FINANCIAL RESPONSIBILITY

You may receive bills from several different providers for the care rendered to you today; physician performing the procedure, Ambulatory Surgery Center (ASC), Anesthesia, and Laboratory if specimen is obtained during the procedure.

Financial Agreement
If you have insurance we will help you receive maximum benefits by filing for you. However, we will expect payment of co-pays, coinsurance, and deductible at the time of service.

Assignment of Insurance Benefits
Medicare/Medicaid/Other Insurance
I hereby assign benefits to be paid, on my behalf, to the ASC that renders service to me. I understand and agree to be financially responsible for charges not paid within a reasonable time through insurance and/or another payer.

Release of Information
I authorize the ASC to release all or part of my medical resources when required for the submission of any insurance claims for payment to the Centers for the Medicare and Medicaid Services and their agents, my insurance company(s), or to my employer (for worker’s compensation claim).
Advance directives include written instructions, such as a living will, or durable power of attorney for health care related to the provision of health or medical care when an individual is incapacitated or incompetent. An advance directive does not imply a do-not-resuscitate (DNR) status.

Upon request, the surgery center will provide official State advance directive forms downloaded from the IDPH website.

The existence of an advance directive will be documented in the medical record. If the patient is unable to provide this information, it will be so documented. If available, a copy of the advance directives will be included in the front of the medical record behind the registration form.

The existence of an advance directive does not imply that any particular treatment should be limited or discontinued. Advance directives should be implemented at the direction of the attending physician.

Advance directives, once made, may be revoked by the patient.

The Center for Minimally Invasive Surgery will respond to requests by patients, families and concerned others relating to advance directives and/or refusal or withdrawal of life-sustaining treatment in accordance with applicable guidelines and procedures. If any questions or concerns arise regarding the applicable guidelines and procedures, please notify the Surgery Center.

If the patient and/or family makes it known that an advanced directive exists, staff and/or anesthesia will explain our policy is NOT TO HONOR advanced directives. The patient is then given the option to have procedure done elsewhere if they wish.

If the patient expresses wishes in formulating advance directives, the patient will be referred to the primary care provider for assistance.

Do you have an Advance Directive?
☐ YES  ☐ NO

Patient Name: _________________________________________________
Procedure:___________________________________Date:_____________
Physician:_____________________________________________________

I have read and understand my Rights and Responsibilities, Advance Directives and Financial information prior to my procedure as a patient at this surgery center and agree to all contained herein.

__________________________________________        __________________________
Patient Signature      Date

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