

AUTHORIZATIONS & DISCLOSURES

These AUTHORIZATIONS & DISCLOSURES MUST BE SIGNED BY THE PATIENT, or by the party legally and financially responsible for a minor or physically or mentally incapacitated patient. PLEASE READ EACH AUTHORIZATION CAREFULLY.

AUTHORIZATION FOR MEDICAL TREATMENT: The patient (or legal guardian) hereby authorizes any anesthesia, medical or surgical treatment, including services rendered or provided under the general and special instructions of patient's attending physician, his/her assistants, and other practitioners associated, as may, in their professional judgment be deemed necessary or beneficial for the purposes of diagnosis, treatment and medical care at SurgCenter of Towson, LLC.. NO PROMISE, GUARANTEE OR WARRANTY HAS BEEN MADE REGARDING THE RESULTS OF ANY MEDICAL TREATMENT OR SURGICAL PROCEDURE. Any and all removed organs, or parts may be disposed of in accordance with accepted medical practices.

AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR REIMBURSEMENT: For purpose of reimbursement, SurgCenter of Towson, LLC. and each attending or treating practitioner, including, but not limited to, pathology, anesthesia, radiology and laboratory providers, are hereby authorized and directed to disclose all or any part of the medical record for this admission to employers, insurance companies, other organizations, third party payors, or agencies as may be necessary to verify or process any and all claims for insurance coverage or third-party reimbursement. The patient (or legal guardian) understands that such disclosures may contain information which could result in limitation or denial of insurance benefits or third-party reimbursement or which could otherwise be harmful or prejudicial to patient's interests. Unless specifically instructed otherwise, SurgCenter of Towson, LLC. and each attending or treating practitioner are hereby authorized and directed, during patient's period of this admission, to disclose medical and payment information to patient's spouse, children, parents, and any other person authorized to consent to treatment pursuant to 431.061-.065, RSMO (1979) as amended, concerning patient's health status, diagnosis, prognosis, and progress. The patient (or legal guardian) does hereby release and hold SurgCenter of Towson, LLC., its officers, directors, agents, employees, and all examining and treating practitioners harmless of and from any and all costs, loss damage, or liability resulting from or arising out of such disclosures.

RELEASE OF RESPONSIBILITY FOR VALUABLES/PATIENT RIGHTS & RESPONSIBILITIES: The patient (or legal guardian) acknowledges that they have been advised to leave all valuables at home. SurgCenter of Towson, LLC. is hereby fully released of and from any and all responsibility for loss or damage to personal property, money, or valuables of the patient. The patient acknowledges that a copy of the rights and responsibilities has been offered and made available.

NOTICE OF PRIVACY PRACTICES: The patient (or legal guardian) is aware of their rights to privacy of personal health information, under the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is aware that a copy of these rights is available upon request.

PHYSICIAN OWNERSHIP DISCLOSURE: SurgCenter of Towson, LLC. provides services only to patients admitted by private practitioners who are members of the Medical Staff, some of whom retain joint ownership of this surgery center. The patient (or legal guardian) understand they may choose another facility for the services the patient requires, and have elected to receive care at SurgCenter of Towson, LLC..

MEDICARE CERTIFICATION AND AUTHORIZATION: The patient (or legal guardian) certifies that the information given in applying for payment under Title XVII of the Social Security Act, if applicable, is correct. Any holder of medical or other information about the patient pertaining to this admission that is needed for any Medicare claim is authorized by the Social Security Administration, or their intermediaries or carriers, to request that payment of authorized benefits be made on the patient's behalf. The Medicare program is authorized to furnish medical or other information needed for any Medicare claim and to request that payment of authorized benefits be made under Title XVII as necessary to process any complimentary coverage claim.



NAME OF PATIENT (PRINT)



SIGNATURE OF PATIENT, AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN

RELATIONSHIP

DATE

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NOTICE OF POLICY REGARDING ADVANCE DIRECTIVES: The patient (or legal guardian) has received information regarding the Advanced Directives Policy at SurgCenter of Towson, LLC. and understands that the center policy (regardless of the contents of any advance directive or instructions from a health care surrogate attorney in fact) is to initiate resuscitative measures, should an adverse event occur during the patient's admission. The patient (or legal guardian) agrees the patient would be transferred to the closest acute care facility for further evaluation, where further treatment or withdrawal of treatment measures already begun will be ordered in accordance with the patient's wishes, advance directive or health care power of attorney. Agreement with this policy does not revoke or invalidate any current health care directive or health care power of attorney.

➡ **PLEASE INITIAL ONE OF THE FOLLOWING:**

- _____ YES, I brought my Advanced Directive/Living Will/Health Care Proxy with me to place a copy in my chart as part of my medical record
- _____ YES, I have an Advanced Directive/Living Will/Health Care Proxy, but did not bring it with me
- _____ NO, I do not have an Advanced Directive/Living Will/Health Care Proxy
- _____ I wish to have information on how I can obtain an Advanced Directive/Living Will/Health Care Proxy

NOTICE OF FINANCIAL RESPONSIBILITY: The patient (or legal guardian) is financially responsible to SurgCenter of Towson, LLC. for any and all charges associated with the services rendered by SurgCenter of Towson, LLC., whether through a self-pay arrangement or assignment of applicable medical benefits under which they are a covered beneficiary. SurgCenter of Towson, LLC. verifies insurance benefits, however exact coverage and benefits cannot be determined until the claim is received and reviewed by the patient's insurance carrier. The patient (or legal guardian) understands this is not a guarantee of payment from an insurance carrier and all benefits are subject to the conditions and limitations of the plan and are subject to change. The patient (or legal guardian) understands that they are financially responsible for charges not covered by an assignment of benefits, or for charges which the insurance carrier declines to pay. When a health plan denies some or all of the charges, SurgCenter of Towson, LLC. will pursue the internal appeals provided by the health plan, and will only bill the patient for any amounts which remain outstanding after the appeals are exhausted. The patient (or legal guardian) further acknowledges:

1. SurgCenter of Towson, LLC. may be a non-participating provider with patient's insurance plan, the status of which have been shared with the patient (or legal guardian) and have chosen to obtain services at this facility.
2. SurgCenter of Towson, LLC. bills both patients and health plans using the same fee schedule, and the financial obligation is based on the patient's applicable benefit levels associated with services for which SurgCenter of Towson, LLC. will bill the health plan pursuant to an assignment.
3. Where contractual rates do not apply, patients and health plans are offered discounts based on the time of payment, in accordance with the SurgCenter of Towson, LLC. Financial Policies, a copy of which is available to the patient (or legal guardian) upon request, and has also been made available to the patient's health plan.
4. The patient (or legal guardian) is aware of their right to request a complete written estimate of the anticipated charges and the associated financial responsibility. The patient (or legal guardian) understands that the fee quoted for the surgery facility is an ESTIMATE only, and it is possible that they will receive a bill for any balance which they will remain financially obligated to pay.
5. Fees for anesthesia services, physician fees, pathology services, laboratory fees, durable medical equipment and surgical assistants, or other services rendered which are not included in the facility global rate will be billed separately where applicable.
6. If a payment is received by the patient from the health insurance carrier they have assigned to SurgCenter of Towson, LLC., patient must endorse and forward the payment and Explanation of Benefits to SurgCenter of Towson, LLC. as soon as the payment is received to avoid additional financial liability.

➡ _____
NAME OF PATIENT (PRINT)

➡ _____
SIGNATURE OF PATIENT, AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN

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ASSIGNMENT OF BENEFITS, ASSIGNMENT OF RIGHTS, & DESIGNATION OF AUTHORIZED REPRESENTATIVE

The patient (or legal guardian) hereby assigns and conveys directly to the named health care provider as the designated authorized representative, all medical benefits and/or insurance reimbursement, if any, under any policy of insurance or other health care coverage in which the patient is a covered beneficiary, otherwise payable to the patient for services, treatments or therapies, including major medical, rendered or provided by the named health care provider, including their professional corporations or business entities. Including without limitation, if applicable, pathology provider, anesthesia provider and radiology provider by reason of this admission, regardless of its managed care network participation status. The patient (or legal guardian) understands that the patient is financially responsible for all charges regardless of any applicable insurance or benefit payments. The patient (or legal guardian) hereby authorizes the named health care provider to release all medical information necessary to process the patient's claims. Further, the patient (or legal guardian) hereby authorizes the patient's plan administrator fiduciary, insurer, and/or attorney to release to the named health care provider any and all plan documents, summary benefit description, insurance policy, and/or settlement information upon written request from the named health care provider or its attorneys in order to claim such medical benefits.

In addition to the assignment of the medical benefits and/or insurance reimbursement above, the patient (or legal guardian) also assigns and/or conveys to the named health care provider any legal or administrative claim or chosen action arising under any group health plan, employee benefits plan, health insurance or tortfeasor insurance concerning medical expenses incurred as a result of the medical services, treatments, therapies, and/or medications the patient receives from the named health care provider (including any right to pursue those legal or administrative claims or chosen action). This constitutes an express and knowing assignment of ERISA breach or fiduciary duty claims and other legal and/or administrative claims. The patient (or legal guardian) intends by this assignment and designation of authorized representative to convey to the named provider all of the patient's rights to claim (or place a lien on) the medical benefits related to the services, treatments, therapies, including major medical, provided by the named health care provider, including rights to any settlement, insurance or applicable legal or administrative remedies (including damages arising from ERISA breach of fiduciary duty claims). The assignee and/or designated representative (named provider) is given the right by the patient (or legal guardian) to (1) obtain information regarding the claim to the same extent as the patient (or legal guardian); (2) submit evidence; (3) make statements about facts or law; (4) make any request including providing or receiving notice of appeal proceedings; (5) participate in any administrative and judicial actions and pursue claims or chosen action or right against any liable party, insurance company, employee benefit plan, health care benefit plan, or plan administrator. The named provider as the patient's assignee and designated authorized representative may bring suit against any such health care benefit plan, employee benefit plan, plan administrator or insurance company in the patient's name with derivative standing at provider's expense.

Medicare: The undersigned parties do hereby assign, transfer and set over any and all Medicare benefits payable for health services relating to this admission to the named health care provider, including their professional corporations or business entities including but not limited to, if applicable, pathology provider, anesthesia provider, and radiology provider, and hereby authorize said healthcare providers or their corporations to submit claims directly to Medicare for payment on behalf of the undersigned patient (or legal guardian). Items not covered by Medicare will be the responsibility of the undersigned financially responsible party.

Unless revoked, this assignment is valid for all administrative and judicial reviews under PPACA (health care reform legislation), ERISA, Medicare and applicable federal and state laws. A photocopy of this assignment is to be considered valid, the same as if it was the original. **THE UNDERSIGNED, AND EACH OF THEM, CERTIFY THAT THEY HAVE READ AND UNDERSTAND EACH OF THE ABOVE AUTHORIZATIONS.**

➡ _____
NAME OF PATIENT (PRINT)

➡ _____
SIGNATURE OF PATIENT, AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN RELATIONSHIP DATE

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TRANSPORTATION RELEASE

The patient (or legal guardian) understands that the anesthetic to be administered during their admission may have effects that may make it hazardous for to drive a car or to otherwise travel home alone following the recovery period. The patient (or legal guardian) understands that SurgCenter of Towson, LLC will not perform a scheduled surgical procedure unless the patient (or legal guardian) has arranged a responsible adult to accompany the patient and transport them home.



Printed Name of Responsible Adult/Driver

Relationship to Patient

(____)_____
Phone Number

SurgCenter of Towson recommends the patient is to have a responsible adult to stay with them for the first 24 hours post surgery. If applicable, please print name of responsible adult below.



Printed Name of 24-Hour Post Surgery Caregiver

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