

NEW JERSEY TREATMENT AND PAYMENT POLICIES

Center Name



Patient Number

Thank you for choosing Patient First for your health care services.

We believe that the physician-patient relationship benefits when the patient has a clear understanding of his or her rights and obligations. This form describes Patient First’s Treatment and Payment Policies and covers such important topics as:

- Your consent to receive medical treatment from Patient First (and your other rights and responsibilities); and
- Your agreement to pay in full any charges that are your responsibility.

Please review and sign this notice before receiving treatment. You have the right to receive a printed copy of this notice upon request. If you have any questions about our Treatment or Payment Policies, please do not hesitate to ask.

**Treatment Policy**

By signing below, you indicate that you are the patient or that you have the legal authority to consent to medical treatment on the patient’s behalf. You consent to, understand and agree that:

- You will have the opportunity to discuss the risks and benefits of proposed procedures and therapeutic courses of treatment, together with any available alternatives, with the physician or health professional to your satisfaction.
- You have the right to consent to or refuse any proposed procedure or therapeutic course of treatment at any time.
- You have the right to decline further treatment at any time.
- Patient First will provide care consistent with the prevailing standards of medical practice but makes no assurances or guarantees as to the results of treatment.
- Subject to the foregoing, Patient First health care providers may administer any treatment and perform any procedures deemed advisable in your care and treatment.
- In the event that a Patient First health care provider is exposed to your blood or body fluids in a manner which may transmit an infectious disease, you consent to testing of your blood and/or body fluids for these infections and authorize the release of such test results to the health care provider(s) who has been exposed. You will be offered the opportunity for face-to-face disclosure of test results and counseling.
- Before prescribing or dispensing any controlled substance to you, Patient First’s qualified prescribers may request and review information from the New Jersey Prescription Monitoring Program regarding your prior receipt of controlled substances and prescriptions for controlled substances. You also have the right to request generic drugs.

**Medicare Beneficiaries receiving durable medical equipment (DME)**

Patient First provides its patients with limited DME (such as slings, braces and crutches). By signing below, you agree that:

- While Medicare allows for the purchase or rental of DME, Patient First only sells the DME that it provides. You are free to seek rental DME from other community providers; and
- Patient First honors all DME warranties under applicable law and will repair or replace, free of charge, any covered DME sold by Patient First that is under warranty.

**Patient First Notice of Privacy Practices**

We will protect the privacy of your health information and will not use or disclose it except as permitted by state and federal law, as more fully described in the Patient First Notice of Privacy Practices that has been made available to you. By signing below, you consent to our use and disclosure of your health information in accordance with the Notice of Privacy Practices and applicable law.

Please initial the following:

\_\_\_\_\_ I (Patient/Guarantor) have been provided with a copy of the Notice of Privacy Practices.

FOR OFFICE USE ONLY

\_\_\_\_\_ A copy of the Notice of Privacy Practices was made available to the Patient/Guarantor, who refused to initial the acknowledgement.

**HIV/AIDS RELATED INFORMATION**

New Jersey law restricts the release of certain information without your prior consent. By initialing and signing below, I authorize Patient First to disclose information related to HIV/AIDS for treatment, payment, health care operations, and other purposes consistent with the Notice of Privacy Practices. You may revoke this consent by sending written notice as required by the Notice of Privacy Practices. Revocation will be effective upon receipt except to the extent that Patient First has already taken action in reliance on your consent.

Please initial and date your understanding of the above: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Policy**

Patient First is a private organization which relies solely on income from patients and their insurers. In order to provide the best possible medical care at the lowest possible cost, we need your assistance and agreement to our payment policies. As the patient, or the person with legal authority to sign on the patient’s behalf, you understand and agree to the following:

**Medicare/Medicare Advantage/Medicaid Managed Care/TRICARE Patients:** Coverage for certain services offered by Patient First may be denied by your health plan because they are not covered benefits or are determined not to be reasonable and necessary. For example, **Tricare does not cover** routine physicals, sports physicals, work physicals, camp physicals or skin tag removal, and only covers school physicals for patients who are 5 through 11 years of age. **You agree that it is your responsibility to determine whether services to be provided by Patient First are covered by your health plan and that you will pay for services that are not covered.**

**All Patients:** You are responsible for, and agree to pay, the cost of any services that your health plan determines are not covered, or services that are covered but applied to a deductible. If you do not know whether services to be provided during your visit are covered by your health plan, please use the courtesy telephone(s) in the lobby of your Patient First center to call the patient service number that may be found on your insurance card. You may use the courtesy telephone(s) at any time upon request. **It is your responsibility to determine whether services to be provided by Patient First are covered by your insurer. We also ask that you advise us of any secondary coverage.**

- In the event that your plan requires approval or referral from your Primary Care Physician or insurer prior to a visit and you did not obtain that approval or referral, you will be responsible for, and agree to pay, any costs of care that your insurer determines are not covered under your insurance policy and for which you may be held liable under applicable law.
- If you have health care benefits, Patient First will submit a claim to your insurer on your behalf and allow no less than 60 days for the insurer to respond. You agree to pay at time of service any required co-payments, co-insurance and deductibles, as well as charges for services not covered by insurance, outstanding balances and delinquent accounts. For your convenience, we accept cash, checks and credit cards.
- You assign to Patient First any and all health care benefits to which you are entitled under any policy of insurance (hospitalization, major medical, workers’ compensation, or any other insurance or benefit plan) and authorize, to the extent permitted by law, payment of those benefits directly to Patient First.
- Patient First allows more than the legal and customary amount of time after filing a claim to be reimbursed by insurers. If Patient First has not received a response from your insurer within 60 days of having filed a claim for a visit, we will assume that the visit is not covered and is, therefore, your responsibility. At that time, to the extent permitted by law, we will bill you for the visit charges. Please direct questions regarding non-payment by your insurer to the insurer, not to Patient First.
- You will be billed for all unpaid balances deemed by Patient First or your insurer to be your responsibility. You are responsible for paying the bill in full unless special arrangements are approved by Patient First in its discretion. You must call the Patient Accounts department, at the number printed on the billing statement, in order to make such arrangements. Late fees of 1.5% per month will be charged on balances that are still unpaid starting 30 days after the first statement. There is a fee of \$30 for returned checks. Delinquent accounts may be turned over to a collection agency at which time you agree to be responsible for a \$40 collections charge and all associated legal fees in addition to the amount owed.
- If you do not have health care benefits or your benefits are provided by an insurer with which Patient First does not participate, you agree to pay at time of service all charges as well as any outstanding balances and delinquent accounts.
- **Patient First reserves the right to deny non-emergency services if your account is delinquent.**
- Patient First charges a reasonable fee for completion of forms at your request and may charge fees for providing copies of your records, as allowed by law.

I have read, understand, and agree to the Treatment and Payment Policies described above and understand that Patient First may refuse non-emergency treatment if my account/the patient’s account is delinquent. I authorize Patient First to release any of my medical information necessary in order to file an insurance claim on my behalf for services rendered. If you are signing on behalf of a minor, incapacitated or otherwise legally dependent patient, please sign as “Guarantor” below and indicate your relationship to the patient.

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Name of Patient	Name of Guarantor* (leave blank if Patient signs)	Signature of Patient or Guarantor	Date
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Guarantor’s relationship to Patient: \_\_\_\_\_

\*A patient’s Guarantor is the person with legal authority to act on behalf of a minor, incapacitated, or otherwise legally dependent patient, including the authority to consent to medical services. By signing this form as “Guarantor” on behalf of the patient, you represent that you have such authority and accept financial responsibility for services rendered to the patient.