



6901 Mercy Rd.
Omaha, NE 68106-2621

- ◆ Please print, complete, and sign the Patient Information Sheet.
- ◆ Read the HIPAA Notice of Privacy Practices.
- ◆ Complete HIPAA Release & Assignment of Benefits form for yourself and be sure to include an email address if you want to be able to communicate by email.
- ◆ Have your husband, if appropriate, also complete a HIPAA Release & Assignment of Benefits form. He must give us permission to communicate with you about anything that is recommended for him.
- ◆ Read and sign the Financial Policy. Keep a signed copy for your records.
- ◆ Include a **copy of the front and back of your insurance card and a copy of a picture ID.**
- ◆ Send a copy of your most recent Creighton Model charting. Please ensure that day 17 & 18 are legible and your **name/date of birth is on all the pages.**
- ◆ Include a recent picture (including your family members if you like) to be kept with your medical record.
- ◆ Fax the above information to (402) 390-9851, email it to receptionists.ppvi@gmail.com or mail it to the above address.
- ◆ Call our office at (402) 390-6600 if you have any questions.