

Consent to Treat and Health Care Agreement

1. Consent to Treat

I hereby consent to evaluation, diagnostic procedures, testing, and treatment as directed by my physician or his/her designee. I understand that **Premier Orthopaedic Trauma Specialists, PMC** includes teaching facilities and therefore I may be attended to by students and residents of various disciplines and affiliated with various educational programs. I understand that I may request and receive information on the specific affiliation(s) of any particular healthcare provider I encounter during my care.

I understand that this Consent to treat will be valid for each visit I make to the **Premier Orthopaedic Trauma Specialists, PMC** until revoked by me in writing.

2. Consent to Release Information

I acknowledge that **Premier Orthopaedic Trauma Specialists, PMC** may release my protected health information as necessary for treatment, payment and health care operations and acknowledge that **Premier Orthopaedic Trauma Specialists, PMC's** Notice of Privacy Practice provides information on how my protected health information pertains to my diagnosis and/or treatment, and includes, but is not limited to, information related to my health history, diagnosis, treatment, prognosis, mental illness (excluding psychotherapy notes), use of alcohol or drugs, prescriptions and laboratory test results, including HIV or the diagnosis of AIDS.

I understand that use or disclose of my protected health information may be necessary before my insurer will pay for the cost of my medical treatment and that if I refuse to consent to this disclosure I may be required to pay the entire cost of medical care provided by **Premier Orthopaedic Trauma Specialists, PMC**.

I acknowledge and consent to allow **Premier Orthopaedic Trauma Specialists, PMC** to use health information exchange systems to electronically transmit, receive and/or access my medical information, which may include, but is not limited to, treatments, prescriptions, labs, medical and prescription history and other protected health information. I may "opt out" and now have my protected health information disclosed through health information exchange systems by providing the signed **Premier Orthopaedic Trauma Specialists, PMC** "opt-out" form to the practice location where I receive treatment.

3. Assignment of Insurance Benefits/Patient Financial Responsibility

I assign and transfer to **Premier Orthopaedic Trauma Specialists, PMC** all rights, title and interest in payments from third-party payors, including but limited to, health plans, health insurers, Personal Injury Protection (PIP)/Uninsured Motorist/Under Insured Motorist (UIM/UM), auto or homeowner's insurance. I understand that it is my responsibility to know my insurance benefits and whether the services I receive are a covered benefit. I understand and agree that I will be responsible for any deductible, co-pay or balance due that **Premier Orthopaedic Trauma Specialists, PMC** are unable to collect from my third-party payor for whatever reason. If my account becomes delinquent and it is necessary for the account to be referred to attorneys' or collection agencies, or lawsuit filed, I agree to pay all patient charges, reasonable attorney's fees and collection expenses.

4. Medicare

If I am eligible for health care benefits under any federal or state program, including, but not limited to Medicare or Medicaid, I certify that the information given by me in applying for payment under any such programs is correct. I authorize any holder of medical or other information needed for any federal or state program related claims. I request that payment or authorized benefits be made to **Premier Orthopaedic Trauma Specialists, PMC** on my behalf. I understand that I am financially responsible for any deductible, co-pay or balance due under these programs.

5. Medical records Release Authorization

I hereby authorize the release of my medical records, films, slides etc., in whole or part off as requested by Premier Orthopaedic Trauma Specialists, PMC., from any and all medical facilities that may have them.