, TN 37075  
(615) 824-1142

**LAFAYETTE**  
306 WEST LOCUST ST.  
LAFAYETTE, TN 37083  
(615) 688-7012

**PLEASANT VIEW**  
6517 HWY 41A, STE 100  
PLEASANT VIEW, TN 37146  
(615) 746-8333

**PORTLAND**  
103 REDBUD DRIVE  
SUITE A  
PORTLAND, TN 37148  
(615) 323-1640

**SPRINGFIELD**  
426 22<sup>ND</sup> AVE. EAST  
SPRINGFIELD, TN 37172  
(615) 384-0600

**STATION CAMP**  
225 BIG STATION CAMP BLVD.  
SUITE 204  
GALLATIN, TN 37066  
(615) 451-7222

**WHITE HOUSE**  
128 RAYMOND HIRSCH BLVD.  
WHITE HOUSE, TN 37188  
(615) 672-8118