
CONSENT FOR TREATMENT

I hereby give consent to the physicians and staff of Swan Mountain Women's Center, PC to render such care and treatment as might be required by my condition. Such care may include, but is not limited to, diagnostic procedure such as laboratory and imaging examinations, rehabilitation, medical and or surgical treatment, and injections.

PAYMENT POLICY

Swan Mountain Women's Center, PC will file all insurance for its clients as a courtesy. If Swan Mountain Women's Center, PC is not contracted with your insurance company, you will be responsible for payment toward your deductible and any co-insurance for the visit at the time of service. If you do not have an insurance that we are contracted with, payment will be due at the time of service. We will provide you with the information necessary for you to file your claim with your insurance company. Any unpaid patient balance will accrue a 1.5% monthly billing charge after 90 days. Any collection fees, attorney fees or returned check fees are accountability of the responsible party named on the account.

In addition, I assign directly to Swan Mountain Women's Center, PC all surgical and or medical benefits, if any, otherwise payable to me for services rendered.

I understand that if I have not listed any insurance above, or if the insurance I have listed is not contracted with Swan Mountain Women's Center, PC that I am responsible for any out of network deductibles and co-insurance at the time the service is rendered.

I also verify that all the information I have provided is true and correct to the best of my knowledge. I authorize Swan Mountain Women's Center, PC to release my complete records to my insurance company in order to process my claim and to or from other physicians or medical facilities that may be pertinent and necessary to care and treatment.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices.

Signature _____ Date _____

Print Name _____