



Welcome to the Diabetes & Metabolic Wellness Center

Clinical Policies and Agreements

Consent for Medical Treatment

I, undersigned, as the patient (or the patient's authorized representative), do hereby voluntarily consent to and authorize medical care encompassing all diagnostic and therapeutic treatments and transfer to other facilities considered necessary or advisable in the judgment of the attending physician, his/her assistants or designee. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me as to the results of treatments or examinations performed in this facility. I authorize the Diabetes & Metabolic Wellness Center ("DMWC") or members of its attending staff to retain, preserve and use for scientific or teaching purposes, or dispose of, at their convenience, any specimens of mine.

Financial Responsibility Statement

It is the policy of the Diabetes & Metabolic Wellness Center to bill your insurance carrier as a courtesy to you, even though you may be considered responsible for the entire bill when the services are rendered. If your insurance carrier does not remit payment within 60 days, the applicable balance will then be due in full from you. Unless your insurance carrier has a contract with the Diabetes & Metabolic Wellness Center to pay based on a specific negotiated fee schedule, you may be held responsible for any difference remaining between the insurance payment and the total charges.

We also require that arrangements for payments of your estimated share be made on the date services are rendered. If payment is made by your insurance carrier in excess of the balance of your account, we will promptly refund the credit to the appropriate party. If any payment is made directly to you for services billed by us, you recognize an obligation to promptly remit the same to the Diabetes & Metabolic Wellness Center.

However, if you are an HMO enrollee, the above statements only apply to your applicable co-pay and/or any other non-covered charges that you have agreed to be responsible for in advance of treatment. If you are a Worker's Compensation patient, you will be held responsible for charges in the event your claim is not approved by either your employer or your insurance company. You understand and agree that if you fail to make the payments for which you are responsible in a timely manner, after such default and upon referral to a collection agency or attorney by the Diabetes & Metabolic Wellness Center, you will be responsible for all costs of collecting monies owed including court costs, collection agency fees and attorney fees. You also understand that you are responsible for keeping Allied advised of any address changes. If any correspondence is returned via mail, you understand that the account will be considered in default and will be turned over for collection immediately.

Release of Information

I, hereby, authorize the Diabetes & Metabolic Wellness Center to release information to my insurer(s), their agent(s) (including employer, if worked related injury), about my injury or disability, medical condition, evaluation, treatment, work history and/or any medical information as may be necessary for payment by my hospital and medical claims, except as otherwise provided by applicable State or Federal Laws. This release also allows information to be released for utilization review and financial audits or for the purpose of evaluation, treatment and/or rehabilitation. This may include all reports and others contained in the medical record pertaining to the medical condition or injury for which I have sought treatment. In addition, this release authorizes the Diabetes & Metabolic Wellness Center to release my records

to any referred physician for purposes of continued medical care. This will include all pertinent clinical note, diagnostic tests and personal information. Also, any medical information returned from referral physician used for Case Management purposes can be released to the above listed entities. I understand that this authorization may be revoked by me at any time and that it is valid for a period which is consistent with the medical records policy of the Diabetes & Metabolic Wellness Center. Its personnel are hereby released from all legal responsibilities for such release of information as described above.

A photocopy or scanned copy of this document shall be considered to be valid as the original.

Benefit Assignment

I, hereby, assign all medical benefits and/or surgical benefits to include major medical benefits to which I am entitled, including Medicare, private insurances, and any other health plans to the Diabetes & Metabolic Wellness Center.

A photocopy or electronic/scanned copy of this assignment is to be considered as valid as the original.

About Physician Assistants

This facility may have on staff a physician assistant to assist in the delivery of medical care. A physician assistant is not a doctor. A physician assistant is a graduate of an accredited, two-year training program and is licensed by the state board. They are required to pass the Physician Assistant National Certifying Examination to become a certified Physician Assistant (PA-C). Under the supervision of a physician, a physician assistant can diagnose, treat and monitor common acute and chronic diseases as well as provide health maintenance care. Supervision does not require the constant physical presence of the supervising physician, but rather refers to overseeing the activities of and accepting responsibility for the medical services that the physician assistant provides. These services may include obtaining histories, performing physical exams, diagnosing and treating illness, ordering and interpreting tests, counseling on preventive health care, assisting in surgery, writing prescriptions, and making appropriate referrals.

Acknowledgement

I understand that as part of my healthcare, the Diabetes & Metabolic Wellness Center originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information serves as:

- 1) a basis for planning my care and treatment;
- 2) a means of communication among the many health professionals who contribute to my care;
- 3) a source of information for applying my diagnosis and surgical information to my bill;
- 4) a means by which a third party payer can verify that services billed were actually provided;
- 5) and a tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with a Notice of Privacy Practices that provides a more complete description of protected health information uses and disclosures. I understand that the Diabetes & Metabolic Wellness Center reserves the right to change its practices and to make the new provisions effective for all protected health information maintained by the Diabetes & Metabolic Wellness Center.