



TALAL M. NSOULI, M.D., FACIP, FAAAAI, FAAAAI

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FELLOW, AMERICAN ACADEMY OF ALLERGY, ASTHMA & IMMUNOLOGY



ELIANE ABOU-JAOUDE, M.D.

Board Certified, Allergy and Immunology
Member, American College of Allergy, Asthma & Immunology

Diagnosis and patient care for Adults & Children in:

Anaphylaxis • Angioedema • Asthma • Cough • Urticaria • Food Allergy • Nasal Polyps • Eczema • Drug Allergy • Rhinitis • Sinusitis

THE WATERGATE ALLERGY & ASTHMA CENTER

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IMPORTANT NOTICE TO ALL PATIENTS

RE: PAYMENT FOR MEDICAL SERVICES

If you have insurance, we require that any patient portion (deductibles, co-insurance, and co-payments) that may apply be paid at the end of your visit.

You are financially responsible for any amount not paid by your insurance company.

If you do not have health insurance, **full payment is due at the time the services are rendered.**

We accept cash, checks, Visa, Mastercard, and Discover.

Patient Name

Signature

Date



Talal M. Nsouli, M.D., FAAAAI, FAAAAI
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HIPAA CONSENT FORM
Please Print

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is the federal law that establishes standards for the privacy and security of health information, as well as standards for electronic data interchange (EDI) of health information.

The primary goal of HIPPA is to facilitate people maintaining their health insurance by protecting the confidentiality and security of healthcare information and help the healthcare industry control administrative costs.

ACKNOWLEDGMENT

I acknowledge that I have read a copy of Talal M. Nsouli, M.D.'s
Notice Regarding Privacy of Personal Health Information.

I also authorize Dr. Nsouli's office to call my home, cell, and/or office and leave a message if necessary to confirm an appointment.

PATIENT NAME - PLEASE PRINT
(FIRST, M.I., LAST)

SIGNATURE OF PATIENT
(OR PARENT/GUARDIAN IF MINOR)

_____/_____/_____
MONTH DAY YEAR
TODAY'S DATE