



CONSENT TO TREATMENT & FINANCIAL RESPONSIBILITY

CONSENT TO TREATMENT: The undersigned patient/responsible party consents to the medical/surgical procedure(s) and treatment(s), including but not limited to anesthesia, laboratory procedures, x-ray examinations, and physical therapy, to be rendered pursuant to the general and special instructions of my physicians. This consent extends to the anesthesiologists, emergency physicians, pathologists, and radiologists, all of whom are independent contractors and not employees of Gem City Bone and Joint, PC, and to Iverson Memorial Hospital. Medical and nursing personnel who are in training at Gem City Bone and Joint, PC may participate in my medical care.

FINANCIAL RESPONSIBILITY: By accepting any medical service or treatment, including but not limited to consultations, examinations, x-ray, surgery, and physical therapy, the undersigned patient/responsible party agrees to pay Gem City Bone and Joint, PC, all charges for such service or treatment.

IF CHAMPUS, MEDICARE, MEDICAID, WORKER'S COMPENSATION, or a similar government program should determine that I am not eligible for coverage or that the service or treatment is not covered, I will be responsible for payment, unless prohibited by law.

If I have health insurance, I assign the insurance benefits to Gem City Bone and Joint, PC, and authorize and direct my insurance carrier to pay those benefits directly to Gem City Bone and Joint, PC. I will be responsible for payment of amounts not paid by my insurance, unless prohibited by contract.

BILLS FOR SERVICES ARE PAYABLE IN FULL UPON RECEIPT

Except where prohibited by contract or law, a REBILLING CHARGE will be imposed upon any balance remaining unpaid on a bill 30 DAYS AFTER THE DATE OF THE INITIAL BILL. The REBILLING CHARGE will equal ONE AND ONE-HALF PERCENT (1.5%) of the *adjusted balance* of the bill as of the date of the rebilling. The adjusted balance of the bill that portion of the balance on the date of rebilling which has remained unpaid for more than 30 days after the date of initial billing. If the amount of any rebilling charge is less that \$0.50, a minimum rebilling charge of \$0.50 will be imposed.

That portion of the balance of any bill which has remained unpaid for 30 days after the date of initial billing will be assigned to our Collection Department. That portion of the balance of any bill which has remained unpaid for five months after that date of initial billing will be turned over to an attorney or collection agency. The undersigned patient/responsible party agrees to pay all costs of collection, including attorney's fees on amounts turned over for collection.

Initials

AUTHORIZATION TO RELEASE INFORMATION: The undersigned patient/responsible party authorizes Gem City Bone and Joint, PC, (and the anesthesiologists, emergency physicians, pathologists, radiologists, Iverson Memorial Hospital, and all other facilities and providers involved in my care) to disclose financial and medical information and records to: my employer and third-party payers, who are or may be responsible for payment of all or a portion of the charges; to other health care providers and/or to the referring physician to ensure continuity of medical care, and for purposes of accreditation, audits, certification, and peer or utilization reviews.

NOT RESPONSIBLE FOR PERSONAL PROPERTY: Patients should not bring valuables to the facility. Gem City Bone and Joint, PC, is not responsible for any personal property brought into or left in the facility.

The undersigned patient/responsible party acknowledges receipt of a copy of this form, and agrees to the terms set forth in this form.

(signature of patient)

(date of signing)

(time of signing)

(signature of patient's agent or representative/relationship)

(signature of insured)

(signature of witness)

PATIENT IS UNABLE TO SIGN BECAUSE _____

Questions regarding financial responsibility, billing and payment, or your account should be directed to the Collections Department of Gem City Bone and Joint, PC, by calling (307)745-8851 or by writing to 1909 Vista Drive, Laramie, WY 82070.