

Patient Consent Form

CONSENT FOR TREATMENT

I, the undersigned, hereby authorize Christopher Kang, MD, or any other physician or health care provider of Health One Medical Group, LLC (collectively “Health1Care”), to examine and treat me, as deemed necessary, to provide proper care and treatment of my conditions or symptoms. I understand that any medical procedure involves risks. I understand that I may decline, either verbally or in writing, any treatment, procedure or test offered by Health1Care.

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

In compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health1Care has made available to you a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices prior to signing this consent. A current copy of the Notice is posted in our offices in a visible location and on our website at all times and may be printed from our website. The terms of the Notice of Privacy Practices may be revised or amended and you have the right to request a current copy of the Notice at any time. The Notice of Privacy Practices provides information about how we may use and disclose Protected Health Information about you. The Notice of Privacy Practices contains a section explaining the patient’s rights regarding your Protected Health Information. You have the right to request that we restrict or limit how Protected Health Information is used or disclosed for treatment, payment, or health care operations. By signing, you acknowledge that you have either received or waived your right to receive a current copy of the Notice of Privacy Practices. At any time, you have the right to revoke this consent by submitting your request in writing and signed by you, to Health1Care.

ASSIGNMENT OF BENEFITS

By signing below, I authorize and direct my health insurance plan, including private insurance, Medicare, Medicaid, or any other health or medical plan of which I am a beneficiary; or, if applicable, my legal representative; to issue direct payment to Health1Care for medical services rendered to me or to my dependent(s) by Health1Care. I understand that Health1Care accepts assignment on every insurance claim that it files, and the contractual adjustment to the charges for its services that such assignment implies. I further understand that I am responsible for any cost-sharing provisions of my health insurance plan (co-pays, coinsurance and deductibles), and for any charges denied by my health insurance plan for being a non-covered benefit, or for reason of patient’s ineligibility for coverage on the date of service.

Patient (or responsible Party) Signature

Date

Financial and Payment Policy

Thank you for choosing us as your healthcare provider. We are committed to your wellness and helping you to be as healthy as possible. The following is a statement of our Financial Policy that we would like you to read and understand prior to receiving any care from our doctors and other providers.

1. Our relationship with you is as your health care provider and not as your insurance agent.
2. We make every reasonable effort to file correctly coded and “clean” insurance claims according to medical practice and insurance industry standards. We want your insurance plan to pay everything it is supposed to pay for the services we provide to you. When patients’ insurance pays what it is supposed to pay, it makes for more satisfied patients, and we are all for that.
3. That said, we are required by our contracts with the insurance plans to abide by your plan’s assignment of any charges to the patient’s responsibility: e.g. copays, coinsurance amounts, and deductibles. That means that we are contractually obligated to collect co-pays, coinsurance and deductible amounts assigned to you by your health insurance plan.
4. It is also possible that not every service you may receive here is a covered benefit under your insurance plan and it is your responsibility to know your plan’s benefits. It is important that you read and understand your health insurance policy and its requirements for coverage including any requirements for preauthorization of services.
 - a. We send lab tests to Quest Diagnostics (to their Solstas Lab Partners subsidiary) or to LabCorp, the only two labs contracted with the major national insurance companies to provide laboratory services. **If you are insured, Quest or LabCorp will file a claim with your plan for your lab tests. It is possible that not all lab tests are covered under your insurance plan, and you may receive a bill from Quest (Solstas) or LabCorp if you had tests that are not covered by your insurance plan.**
 - b. All imaging done in-office (X-Rays, Ultrasound, EKG, Echocardiogram, Bone Density) will be billed to your insurance plan. **Not all imaging may be paid by your insurance plan, and any services not paid by the plan will be billed to you.**
 - c. All outside imaging/services (CT, MRI, Mammogram, Colonoscopy, etc) will bill your insurance for services rendered. **Not all imaging may be covered by your insurance plan, and any services not covered will be billed to you.**
5. It is your responsibility to contact your insurance plan to confirm that our office participates in your plan. If you receive services from our office and we are not contracted by your plan, you will be responsible for payment.
6. If you are unable to provide us with current insurance information or if you do not provide us with correct insurance information and our claim is denied, you will be required to pay for any services you receive. Once you have provided us with the corrected insurance information, we will file a claim with your insurance plan and reimburse you once we have received payment from your plan. Please be aware, if too much time has passed your insurance plan may not cover your services and you will be required to pay for them.

DEDUCTIBLE, COINSURANCE, AND COPAYS

Co-pays are due at the time of service. An estimate of coinsurance or deductible amounts is also due at the time of service. If, after our claim is processed by your insurance plan, your coinsurance or deductible amount is higher than the estimated amount, you will receive an invoice in the mail from our billing company. If your coinsurance or deductible amount is lower than the estimated amount, you will receive a credit or refund from our office. We accept cash, checks, Visa, Mastercard, American Express, and Discover.

RETURNED CHECK FEES

Checks returned for insufficient funds will be charged a \$30.00 administration fee in addition to the patient balance.

MISSED APPOINTMENTS

If you are unable to keep your scheduled appointment, please notify our office at least 24 hours in advance of your appointment time. Failure to do so may result in a \$25.00 no show charge fee.

HIPAA RELEASE

If you Wish to Authorize a Spouse, Relative, Friend or Legal Custodian to Receive Your Health Information:

Patient Name: _____ Date of Birth: _____

I authorize disclosure of my protected health information to the specific individual(s) described below.

Name of the person(s) or entity/entities authorized to receive my information:

Signature: _____ Date: _____

Health1Care Medical Group

Statement About Lab Tests

- The only reason Dr. Kang and Nurse Practitioner Mindy Kang will ever order a lab test for a patient is to be able to diagnose and provide better medical treatment for the patient;
- Health1Care sends lab tests to outside, independent laboratories – Quest Diagnostics and Laboratory Corporation of America. These are the two national labs that are contracted with Medicare and commercial insurance companies;
- Quest Diagnostics and LabCorp file their own claims for the lab tests that they perform for a patient. Health1Care has no financial interest or incentive whatsoever to order lab tests;
- Our office policy is never to guarantee to a patient that a particular lab test will be covered by the patient’s insurance. It is the patient’s responsibility to know the benefits and cost-sharing provisions of their health insurance plan.
- The patient has a right to refuse a lab test for any reason. If a patient does not want a lab test ordered by Dr. Kang or NP Mindy Kang, he/she will make it clear to Dr. Kang or NP Mindy Kang at the time of the encounter that he/she declines to have the lab test.

I have read the above statement and acknowledge understanding it by signing below:

Patient Name

Patient Signature

Date



Dear Patient,

We believe that patients and your caregivers should have easy access to your medical information, no matter where you receive care. That's why we're participating in CommonWell, a service that allows a network of healthcare providers to identify you, securely send and receive your medical information, and help ensure that you receive optimal care.

What is CommonWell?

A *free, secure service* offered by your doctor, so your health information can be available to you and your doctors regardless of where you've received care.

You simply need to enroll in the service with a driver's license and then confirm the other CommonWell network doctors you see. Don't worry if you don't have a government-issued picture ID, you can still register.

How do we use the health information we share through CommonWell?

- Better coordinate your care across different doctors** — We'll provide and request to receive your information *where* and *when* it's needed for your healthcare provider to deliver the care you need as you move from doctor to doctor.
 - Only healthcare staff directly involved in your care will access your medical information shared through CommonWell.
- Support better care decision-making** — With timely access to information from other healthcare providers you've seen, your doctors may be able to make better decisions about your health.
 - This information will only be used to help improve your care; and won't be shared without your permission or unless it's required by law.
- Deliver care more promptly and efficiently** — With less time wasted on tracking down your test results and other health information, your healthcare providers can treat you more efficiently, and spend less time on paperwork and more time on your care.
 - We do need your help in confirming the other doctors or hospitals you've visited when you enroll in CommonWell.
- Securely and confidentially** — Your Protected Health Information ("PHI") will always be confidential and used to inform the CommonWell participating healthcare providers. We won't use your PHI for discriminatory purposes of any kind or to deny medical treatment.
 - You can opt-out of this service anytime by calling or visiting this doctor's office and asking them to unenroll you from CommonWell.

How do I sign up?

It's quick and easy. Show the staff at the front desk or during patient discharge your government-issued ID (driver's license, etc.) and tell them what other doctors, hospitals and healthcare providers you've seen.

Patient Signature _____

CommonWell Health Alliance The CommonWell services are provided by the CommonWell Health Alliance trade association. We are devoted to the notion that patient data should be safely, securely and immediately available to patients and doctors regardless of where care occurs to deliver better care. We are committed to fostering standards that make this possible, and in having health information technology companies build these capabilities into their systems. The end results: higher quality, more timely, more cost-effective care that delivers better health outcomes. Participating vendors are: Allscripts, athenahealth, Cerner, CPSI, Greenway, McKesson, and Sunquest.