

Patient's Name: _____

Patient's Date of Birth: _____

Consent for Treatment

I hereby give consent to the provider(s) and staff at Family Care Southwest to provide whatever treatment they deem necessary to me. I understand that if I have not had an appointment at Family Care Southwest in more than 3 years, my chart will be made inactive and it will be necessary to re-establish care as a new patient before any prescriptions, referrals or plans of care can be written.

Patient's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above consent.)

Financial Policy

As a patient of Family Care Southwest, you are ultimately responsible for payment of medical services you receive. Cash, personal check and credit cards are accepted methods of payment.

All patients must present a photo ID and a current, valid insurance card at each visit. Insurance is a contract between you and your insurance company. We will submit claims to your insurance company as a courtesy and assist you in any way we can. It is important that you keep us informed regarding any changes in your insurance information. You are responsible for all charges not paid by your insurance. Knowing your insurance benefits and which medical providers are in your insurance network is also your responsibility. If you are covered by an insurance plan that we are not contracted with, you may be responsible for higher out-of-pocket expenses.

All co-payments and past due balances are due at the time of service. Your co-payment is a contract with your insurance company. Co-payments will be collected at the time of check-in. Failure to pay/collect copays can be considered a breach of contract.

An appointment is a reservation of our office and staff for your treatment needs. This time is unavailable for someone else if we do not have adequate notice of cancellation or if you arrive late for your appointment. Please give us at least 24 hours' notice if you cannot keep your appointment or cannot arrive 20 minutes prior to your appointment time. You may not be seen if you arrive after your appointment time. We reserve the right to charge a fee for missed appointments or late arrivals.

If you have a past-due balance, you will receive text messages, email messages and a paper statement at various intervals regarding this balance. If you receive a text message, email message or paper statement, you may pay electronically through links in the text message or email messages, or use the link on the home page of our website (www.familycaresw.com). Failure to pay past-due balances may result in your account being sent to collections.

Patient's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above policy.)

Patient's Name: _____ Patient's Date of Birth: _____

Consent for Assignment of Benefits

I authorize payment of insurance and/or Medicare benefits directly to Family Care Southwest for the services of its provider(s) and staff in rendering care. In addition, I authorize the release of any medical information necessary to allow the insurance company and/or Medicare to process any claim(s) filed.

Patient's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above consent.)

Authorizations and Referrals Policy

We make every effort to obtain appropriate insurance referrals and authorizations on your behalf. However, it is your responsibility to verify that these referrals/authorizations are in place before services/tests/procedures are performed. If services/tests/procedures are performed without proper authorization from your insurance company, you may be financially responsible for the entire bill.

Patient's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above policy.)

Consent to Obtain Prescription Records

I authorize my provider(s) at Family Care Southwest to access my insurance prescription benefit information to coordinate my care and ensure my prescription compliance and safety.

Patient's/Guardian's Initials _____

(By initialing, you are acknowledging that you have read and understand the above consent.)

Access to Providers

There is a Family Care Southwest provider on-call 24/7. If you have an urgent health concern that cannot wait until the office reopens, call our main number at 303-933-4555 and you will be connected to our answering service. The answering service will contact the provider regarding your concern and connect you in urgent situations. Please call us for non-life threatening concerns before going to an ER or urgent care facility.

Acknowledgement and Agreement

I understand and agree to all consents and policies listed above. If I am the patient's guardian/medical power of attorney, I understand and agreed to all consents and policies on the patient's behalf.

Patient's Signature (Legal Guardian/MPA signature)

Date

Patient's Printed Name (Legal Guardian/MPA printed name)