

Name:

Acct#:

Date: January 6, 2014



8640 West Third Street Suite 300

Los Angeles, CA 90048

P: 310-659-7878

F: 310-659-7117

PATIENT CONSENT

PATIENT CONSENT FOR SERVICES: I hereby consent to and authorize the performance of all treatments, surgery and medical services by the staff of Center for Rheumatology Medical Corporation (öCenter for Rheumatologyö) which the Center for Rheumatology may deem advisable. I hereby authorize my insurance benefits to be paid directly to Center for Rheumatology. Specific services will be reviewed with me in advance.

FINANCIAL RESPONSIBILITY FOR SERVICES: I hereby authorize my insurance benefits to be paid directly to Center for Rheumatology. I understand that I may be responsible for the entire amount or a portion of the charges for services rendered and will remit appropriate payment at the time of service. These charges may include payments for services which are not covered by my insurance, such as non-participating providers or out of network providers, and/or co-payments for office visits. (I understand I am ultimately responsible for all services rendered and failure of the insurance carrier to pay any claim does not negate my duty to pay for any unpaid claims or services.)

Balances are due within 30 days of when the bill is issued. Statements will be issued **after** the insurance carrier pays its portion of the bill. I understand that if the balance remains unpaid 60 days after statements are sent, a late charge of \$30.00 per month will be applied to the account. (Also, accounts without any activity for 60 days may be forwarded for further collection action. I understand if my account is referred to a collection agency or attorney, I will be responsible for all costs incurred in the process including finance charges, court costs, collection agency, attorney bills, etc. Furthermore, I understand I will be at a risk of being dismissed from the care of Center for Rheumatology.)

To avoid any unpaid balances that could result in further collection actions, finance charges, and/or dismissal from the clinic, I give Center for Rheumatology permission to place any unpaid claims or payments that I may owe on a current credit card kept on file if they have not been paid for any reason within 60 days from date of service. I understand I will be notified immediately prior to doing so and Center for Rheumatology will provide me with a receipt of all payments made with the credit card. I also understand Center for Rheumatology will keep my credit card information in a secure location and only limited personnel will be allowed access to it. In the event my insurance carrier pays Center for Rheumatology for any unpaid claims or payments after my credit card is charged, I understand I will be fully reimbursed for the paid amounts.

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CO-PAYMENT POLICY: I understand and agree that all necessary co-payments will be paid at the time of service. I also understand and agree that if my co-payment is not paid at the time of service, the Center for Rheumatology will assess my account a \$5.00 late fee and my appointment may be cancelled.

INSURANCE COVERAGE: I understand and agree that I am required to provide my insurance card(s): at my first appointment as a new patient, my first visit of every New Year, and any time my insurance information has changed. I understand that outdated cards with incorrect information can cause unnecessary delays in the payment of my claims.

RELEASE OF INFORMATION: I authorize the release of my medical records or other information necessary to provide proper health care, to process my medical claims, and for any other purposes that are related to the health care operations. I understand that Center for Rheumatology may share information with Cedars-Sinai Medical Center and its affiliated ancillary departments (e.g., laboratory and imaging). Additional information is provided in the Center for Rheumatology's Notice of Privacy Practices

DISCLAIMER TO ALL PATIENTS: The Center for Rheumatology does not consider an individual a patient until the patient has actually completed a preliminary in-person assessment in the office.

I certify that I have read and fully understand the above sections on patient consent, financial responsibility for services, co-payment policy, insurance coverage, and release of information. Any additional questions I have will be referred to the staff at Center for Rheumatology.

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OFFICE POLICIES

ON-TIME ARRIVAL POLICY: We ask that all patients arrive at least 15 minutes before their scheduled appointment so that they may have an adequate amount of time to complete any necessary documents and/or forms. Patients that arrive late for their scheduled appointment may have to reschedule their appointment for another day and time since our physicians make a strong effort to stick to their pre-arranged schedule at all times. However, please note that sometimes we have unexpected delays due to the urgent or complex needs of other patients and will make every effort to get you seen by a physician within a timely manner.

REFERRAL/AUTHORIZATION: Some medical insurance companies require a referral from a patient's provider in order to see a specialist. Therefore, if a patient chooses to access specialty services without prior authorization from their provider, or elects to use a Point of Service option, or fails to notify Center for Rheumatology that their insurance plan requires specific outside vendors, such as laboratories, to perform referred services, the patient may be financially responsible for the services rendered and needs to be aware that their insurance may not cover the costs of these additional medical services.

PHONE MESSAGES: By signing this document, patients consent that Center for Rheumatology is authorized to leave messages on their voicemails with non-confidential information.

ANCILLARY SERVICES: Patients may be billed separately for services such as laboratory, imaging, or other ancillary services depending on their individual medical insurance.

SPECIAL LETTERS AND FORM COMPLETION: The Center for Rheumatology charges fees for any forms/letters describing any medical conditions and/or treatments for their patients. This fee is based on the length and complexity of the form or requested letter.

FEE FOR MEDICAL RECORDS: A signed medical release form (which is valid for 30 days) will be required for any copies of patient medical records. Furthermore, the Center for Rheumatology charges a fee for all copies of patient medical records, whether they are copied, faxed (if applicable), mailed or picked up from the medical office. This fee is based on the size of the chart, the amount of time it takes to be copied, and any additional forms or documents that are required to be filed out for the medical records. The fee must be paid in full before any records will be released. Please be aware that X-rays cannot be mailed and must be picked up at

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the office and that it may take up to 72 business hours to have a patient's medical records prepared.

CANCELLED APPOINTMENTS: It is our office policy that patients must cancel their appointment at least 24 hours in advance. If a patient does not cancel their appointment within the prescribed cancellation period, the patient will be charged a \$75 cancellation fee.

MISSED APPOINTMENTS: The Center for Rheumatology charges a fee of \$100 for any missed appointments. In addition, a patient who misses three or more consecutive appointments without any type of notification, will be discharged from the practice.

MEDICATION REFILLS: Medication refills may take up to 48 business hours to be completed. Please have the patient's pharmacy fax the request to the Center for Rheumatology. Please be aware that the Center for Rheumatology does not call individual pharmacies. In addition, if a patient's prescription requires a prior authorization, the Center for Rheumatology may require up to 72 business hours to complete this request. Furthermore, please note that some prescriptions will not be authorized by a patient's insurance company and it is the patient's responsibility to know what medications are covered under their pharmacy benefits and to file any necessary appeals. Lastly, in order to best serve the patient's medical needs, please ensure that the Center for Rheumatology has the patient's most current pharmacy information on file.

PATIENT PHOTOGRAPH: Center for Rheumatology is deeply committed to your safety and identity protection. Please allow us to take your picture at the time of your visit to upload into your electronic medical chart. We use your photograph to protect you from identity theft, ensure patient safety and to further personalize our service to you. Your picture helps us confirm that all members of the care team are accessing the correct medical record and brings us closer by putting a "face with the name".

I certify that I have read and fully understand the above sections on cancelling appointments, on-time arrival policy, special letter and form completion, fee for medical records, referrals, ancillary services, phone messages, medication refills, and patient photographs. Any additional questions I have will be referred to the staff at Center for Rheumatology.

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Acknowledgement of Receipt of Notice of Privacy Practices

I hereby acknowledge that I received (either on the website or in person) a copy of the Center for Rheumatology Medical Corp.'s Notice of Privacy Practices. I further acknowledged that I will be offered a copy of any amended Notice of Privacy Practices at each appointment. If I have questions, I can contact Center for Rheumatology's Privacy Officer at:

PRIVACY OFFICER
CENTER FOR RHEUMATOLOGY MEDICAL CORPORATION
8640 WEST THIRD STREET SUITE 300
LOS ANGELES, CA 90048
(310) 659-7878

X

If not signed by the patient please indicate:

Relationship:

Parent or guardian of minor patient

Guardian or conservator of an incompetent patient

Beneficiary or personal representative of deceased patient