

BARNES UROLOGY

4200 S. DOUGLAS AVE. SUITE 200 OKC, OK 73109

PHONE: (405)644-5175 FAX: (405)644-5176

PATIENT AGREEMENTS AND ACKNOWLEDGEMENT

AUTHORIZATION FOR MEDICAL TREATMENT

Barnes Urology and its personnel are hereby authorized to administer any medical, diagnostic or therapeutic treatment as may be deemed necessary or advisable. I represent to Barnes Urology that I have the right to consent or refuse consent, to any proposed procedure or therapeutic course, absent emergency or extraordinary circumstances.

ASSIGNMENT OF INSURANCE BENEFITS

I agree that insurance or medical benefits for Barnes Urology charges otherwise payable to me are to be made payable to Barnes Urology. Any payment received for services may be applied to any unpaid bills for which I am liable, subject to the rules of coordination of benefits.

PRECERTIFICATION

I understand that Barnes Urology will assist with insurance precertification requirements which are the responsibility of the policyholder and/or physician, but will not assume responsibility for precertification or any impact which it may have on insurance payment.

FINANCIAL RESPONSIBILITY

As consideration for the services provided me, payment is guaranteed for any amount due for such services provided by Barnes Urology. Charges for services and goods shall be at Barnes Urology billed charges rates unless otherwise agreed to in writing by Barnes Urology. Barnes Urology requires that a minimum of 25% of the patient balance is to be paid per month. Barnes Urology will impose a fee of \$25.00 for more than one no show appointment.

CERTIFICATION

I hereby certify that I have read each of the above statements, have had each item explained to me to my satisfaction, and have received a copy of the Notice of Privacy Practices and this Patient Agreement and Acknowledgement. I further certify that I am the patient or duly authorized by the patient to accept the terms of the Patient Agreement and Acknowledgement. A photocopy of this document has the same effect as an original.

DISCLOSURE OF INFORMATION

I understand that my medical records and billing information are made and retained by Barnes Urology and are accessible to Barnes Urology personnel as needed to perform their respective job duties. Barnes Urology personnel in attendance may use and disclose medical information for operational purposes and to any other physician or health care provider involved in my continuum of care. Safeguards are in place to discourage improper access to my protected health information. Barnes Urology and its personnel are authorized to disclose all or part of my medical record to any insurance carrier or health plan, workers compensation carrier, or self-insured employer group liable for any part of Barnes Urology charges and to any health care provider who is or may become involved with my care.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES AND CONSENT

A complete description of how your medical information will be used and disclosed by Barnes Urology is in our NOTICE OF PRIVACY PRACTICES, which you should read before signing this agreement. A copy is available to you upon registration and is posted in Barnes Urology facilities.

By signing this agreement I acknowledge receipt of Barnes Urology Notice of Privacy Practices and authorize the use and disclosure of my medical information as described in the Notice of Privacy Practices.

Signature of Patient or Responsible Party

Relationship to Patient

Date

BARNES UROLOGY

4200 S. DOUGLAS AVE. SUITE 200 OKC, OK 73109

PHONE: (405)644-5175 FAX: (405)644-5176

PATIENT AGREEMENTS AND ACKNOWLEDGEMENT

Barnes Urology may furnish my Medical Information (appointment date and time, labs, results of labs or scans, etc.) to the following Person(s): This includes: Spouse, child(ren), other relatives, or friends.

The first person listed will be the emergency contact person

Name

Relationship

Phone Number

Signature: _____

Date: _____

(Staff only) Basis for refusal, if refused: _____