



Pennsylvania Institute of Endocrinology, LLC

General Consent to Treat/Patient Authorization/Acknowledge of Benefits Release/Personal Representative

The following are the conditions for services provided by *PENNSYLVANIA INSTITUTE OF ENDOCRINOLOGY* for the patient

Patient Name: «FirstName» «MiddleInitial» «LastName» DOB: «DOB»

Consent for Medical Treatment

I/we voluntarily consent to medical treatment and diagnostic procedures provided by *PENNSYLVANIA INSTITUTE OF ENDOCRINOLOGY* and its associated physicians, clinicians and other personnel. I/we consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I/we am/are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees have been made as to the result of treatments or examinations.

Authorization for Release of Information

The practice and physicians are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, discharge planning and further medical treatment, to disclose to my employer (if seen for work related exam or injury) insurance and/or any third party payer all medical information, test results and findings made during the course of this examinations and/or treatment. To include information referring to psychiatric care, sexual assault or tests for infectious diseases including AIDS/HIV for services provided during this visit. I/we also agree to the release of medical or other information about me to government federal or State regulatory agencies as required by law.

Assignment of Insurance Benefits

I/we guarantee payment of all charges made for or on account of the patient and I/we assign our rights in any insurance benefits or other funding to the physician and *PENNSYLVANIA INSTITUTE OF ENDOCRINOLOGY*. I/we understand that I/we am/are responsible for any charges not covered by insurance or other forms of benefits. I/we understand that *PENNSYLVANIA INSTITUTE OF ENDOCRINOLOGY* can obtain my/our credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection or collected, I/we shall pay all collections fees and cost, including reasonable attorney's fees. I/we have provided complete insurance information if it changes. For Medicare beneficiaries: I/we have provided all necessary information for proper assignment of Medicare benefits.

Financial Policy

We accept most major insurance plans. Our staff will be happy to review our list of participating insurances with you if requested. Insurance coverage is an agreement between you and your insurance company. We do not become involved in disputes between you and your insurance company regarding deductibles, co-payments, non-covered benefits. Please note that we require a minimum of 24 hours' notice (business days) to cancel your appointment. With proper notification to us we may be able to offer the available appointment slot to other patients. Failure to provide 24 hours' notice to cancel your appointment will result in a no show fee of \$25.00.

Acknowledgement of Receipt of Notice of Privacy Practices

I/we have received a copy of the Notice of Privacy Practices. The notice describes how my health information may be used and disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time.

Personal Representative

In addition to myself, I designate the following individual(s) as my personal representative and grant *PENNSYLVANIA INSTITUTE OF ENDOCRINOLOGY* permission to disclose (written and verbal) my protected health information with the individual(s) named below

Name of Representative

Relationship to Patient

Name of Representative

Relationship to patient

To change my personal representative(s) at any time a new form or written document will be completed.

Signature of Patient/Parent, Guardian or Legally Authorized Rep.

Date

PENNSYLVANIA INSTITUTE OF ENDOCRINOLOGY IS A FOR PROFIT, LLC.

You have a choice whether or not you wish to receive services from this facility.