



Please, complete the following prior to your appointment.

- ◆ We would like a copy of the front and back of your insurance card. You can email it to receptionists.ppvi@gmail.com or fax it to 402-390-9851.
- ◆ Read and sign the Financial Policy. Keep a signed copy for your records.
- ◆ Read the HIPPA Notice of Privacy Practices.
- ◆ Complete HIPPA Release & Assignment of Benefits form for yourself and be sure to include an email address if you want to be able to communicate by email.
- ◆ Have your husband, if appropriate, also complete a HIPPA Release & Assignment of Benefits form. He must give us permission to communicate with you about anything that is recommended for him.
- ◆ Complete the General Medical History
- ◆ Arrive 15 minutes early. We are located on the second floor, the elevator is in the center of the building.
- ◆ What to bring to your appointment:
 - ❖ Picture ID
 - ❖ Insurance Card
 - ❖ Creighton Model Charting
 - ❖ Pertinent Medical Records you'd like the doctor to review
 - ❖ The above mentioned forms
 - ❖ Any Co-pay/payment required