ERPS
EASTERN REGIONAL
PAIN SPECIALISTS
1208 Parkway Drive, Suite C, Goldsboro, NC 27534
P: 919-751-8444 - F: 919-751-0890

Acknowledgement of Notice of Privacy Practices & Financial Agreement

Patient Name _____

Date of Birth _____

I have received or have been offered a copy of the Notice of Privacy Practices for the above-named practice.

_____ _____
Signature Date

Financial Agreement: I understand that I am financially responsible to the physicians at Eastern Regional Pain Specialists for services rendered and charges not covered by insurance. I understand that my insurance will be filed as a courtesy to me and allow payment of any filing to be made to Eastern Regional Pain Specialists and its providers. **If I have no insurance to cover services rendered, I understand payment will be due in full at time of visit, unless prior arrangements have been made.** I understand Eastern Regional Pain Specialists does not accept third party liability such as legal cases, and I am ultimately responsible for payment.
Release of information: I hereby authorize Eastern Regional Pain Specialists, to release any information in the course of my examination or treatment as may be needed to process my insurance claims and to inform any private physician as to my course of treatment.

I have read the above Acknowledgements and Agreements and fully understand the same.

_____ _____
Signature Date

For Office Use Only

We were unable to obtain a written acknowledgement of receipt of the Notice of Privacy Practices because:

_____ The individual refused to sign
_____ Unable to communicate with the patient for the following reason:
_____

Prepared by_____ Date_____

Revised 11.10.2020