



Patient Name: _____ Patient Date of Birth: _____

Consent for Treatment, Payment, and Operations

I authorize Firelands Physician Group [FPG] to release any information required to process my claims. I am assigning insurance benefits to be paid directly to FPG. I understand that I am financially responsible for any account balances and costs incurred in collecting those balances. I agree to permit authorized FPG personnel to perform diagnostic and therapeutic procedures that my treating provider(s) deem necessary for care. By signing below I agree to permit x-rays, laboratory tests, photographs for treatment purposes, routine medical treatment (for example: medications, injections, vaccinations, drawing blood for tests), emergency procedures as necessary and hospital services performed at the request of providers arising in my care. I understand that, except in an emergency, any further treatment or procedures will be performed only after I have been informed of the benefits, material risks and complications associated with such treatment or procedures and I have given my consent. I understand that FPG is a teaching organization and that healthcare personnel in training may assist, be present and participate in providing my care and that my medical records may be used for education purposes.

I authorize that I have read, understand, and give my consent for treatment:

Patient or Responsible Party Name

Patient or Responsible Party Signature Date

Consent to Obtain Medication History

I authorize FPG to obtain my medication history from a service called *SureScripts ePrescribing*. This consent includes any prescription medications used to treat AIDS/HIV, mental health or psychiatric conditions. We will obtain approximately a six month medication history. This information will become part of your medical record.

I authorize that I have read, understand, and give my consent for Firelands Physician Group to obtain my medication history:

Patient or Responsible Party Name

Patient or Responsible Party Signature Date

Financial Policy

Our priority is providing you with quality healthcare. The ability to do this requires our office to be financially viable and therefore, we must have policies regarding patient accounts.

- Co-pays are to be paid when you check-in, in accordance with your health insurance policy. **We accept cash, personal checks, VISA, MasterCard, Discover, American Express and debit cards.** FPG reserves the right to charge a statement fee of \$15 for non-payment of copay at time of service.
- If you have a deductible insurance plan, payment may be due at the time of the visit.
- If you do not provide a valid health insurance card, payment is expected in full at the time of your visit. For certain non-urgent services, payment arrangements will be made in advance.

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- We will ask for your outstanding balance upon check-in for your visit unless a payment arrangement has previously been made. If you are unaware that you have an outstanding balance, it may be because we do not mail billing statements if your account balance is less than \$5.00. Our office staff would be happy to provide you an itemized statement at your request.
- Your balance is due in full upon receipt of your monthly statement. This may include services billed to your insurance company that remain unpaid after repeated attempts by our billing staff to resolve the disputed claim. You are responsible for working with your health insurance company to see that claims are paid.
- Firelands Physician Group does not bill auto insurance carriers. Medical claims for an auto related accident will be billed to the patient's insurance carrier, if the patient has medical insurance. However if the medical insurance, denies payment or takes back payment, the patient will be responsible and billed accordingly. Uninsured patients must pay in full at time of service for medical services related to an auto accident.
- Forms Completion – Due to the number and size of disability and FMLA forms requested to be completed by our physicians, we charge a **forms completion fee of \$5.00 for each page with a maximum of \$15.00 per form**. The fee must be paid before a disability or FMLA form will be completed. Physical forms will be completed at no charge as long as the form is completed during the exam.
- Returned Checks – For each check returned for non-sufficient funds (NSF), **our fee is \$30.00**. If we receive an NSF check, we will not accept another personal check from you until the NSF fees and amount of the check are paid. If we receive two (2) returned checks on an account, we will no longer accept personal checks on that account.
- If you need to reschedule your appointment, please notify the office as soon as possible so that we can schedule another patient in need of care. **If you miss your appointment or arrive more than 15 minutes late, you may be charged a \$50 no-show fee. Repeated no-show behavior may result in your dismissal from this practice.**

Patient Initials: _____

- If you are having difficulty paying your account balance in full upon receipt of your statement, please call our Central Billing Office (419) 557-5530 to make acceptable payment arrangements. If you are experiencing financial hardship, you may qualify for reduced service fees. Failure to make your payment in full or as arranged may result in your account being turned over to a collection agency. Any collection fees incurred will be added to your account balance. If your account is sent to collection, it may appear on your credit report. If you have any questions and/or feel you are not receiving the service you should, please contact our Corporate Office right away at (419) 557-5530.

By my signature below, I agree to the financial policy of Firelands Physician Group:

Patient or Responsible Party Name

Date

Patient or Responsible Party Signature

Date