

PREMIER OB/GYN ASSOCIATES, PLLC

5323 4TH Avenue Circle East
Bradenton, Florida 34208
(941) 745-5115/Fax: (941) 750-6538

CONSENT FOR TREATMENT, PAYMENT AND ACKNOWLEDGEMENT OF PRIVACY PRACTICES

Patient Name: _____ Date of Birth _____

CONSENT TO TREATMENT

I request those physicians and other healthcare professionals who care for me to perform or order routine laboratory/diagnostic procedures and therapeutic treatments, which in the judgment of my physician, to document the course of my injury or illness and to provide appropriate medical care. I also understand that it is the policy of this practice to perform routine urine testing on every patient for every appointment and urine pregnancy testing on every patient of child bearing age unless they have had a complete hysterectomy.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatments or examinations. I authorize Premier OB/GYN Associates, PLLC to retain, preserve and use for scientific or educational purposes, or dispose of at their convenience, any specimens or tissue taken from my body during a visit. If I undergo any procedure that requires the submission of tissue for pathologic examination, I authorize the use of any excess tissue for education purposes.

ACKNOWLEDGEMENT OF RESPONSIBILITY FOR PAYMENT OF MEDICAL SERVICES

I guarantee payment of all charges incurred for services rendered by Premier OB/GYN Associates, PLLC. The amount deemed patient responsibility per your insurance carrier including co-payment, co-insurance, deductibles, etc., fee shall be paid in full at the time of service. In case my account is collected by law or through an attorney at law, or under advice there-from, I agree to pay all costs of collection, including reasonable attorney's fee. An administrative charge of \$30 will be imposed on each account that must be re-billed because it is past due. We determine your account is past-due by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time. In the event an appointment is missed without twenty-four hour notice, a \$25.00 missed appointment charge may be applied to my account.

I have read and received Premier OB/GYN Associates' Payment Policy brochure (sign) _____

ASSIGNMENT OF INSURANCE OR PAYOR BENEFITS

I recognize that I am primarily liable for payment for services rendered. In the event that I am entitled to medical care benefits or insurance of any type whatsoever, I hereby assign those benefits and my rights to insurance payment to Premier OB/GYN Associates, PLLC. And the appropriate health care providers to apply for benefits and insurance on my behalf for services rendered to me. I certify that the insurance or other coverage benefit information supplied by me is correct, in accordance with provider or insurance policies or agreements. *If my insurance carrier requires pre-authorization or referrals for services I will receive, I understand that it is my responsibility to obtain the required pre-authorizations or referrals prior to utilizing those services.*

CONSENT TO APPEAL

In the event that my insurance company denies payment for my service, I authorize Premier OB/GYN Associates, PLLC to appeal for payment on my behalf.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have had an opportunity to review a copy of Premier OB/GYN Associates, PLLC Notice of Privacy Practices ("Notice"). I understand that information acquired or created about me by the office of Premier OB/GYN Associates, PLLC will only be disclosed to others for treatment, payment and health care operations as set forth in the Notice or as authorized by me in writing.

I CERTIFY THAT I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS

____ Patient _____ Substitute Decision Maker

____ Witness _____

____ Date _____

____ Date _____

____ If Substitute Decision Maker, state relationship _____

____ If Substitute Decision Maker, state reason _____