



**Authorization and Agreements of Medical Treatment**

**Insurance Benefits and Financial Responsibility**

CONSENT FOR EXAMINATION: I understand that medical treatment may be necessary for the patient by any of the physicians, associates or assistants of Stonebrooke Family Physicians.

I understand the examination procedure will be explained to me and I shall consent to the partial or complete examination. I understand that the examination results will be provided to me with recommendations. The responsibility for any follow-up examination to check abnormalities found and treated, lies with me and not with my physician. I hereby release my examiner from all responsibility in connection with this examination.

CONSENT FOR TREATMENT: I understand that medical treatment is necessary for the patient by any of the physicians, associates or assistants of Stonebrooke Family Physicians. I hereby consent to and authorize the administration of all diagnostic and therapeutic treatments that may be considered advisable or necessary in the judgment of the physician. No guarantee or assurance has been given by anyone as to the results that may be obtained by such treatments.

1. Payment is due at time of service. We accept cash, checks, and credit cards.
2. All co-payments, deductibles, and non-covered services must be paid at the time of service.
3. A schedule of fees for our services is available at the reception desk. Our office will submit claims to your insurance company as a service to you. It is important that you know what your insurance plan covers. Services not covered by your insurance are responsibility.
4. If your insurance company requires laboratory specimens be sent to a specific lab, it is your responsibility to know the participating lab. Please make us aware of plan requirements.
5. If your insurance is a managed care plan, please review your coverage. If you require services that require a referral, adequate planning is essential. Referrals must be authorized by your doctor and usually require an office visit. Authorizations from managed care plans for your referrals may take one or more days. Please be aware that we are often unable to accommodate call-in requests for referrals. Do not expect our office staff to obtain your referral forms-this is your responsibility. Failure to obtain necessary authorizations often leads to out-of-pocket expense. We are happy to assist you in any way with your managed care plan; however, our experience with these plans has demonstrated that planning and adequate lead-time are essential. Your knowledge of your plan regulations and benefits as well as adequate planning will help avoid delays and denied claims.
6. In case of estranged or divorced parents, the parent accompanying the child to the visit is responsible to pay for services rendered-regardless of coverage arrangements. We will gladly furnish you with necessary statements for reimbursement.
7. Your doctor is here to manage your medical care. The physicians are not experts on insurance and cannot be aware of all financial arrangements. Please discuss insurance problems and financial arrangements with the business office staff.
8. If you are experiencing financial difficulties, please discuss this with the business office staff. We will gladly work with you to make payment arrangements. Accounts over 90 days past due may be referred to a collection agency.

I have read the Acknowledgements and Agreements and fully understand the same.

Patients Name (print)

Signature of Patient or Guardian

Date:

Relationship to Patient :

Date:

Please bring this form with you the day of your exam. We must have a signed copy prior to your complete physical.

\_\_\_ Copy of consent given to patient

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