



HIPAA DISCLOSURE

Ramesh P. Kanuru, MD FACA
Board Certified in Pain Management

PLEASE INITIAL EACH SECTION

PRIVACY PRACTICE ACKNOWLEDGEMENT

_____ I have reviewed and understand the Notice of the Privacy Practice Policy. Copy available upon request.

CONSENT FOR EXAMINATION AND TREATMENT

_____ The undersigned patient and/or responsible person hereby consents to and authorizes Dr. Ramesh Kanuru, MD and /or his assistants/associates to perform medical examinations, medical treatments or procedures as considered necessary by him on the basis of findings during the course of my office visit.

NON PARTICIPATING PROVIDER NOTICE

_____ This is to acknowledge that I was informed that Kanuru Interventional Spine & Pain Institute is not a participating provider with some insurance plans and I am aware that I will be responsible for any deductible and/or other charges my insurance says I am liable for.

DISCLOSURE OF PHYSICIAN OWNERSHIP

_____ I acknowledge that my signature on this form is evidence of my receipt of the following disclosure pertaining to a Physician's or medical practices ownership or financial interest or both at Pinnacle Hospital at 9301 Connecticut Drive, Crown Point, IN 46307 and Kanuru Interventional Spine & Pain Institute, 3445 Ridge Road, Highland, IN 46322.

The following Physician(s) and/or medical practice(s) maintain an ownership or financial interest at Pinnacle Hospital and Kanuru Interventional Spine & Pain Institute, 3445 Ridge Road, Highland, IN 46322.

Signature: _____ Date: _____

Highland Office
3445 Ridge Road
Highland, IN 46322
Phone: (219) 838-1100

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