

Account #	Alt. Acct #	Appt. Date	Time	Seen By	Encounter			
				Nasreen Battla MD				
Reason :		Note						
Patient Name	Sex	Birth	Age	Allergy				
Diagnosis								
Responsible Party		Home:		Case: 14982 - NRM				
**		Work:		Primary Provider				
*				Nasreen Battla				
.		Patient Status: 1		Financial Status:				
Insurance	Policy	Group	CoPay	Subscriber	Approval	Activation	Expiration	Visits
1								
2								
3								

**Tier Pediatric**

**256 Harry L Drive**  
**Johnson City, NY 13790**

**(607) 777-9475**

**Tax ID # 161451882**

**Acknowledgement of Receipt of**  
**Notice of Privacy Practices**

I acknowledge the receipt of Dr. Battla's Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Patient or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient