



**Bluebonnet Family Clinic, LLC.**  
**Mary Thomas, M.D.**  
**9241 Bluebonnet Blvd, Suite B**  
**Baton Rouge, LA 70810**

**Tele: 225-757-6031**  
**Fax: 225-757-6035**

**Acknowledgment of Notice of Privacy Practices.**

I, \_\_\_\_\_, acknowledge that Mary Thomas, M.D., Bluebonnet Family Clinic, LLC has provided me with a written notice of my rights regarding protected health information created, received, and stored by Mary Thomas, M.D.. I have had a chance to ask any questions regarding this notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgment of Insurance Coverage and Payment Policies**

I, \_\_\_\_\_, confirm that the information given me is true and accurate. I have given current, valid insurance information for reimbursement of services provided at Bluebonnet Family Clinic, LLC. I understand that the payments are due at the time of service. I am responsible for the payment of services. If the services are not covered by your insurance, it is my responsibility to pay for those services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgment of No Show Policy**

I, \_\_\_\_\_, acknowledge that I am aware of Bluebonnet Family Clinic, LLC's policy that if I do not show up for a scheduled appointment, I will be responsible for a fee of \$ 25.00.

Signature \_\_\_\_\_ Date \_\_\_\_\_