



CONSENT TO TREATMENT AND ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY FORM

Scope of Services

I understand that RediClinic provides preventative and wellness care, as well as treatment for routine, non-life threatening injuries and illnesses. I understand that if I have an emergency medical condition, I should go to the nearest hospital.

Consent for Treatment

I consent to the provision of medical care necessary to treat the condition for which I am presenting to RediClinic, including routine diagnostic procedures and other medical treatments ordered by RediClinic personnel. I understand that the treating healthcare professional is a licensed advanced practice nurse or a licensed physician assistant, acting within the scope of practice permitted by state law. I understand that I have the right to consent or to refuse to a proposed treatment.

AUTHORIZATION AND ACKNOWLEDGEMENT

I hereby authorize RediClinic, L.L.C., and/or its subsidiaries, and affiliated or other providers to release information acquired in the course of my treatment to my insurance company, employer based health plan, or third-party payer as required of claims filed, quality assurance, health plan administration, complaints/grievances. I authorize direct payment to be made to RediClinic or other providers for any and all medical services rendered. I understand that I am responsible for all charges if any services are not covered by insurance or if RediClinic is unable to verify eligibility. I grant RediClinic the rights to coordinate benefits with other insurance coverage and to collect against another party for reimbursement of expenses, if my injury or illness was caused by or is reimbursable by that party. I authorize RediClinic to leave appointment and payment reminders on telephone answering devices.

Financial Responsibility Form

Thank you for choosing RediClinic for your health care needs. Please carefully review our financial policy. A customer service representative in our business office is available to answer any questions you may have regarding our financial policy or your payment responsibilities. They can be reached at 877-935-0333, option 3. Our office is open Monday – Friday from 8 AM to 4:30 PM.

Insurance Services

RediClinic participates with many health plans. As a courtesy to our patients, we will file claims with these companies. It is ultimately your responsibility for the full and timely payment of your account. Please be prepared to submit your current insurance card at each visit. A scanned copy of this card may be kept as a part of your permanent record. You will also be asked for photo identification. Please also provide the clinic with up to date contact information including your home address, telephone number, and emergency contact information. RediClinic will attempt to verify coverage and benefits prior to your visit with the clinician. If we are unable to obtain a verification of coverage you may be asked to pay in full or reschedule your visit at a time the verification can be obtained. This verification will be used to estimate your financial responsibility; however, this verification is not a guarantee by your health plan of coverage or payment.

Payment of your estimated patient liability is expected at the time services are rendered. This payment will include known deductibles, copays, and coinsurance due for this visit. While we may estimate your financial responsibility, it is your insurance company that makes the final determination regarding your eligibility and benefits. Please be aware that certain office procedures or services may not be covered, or may be considered "not medically necessary", "experimental", or "cosmetic" by your health plan. You are responsible for payment of these services. Please also be aware that many health plans limit preventative / annual coverage. In the event your care exceeds a plan limitation, you will be responsible for the balance. It is your responsibility to know the benefits and limitations of your current health care coverage. RediClinic will provide medically necessary care based on patients' medical needs, not a patient's insurance coverage. Your Clinician is not responsible for knowing your plan's specific benefit and coverage limitations. Please be aware that additional charges may be incurred if during the course of a physical exam the clinician addresses diagnoses or treats a problem-focused health concern.

Past Due Accounts

If your account becomes past due we will take necessary steps to collect this debt. Referral to a collection agency may adversely impact your credit record. Accounts turned over to collection agencies may also result in you being dismissed for non-payment as a patient from RediClinic.

NSF Checks / Denied Credit Card Payments

If a check is returned for insufficient funds, account closed, or payment is stopped, your account will be charged a fee. This fee applies to payments made at our front desk, mailed in to the Business Office, electronically via the internet, or payments by phone. In the unlikely event that this happens 3 times, you will be required to pay by cash or preapproved credit card. We will be unable to accept checks or credit cards from you.

Self Pay Discounts

As a courtesy, the clinic offers a discount to uninsured and underinsured patients for certain medically necessary services. This discount only applies to balances paid in full at the time of service. Some services, e.g., cosmetic services and B-12 injections, may not be discounted.

I acknowledge receipt of the RediClinic Financial Policy. I acknowledge prior receipt of a Notice of Privacy Practices and that no warranty or guarantee has been made to me as to result or cure. By signing below, I certify that I understand this statement.

Name of Patient (Please print)

Date of Birth

Name of Patient's Representative, if Patient is unable to sign due to age/disability

Relationship (Please print)

Signature of Patient or Patient's Representative

Date

If symptoms do not improve see your Primary Care Physician; if your symptoms worsen, see your Primary Care Physician immediately, or if he/she is unavailable, go to the nearest Emergency Department.

www.RediClinic.com 1.866-607-7334

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