TN Vascular- Dr. Charles S. Drummond, III
925 S. Church St.-Ste. C200 Murfreesboro, TN 37130
(615) 410-3576/Ph. (615) 410-3721/Fax

Date:_____
Name:_____I perfer to be called:_____
Address:_____City:_____State:_____Zip_____
Phone:(____)_____Work Phone:(____)_____Cell Phone(____)_____
Best time to contact me AM____P.M. _____ on my Home Ph.___Wk Ph.___Cell Ph.____
Date of Birth:_____Social Security #:_____
Check Appropriate
Box:____Minor____Single____Married____Widowed____Separated____Divorced
Spouse or Parent's Name:_____Employer:_____
Whom may we Thank for referring you?_____
Emergency Contact:_____Phone:_____
Email address:_____

Resonsible Party Information
Relationship to Patient:____Self____Parent____Spouse____Other
Name:_____Pt. Relationship:_____
Address:_____City:_____State:_____Zip_____
Phone:(____)_____Work Phone:(____)_____Cell Phone(____)_____
Employer:_____Social Security #:_____

Insurance Information
Name of Insured:_____D.O.B._____
Soc. Sec.#_____Employer_____
Employer Address:_____City:_____State:_____Zip:_____
Insurance Provider:_____Group #:_____ID #_____
Provider Address:_____Provider Phone:_____

*****DO YOU HAVE ADDITIONAL INSURANCE?_____YES_____NO**
IF YES, COMPLETE BELOW***

Name of Insured:_____D.O.B._____
Soc. Sec.#_____Employer_____
Employer Address:_____City:_____State:_____Zip:_____
Insurance Provider:_____Group #:_____ID #_____
Provider Address:_____Provider Phone:_____

I hereby assign payment directly to TN Vascular & Thoracic Surgical Associates, PC for all surgical and /or medical benefits payable to me for services rendered but not to exceed the charges. Any unpaid deductible, copay, or other balance not paid by insurance is due payable in full within 90 days from the date of service regardless of any insurance pending. Any unpaid balance will be subject to collections.

Signature of Patient (or Parent if under 18 yrs. old)_____Date_____

PHARMACY USED:_____

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www.drummondmd.com

Authorization for Disclosure of Health Information

Last Name:_____First Name:_____MI:_____

Address:_____City:_____State:_____Zip_____

Date Of Birth:_____Social Security#:_____

I understand that I have the right to:

- *Receive a copy of this authorization*

-Refuse to sign this authorization & that treatment, payment, enrollment in a health plan or eligibility for health care benefit may not be contingent upon my signing this authorization.

-Revoke this authorization, except to the extent that the person(s) and /or organization(s) have already made disclosure(s) in reference to this authorization.

I hereby authorize release of my health information as identified below. I further authorize the duplication and transmission of the document as deemed appropriate by agents of TN Vascular & Thoracic Surgical Associates, PC.

Signature:_____Date:_____

Relationship of Legal Representative of Patient (if signed above):_____

For Office Use Only:

I hereby authorize:_____

To disclose my protected health information as described below to:

TN Vascular – Dr. Charles S. Drummond, III

315 NW Atlantic St. Tullahoma, TN 37388

(931) 841-3948/ Ph. (931) 841-3906/Fax

This authorization will remain in effect until the following date(s):_____

Information to be released:

_____Medical History & Examination Reports

_____Hospital Records including Reports

____Treatments or Diagnostic Test Reports

_____Laboratory Reports

___HIV Test Results

____Mental Health Reports

___Drug Abuse or Alcoholism

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Availability & Communication Policy

It is Dr. Drummond's policy to be available to his patients at all times in some form or another. During normal business hours, Monday-Friday 8:00am-4:00pm; you can reach Dr. Drummond and his office staff at 931-841-3948. After business hours we have an answering service that handles all incoming calls. The answering service will receive calls and take messages for Dr. Drummond; however, if it is a medical emergency they will contact Dr. Drummond.

All non-emergency messages will be faxed to the office by 9:00am the NEXT business day. One of our staff will contact you upon receipt of the message to address your concerns.

If you have a medical emergency, we recommend that you proceed immediately to the nearest emergency room. All surrounding emergency rooms have Dr. Drummond's contact information. Please make sure to let them know you are an established patient of his. Dr. Drummond's goal is to be accessible to his patient's at all times. Please let us know if you have any questions or comments.

Signature **Date**

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Narcotic Pain Medication Policy

Please be aware that this office has a strict policy regarding narcotic pain medication usage.

We understand that our patients often need narcotic pain medication to treat an acute condition that is managed by this office, such as postoperative pain.

This office does not treat chronic pain. Chronic pain and other chronic conditions should be managed by the primary care physician and/or referring physician.

If we are treating an acute condition with narcotic pain medication, then we must be the ONLY physician's office treating this acute condition.

We require strict adherence from our patients to this policy, including absolute transparency and honesty.

If we suspect deviation from this policy then:

1. We reserve the right to withdraw prescription of narcotics to you.
2. We reserve the right to contact other physician's offices and/or authorities.
3. We will alert you of any concerns we may have.

Charles S. Drummond, III, M.D.

TN Vascular & Thoracic Surgical Associates, PC

Signature *Date*