

# Instructions for Form Completion

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Henry Fertility

Michael A. Henry, M.D.

## **Welcome to Reproductive Care of Indiana!**

We are excited that you have chosen our team to assist you in pursuing your dreams of parenthood. We look forward to personally meeting you and assisting you in making your dreams a reality. Please read through the following instructions in order to complete the forms for your first visit.

### **Medical Questionnaire**

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Please fill this form out to completion.

### **Patient Registration Form**

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This form is informational for our office. Your demographics, contact numbers and insurance information are very important. Please be sure to fill out each section to completion.

### **Insurance Verification Form**

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This form is to be used as a questionnaire when calling your insurance company to verify your benefits. Call the number on the back of your insurance card and walk through these questions with the insurance representative. Be sure to sign the form at the bottom.

***If this form is not completed, you will be considered a self pay patient.***

### **Insurance Waiver**

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This form needs to be signed and dated if you are a self pay patient and do not have insurance coverage stating you will be responsible in full for charges incurred under our care.

### **Financial Policy**

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Please initial all areas marked and sign at the bottom of the form. An RCI representative is to witness the form once it has been returned to our office.

### **Release of Records Form**

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This form is to be filled out and signed. This form gives us permission to obtain your medical information from another doctor's office if necessary.

### **Protected Health Info Authorization**

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This form lets us know which persons we can disclose any and all medical information to and in what manner we can leave that information.

### **Disclosure of Financial Interest**

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We are required by law to inform you which surgery centers Dr. Henry has financial interest in. Please read through the form, fill out the top and sign the bottom.

### **Notice of Privacy Practices**

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Your signature on this form proves that you received a copy of our privacy practices and have retained it for your records. The notice of privacy practice information is the double sided stapled sheets following this form in your packet. ***Please retain for your records.***