Midwest Health Partners, P.C.

RELEASE AND ASSIGNMENT

This patient registration form must be completed and signed by the responsible/consenting party prior to treatment. Midwest Health Partners considers this information a condition of treatment.

I authorize the providers of MWHP to administer medication, anesthetics and perform such procedures as may be deemed necessary in the diagnosis and treatment of the patient. I authorize release of any medical information regarding this visit to my insurance and or primary care physician and also assign to the provider all payments from insurance. I understand that I am financially responsible for all charges whether or not paid by insurance. I understand that not all providers at MWHP may be a participating provider with my insurance and that I am responsible for charges not covered by my insurance.

SIGNATURE: _____ **DATE:** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize Midwest Health Partners to release information from my medical record. This can include, but not limited to: medical records, billing and other insurance information. I understand that this authorization will expire one year from today's date. I may revoke this authorization at any time by notifying Midwest Health Partners in writing and it will be effective on the date notified except to the extent action has already been taken.

NAME: _____ RELATIONSHIP: _____ DATE OF BIRTH: _____

NAME: _____ RELATIONSHIP: _____ DATE OF BIRTH: _____

SIGNATURE: _____ **DATE:** _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have received the Notice of Privacy Practices (HIPAA) from Midwest Health Partners and understand the privacy policy regarding my rights.

SIGNATURE: _____

FINANCIAL POLICY

The following is Midwest Health Partners, P.C. financial policy which we require you to read and sign prior to treatment.

Payment . All patients with valid insurance are required to pay any applicable co-pay. If a co-payment does not apply, you will be required to pay a minimum of 20% of your services, *regardless of your deductible or coinsurance percentage.* The balance is your responsibility whether your insurance pays or not. Patients without insurance are required to pay in full at the time of service**. A portion of your visit may be billed through an outside laboratory, pathology service, Medical Imaging Consultants, or other radiology center depending on the type of treatment received**. We do not guarantee that outside services will be contracted with your insurance company. In the event that your insurance does not pay in full for your visit and a bill is required, a finance charge of 1.25% will be assessed to all balances not paid in full within 30 days of the statement date. We accept cash, checks, VISA/MASTERCARD/DISCOVER and debit cards.

I**nsurance plans**. Valid insurance and/or Nebraska Medicaid information must be obtained prior to treatment or payment is due in full. If you have applied for Nebraska Medicaid, but have not yet been accepted, written proof of your application must be obtained from Nebraska Health & Human Services and presented at the time of your appointment, or payment in full is required. Your insurance policy is a contract between you and your insurance carrier and we are not a party to that contract. It is your responsibility to see whether the provider you are seeing is contracted with your insurance company each time you are seen.

Work related injuries. We will file any Worker's Compensation claims with your employer to be filed with their Worker's Compensation carrier. We do require a copy of applicable health insurance coverage information to file a claim with this coverage in the event the Worker's Compensation carrier denies your claim. Written or telephone authorization is required from your employer prior to treatment. In the event authorization is not obtained, any applicable Health Insurance carrier will be billed or payment in full is due at the time of service. If you receive authorization from your employer following treatment, our Accounts Receivable Department must be notified at (402) 379-2322 ext. 180

Usual and customary rates. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minors. Minor patients must be accompanied by an adult or be able to provide a signed consent for medical treatment prior to being seen. The parent/adult/guardian accompanying a minor is responsible for full payment. Unaccompanied minors receiving non-emergent treatment will be denied unless charges have been pre-authorized for payment by Visa/MasterCard/Discover/debit cards, or payment by cash or check at the time of service.

Collections. We reserve the right to forward any account to a Third Party Collection Agency/Attorney at any time we determine the account to be uncollectible/delinquent. Our collection agency reports bad debts. Patients/Guarantors with a prior collections history with Midwest Health Partners may be asked to pay in full at the time of the appointment or make a deposit if the appointments charges are not yet determined.

I have read and agree to the above financial policy.

_____ _____ _____

SIGNATURE OF RESPONSIBLE PARTY **RELATIONSHIP OF RESPONSIBLE PARTY** **DATE**