General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Financial Agreement, Patient's Statement, and Assignment of Benefits

I, the patient, authorize Florida Lakes Surgical, PLLC and/or Thomas C. Lackey, II DO to release any and all information necessary to secure reimbursement from any insurance company to which I have subscribed. The insurance policy is a contract between me and the insurance company and I understand that I am responsible for all charges incurred whether or not paid by the insurance company. Our office will file your claim with insurance company as a courtesy. I also authorize and direct payment to be made directly to Florida Lakes Surgical, PLLC and/or Thomas C. Lackey, II DO for service rendered either medically or surgically. However, it is the patient's responsibility to have all the insurance information at the time of service is rendered. All co-payments, deductibles, percentages, co-insurances, etc. are the patient's responsibility and will be collected prior to services rendered. If you have past payments for services that were performed prior to your initial office visit the payments are due before services rendered in the office. All payments are to be paid in full of any receipt of a bill and should be paid immediately. Furthermore, the patient will assist in billing appropriate insurance companies. If for any reason there is outstanding balance or delinquent accounts it is the patient's responsibility to pay in full or appropriate actions will be taken to collect the payment. I agree and understand that I may be charged 1.5% interest rate per month on any unpaid balance and that I am responsible for any costs incurred in collection of said balance should that become necessary. All other arrangements or payment plans can be made with the office manager or billing manager depending on circumstances.

Patient/Guardian Signature:_____ Date:_____

Consent for Treatment

I, undersigned patient, parent or legal guardian, do present myself (or the patient) for care or treatment at the office of Florida Lakes Surgical and/or Thomas C Lackey, II DO, and voluntarily consent to the rendering of such care or treatment, including but not limited to consultation, performance of diagnostic testing, and/or surgical procedures that may be rendered in the office or other facility needed for appropriate care. I understand that the physician may rely on other services to help facilitate my care (i.e. radiology, laboratory, pathology, other physicians).

Patient/Guardian Signature:_____ Date:_____

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Financial Policy

Thank you for choosing Thomas C. Lackey, II DO as your health care provider. It is our goal to meet patient needs and address patient concerns effectively.

An area of primary concern for all patients is the financial policies of the practice, especially those pertaining to insurance billing and patient payment requirements. In an effort to keep patients informed about such policies we ask that all patients read and sign a copy of our Financial Policy prior to receiving treatment. We recognize that some of you were seen in the hospital prior to this initial office visit and want you to be informed of the financial policy as well.

As in all aspects of healthcare today, the greater role the patient assumes in the healthcare process, the higher the degree of satisfaction is achieved. For that reason, we expect our patients to take an active role in their healthcare management, including the area of finances.

PAYMENT is expected at the time the services are rendered. This includes all deductibles, co-insurances, and co-payments. Patients who have an insurance carrier with whom this practice has a valid contract will be responsible for all fees outlined in the patient's contract agreement with their insurance company. If services were provided in the hospital, payments for those services are expected in the office before the next service is rendered.

SURGICAL PROCEDURES are performed in the office, the surgical center and the hospitals. All deductibles, co-insurances, and co-payments are to be collected prior to services rendered or procedures performed.

DEPOSITS are collected for all procedures if insurance is not utilized. Payment arrangements need to be secured prior to services rendered or procedures performed.

INSURANCE is filed for all primary carriers, secondary or supplemental insurances. However, it is ultimately the responsibility of the patient to make all payments and discuss any issues with the particular insurance agencies.

RETURNED CHECKS will result in a $50.00 service charge. The check amount plus the service charge is to be paid within 10 days of notification. Failure to pay will result in another $50.00 service charge and will result in collection through the magistrate court. Furthermore, no checks will be accepted from the individual patient for further services rendered.

Patient/Guardian Signature:_____ Date:_____

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Financial Policy

STATEMENTS & BILLING CORRESPONDENCE are sent to update the patient as to the status of the account and whether your insurance had fulfilled their obligation to you, the policy owner, to pay claims in a timely manner. All unpaid claims are the responsibility of the patient and will be collected.

DELIQUENT ACCOUNTS are to be paid 10 days from service rendered. At 30 days all collections will be through the magistrate court. Patients having financial difficulties are encouraged to discuss them frankly with our office manager or billing manager before the account becomes delinquent.

I have read the Financial Policy. I understand and agree to adhere to the policies outlines.

Patient/Guardian Signature:_____ Date:_____

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Authorization to release medical records/obtain medical records

Patient Name: _____ DOB: _____

Telephone: _____

Address:_____
_____
_____

Release of information: Thomas C. Lackey, II DO

I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. Those receiving the information without my further written consent may not disclose my medical information.

By signing below, I authorize Florida Lakes Surgical to release/obtain copies of my medical records including information concerning psychological/psychiatric evaluations, HIV/AIDS test results and treatment, and alcohol/substance abuse treatment.

Patient/Guardian Signature: _____ Date:_____

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Date: _____

Patient Name: _____ DOB: _____

Address:_____

_____

Telephone Home: _____ Telephone Cell/Work:_____

Social Security Number: _____ Marital status: Married Divorced Single Widowed

Work: Retired Disabled Unemployed Employed (Place of Work/Phone): _____

Pharmacy preference: _____

Insurance Primary: _____ Insurance Secondary: _____

Address:_____

_____

Financial Responsible Person (If same as above, may leave blank)

Name: _____ DOB: _____

Telephone Home: _____ Social Security Number: _____

Emergency Contact/Phone number: _____

Primary Physician: _____

Referring Physician or Center: _____

Reason for appointment today: _____

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Patient Name: _____

Past Medical History

Heart

□Hypertension
□Coronary Artery Disease
□Heart Attack or MI
□Hyperlipidemia
□Atrial Fibrillation
□Valvular Disease
□CHF Congestive Heart Failure
□
□
□

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

FLORIDA LAKES SURGICAL

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Patient's Name_____ **DOB** _____

Past Medical History

Cardiovascular	***Endocrine***	***Musculoskeletal***	**Gastrointestinal**	**Neuro/Pysch**	***Hema/Lymph***
□Hypertension	□Hypothyroid	□Back Pain	□Gastric Ulcer	□Seizure	□Anemia
□Hyperlipidemia	□Hyperthyroid	□Carpal Tunnel	□Hernia	□TIA	□Leukemia
□Bradycardia	□Diabetes Type I	□Sciatica	□Hiatal Hernia	□Anxiety	□Lymphoma
□Tachycardia	□Diabetes II	□Rheumatoid	□Colitis	□Depression	□Sickle Cell
□Atrial Fib	□Pancreatitis	□Osteoporosis	□Diverticulosis	□Concussion	□HIV
□Heart Attack	□Parathyroid	□Osteopenia	□Diverticulitis	□Drug Depend	□Lyme
□Murmur	***Pulmonary***	□Muscle Disorders	□Gerd	□ADHD	***Miscellaneous***
□MVP	□COPD	□Gout	□Crohns	□Parkinson	□Obesity
□Coronary Artery Dx	□Asthma	□Osteoarthritis	□Ulcerative Colitis	□Dementia	□Glaucoma
□CHF	□Emphysema	□Fibromyalgia	□IBS	□Alzheimer	□Cataracts
□Angina	□Pneumonia	***Skin***	□Polyps	□Bipolar	□Hearing Aids
□Reynaud	□Bronchitis	□Rash	□Gallbladder	□Schizophrenia	□
□Thrombophlebitis	□Sarcoidosis	□Psoriasis	□Hepatitis	□Migraine	□
□DVT	□Sinusitis	□Eczema	□Cirrhosis	***Urology***	□
□Varicose Veins	□TB	□Melanoma	□Hemorrhoids	□Kidney stones	□
□Peripheral Vascular	□Sleep Apnea	□Skin Lesion	□	□Freq. Urination	□
□AAA	□PE	□Skin tags	□	□Hematuria	□
□Carotid	□	□MRSA	□	□	□
Female	***Breast***	***Female Tests***		**Male**	
□Cervical Dysplasia	□Fibrocystic Dis	□Mammogram		□Erectile dysfxn	□PSA elevated
□HPV	□Breast mass	□Ultrasound		□Prostate issues	□BPH elevated
□UTI	□Breast Cancer	□MRI			
□Menopause	□Breast Abscess	□Bone Density			
□Ovarian Cyst	□Mastitis	***Female Surgery***		**Male Surgery**	

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

FLORIDA LAKES SURGICAL

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

□Pregnant	□Breast Cyst	□Breast	□Tubal	□Prostatectomy	□Vasectomy
□Contraceptives	□	□C section	□Hysterectomy	□Turp	□Bladder

Patient's Name_____ DOB _____

Family History, Personal Surgical History, Social History, and Allergies

Family History		***Personal Surgical History***			
□Acute MI	□Heart Disease	***CV***	***GI***	***Hernia***	***Thyroid***
□Alcoholism	□Hepatitis	□AAA	□Appy	□Laparoscopic	□Radiation
□Allergies	□HIV	□CABG	□Gallbladder	□Femoral	□Surgery
□Alzheimer	□Hypertension	□Carotid	□Colectomy	□Incisional	***Other***
□Asthma	□Kidney Disease	□Valve replace	□Colostomy	□Inguinal	□Craniotomy
□Anesthesia	□Mental Illness	□Pacemaker	□Gastric Bypass	□Umbilical	□Cataract
□Cancer	□Migraine	□Defibrillator	□Hemorrhoid	□Ventral	□Tubes
□CHF	□Kidney stones	□Stent	□Ileostomy	***Procedure***	□Tonsils
□Coronary Artery Dx	□Osteoarthritis	***Musculoskeletal***	□Lap Band	□Colonoscopy	□Varicose Veins
□DVT	□Seizure	□Back	□Small Bowel	□Sigmoidoscopy	□
□Diabetes	□Skin cancer	□Hip	□Spleen	□EGD	□
□Eczema	□Stroke	□Knee	□Ulcer	□	□
□Gastric Ulcer	□Thrombophlebitis	□Shoulder	□	***Respiratory***	□
□GERD	□TB	□Fracture	□	□Lung	□

Social History		
Smoke □Yes □ No	Quit □Yes □ No	Packs/day_____
Alcohol □Yes □ No	Quit □Yes □ No	Drinks/day_____
Drugs □Yes □ No		
Religion:		

Allergies	
□Sulfa	□Penicillin
□Anesthesia	□Pain Meds
□Seafood	□
□IV Dye	□
□	□
□	□

*** Please give list of **MEDICATIONS** to receptionist***

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

FLORIDA LAKES
SURGICAL

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

□ □

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

FLORIDA LAKES
SURGICAL

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

Medications

Please print below or give a copy of medication list to office staff.

Print medications and reason for taking the medications.

1.

2.

3.

4.

5.

6.

7.

8.

9

10.

11.

12.

13.

14.

15.

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

HIPPA

Our Notice of Privacy provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing you right under the law. You have the right to review our Notice before signing the Consent. The terms of our notice may change. If we change our Notice, you may obtain a revised copy by contacting our office. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent in writing signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

The patient understands that: 1. Protected health information may be disclosed or used for treatment, payment or health care operations. 2. The Practice has a Notice of Privacy Practices and the patient has the opportunity to review this notice. 3. The Practice reserves the right to change the Notice of Privacy policies. 4. The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions. 5. The patient may revoke this Consent in writing at any time and all future disclosures will then cease. 6. The Practice may condition treatment upon the execution of this Consent.

I authorize Thomas C. Lackey, II DO and the medical staff of Florida Lakes Surgical, PLLC to release my health care information to the following person(s):

Spouse _____ Other _____

Family Member(s) _____

Friend(s) _____

The information may be released to those listed above by Phone, Message on answering machine, fax, mail, in person, text, email or other means.

Patient/Guardian Signature: _____ Date:_____

FLORIDA LAKES
SURGICAL

General Surgery • Breast •Varicose Veins• Minimally Invasive• Lap Band •Thyroid •Skin Cancer •Colorectal •Vascular

Thomas C. Lackey II, D.O.
General Surgeon

4751 Lakeview Drive • Sebring, Florida 33870 • Office: 863-402-5600 • Fax: 863-402-5602

www. floridalakessurgical.com