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**SIGNATURE ON FILE**

I authorize use of this form on all insurance submissions.  
I authorize release of information to all my insurance companies.  
I understand that I am responsible for my bill.  
I authorize my Provider to act as my agent in helping to obtain payment from my insurance company.  
I authorize payment direct to my Provider.  
I permit a copy of this authorization to be used in place of the original.  
I understand there will be a 45.00 charge for a check if returned from my bank.  
**I acknowledge it is at the discretion of the office to charge \$50.00 for a missed appointment.**  
I acknowledge the HIPAA Privacy Rules 2013 are posted in waiting room and if I want a copy I can request a copy. I acknowledge I have been offered a copy of HiPAA privacy acts.  
I acknowledge PCMH and understand this is a PCMH office.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

CONSENT FOR TELEPHONE CONTACT: By signing this document, I agree that Susan Little-Jones MD PC and it's third party billing or collection agency may, contact me by telephone at any telephone number associated with my account, including cell phone, which may result in a charge to me by my cellular phone company. Additionally, contact via text or email using any email address I provide. Methods of contact may include using pre-recorded /artificial voice messages and or use of an auto dialing device', if applicable.

**I give permission for Provider office to leave detailed messages on my (circle) CELL HOME phone.**

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**I (circle) DO DO NOT : give permission to discuss my medical issues with:**

\_\_\_\_\_ (spouse) (child) (parent)

Per your insurance company we need to collect your email address. You will be given an internet link to view some of your medical information. If you do not have an address we would be happy to set up an account for you.

**You will receive 2 appointment reminders: 1 week & 2 days prior to your appointment via email**

**Email address:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE NUMBER:** \_\_\_\_\_