



# New Patient Information

## Privacy Notice

I acknowledge that I have received the Hugh Chatham Surgical Privacy Notice as required by the Health Portability and Accountability Act (HIPAA)

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date

## Insurance Coverage Spouse or Parent

If your insurance coverage is through the employer of your spouse or parent, we must have the policy holder's birth date as well as their social security number in order to file a claim to your insurance company. We apologize for any inconvenience this may cause and appreciate your understanding and compliance with this matter.

Policy Holder's Name: \_\_\_\_\_

Policy Holder's Social Security Number: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of responsible party

\_\_\_\_\_  
Date

