



Dear Member,

Attached is the new patient packet. Please, read everything in its entirety, sign any consent or acknowledgement forms when stated, and return the packet to us for review.

Attachments: Please, sign acknowledgement of the below documents.

- 1- Membership Benefits
- 2- Fee Schedule
- 3- Membership Agreement
- 4- Financial Agreement
- 5- Payment Information
- 6- Patient Medical Intake
- 7- Patient Expectations
- 8- Patient Rights and Responsibilities
- 9- Notice of Privacy Practices
- 10- Medical Record Release
- 11- Release of Medical Information to Family

They can be completed by hand and mailed to our office, completed electronically and emailed to info@coastalpinesmedical.com, brought directly to the office, or faxed.

Checklist for a completed packet:

- Completed signature pages (indicated above)
- Insurance Cards, *both Primary and Secondary, front and back*
- Prescription Cards, *front and back*
- ID Card, *front and back*
- Membership Payment, *for 1st month or entire year*

Please, note: administrative processing of your packet will not begin until all your documents are completed and payment has been received.

Call us with any questions or if you need help. We look forward to meeting you soon!