



NOTICE OF OFFICE POLICIES & PRACTICES AND CONSENT

(Effective 10/22/14)

Thank you for choosing North Texas Ob/Gyn Associates. Our primary mission is to deliver the best and most comprehensive care available.

PRIVACY (HIPAA): Our Notice of Privacy Practices provides information about how we may use and disclose protected health information (PHI) about you. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy from our website or by contacting our office.

You have the right to request that we restrict how PHI about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of PHI about you for treatment, payment and health care operations. You have the right to revoke the Consent in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance of your prior Consent. North Texas Ob-Gyn Associates provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- PHI may be disclosed or used for treatment, payment or health care operations.
- North Texas Ob-Gyn Associates has a Notice of Privacy Practices and that the patient has the opportunity to review this notice.
- North Texas Ob-Gyn Associates reserves the right to change the Notice of Privacy Practices.
- The patient has the right to request restrictions to the uses of their information but North Texas Ob-Gyn Associates does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and full disclosures will then cease.
- North Texas Ob-Gyn Associates may condition receipt of treatment upon the execution of this Consent.

LABS: Please note that there is a possibility that an out-of-network laboratory may be used for all or part of your services. If your insurance company requires use of a particular laboratory, you **MUST** notify the front office at check-in and your doctor's nurse prior to the start of your doctor's visit. Once labs leave our facility we are unable to make any changes.

PAYMENT OPTIONS: North Texas Ob-Gyn Associates accepts Cash, Check, Visa, MasterCard, Discover or CareCredit. We offer a 25% courtesy account adjustment to all Self Pay patients who pay for their treatment on the date of service or prior to the completion of care.

North Texas Ob-Gyn Associates requires payment at the time services are rendered or prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, you will receive a refund less the cost of care received.

We understand that patient balances can be higher than expected. We offer payment plan arrangements with a signed payment agreement. North Texas Ob-Gyn Associates charges \$25 for returned checks and a 2% monthly finance charge on all outstanding patient balances over 28 days old.

For patients with insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. You understand and agree that regardless of your insurance status, you are financially responsible for the balance on your account for all professional services rendered.

A fee of \$25 is charged for patients who no-show more than 1 time without 24-hour notice.

Failure to disclose all health insurance you are currently enrolled in can result in claim denial and total claim balance becoming your financial responsibility. You are also giving North Texas Ob-Gyn Associates approval for any overpayment to be left on your account as a credit. Refunds will be issued upon request. If you have any questions, please do not hesitate to ask. We are here to help you get the treatment and care you want and need.

ASSIGNMENT OF BENEFITS: I hereby assign all medical and/or surgical benefits to include major medical benefits to which I am entitled including Medicare, Private insurance and any other health plan to: North Texas Ob-Gyn Associates. This assignment will remain in effect until revoked by my in writing. A photocopy of my assignment is to be considered as valid as an original. I understand that I am financially responsible for all charges whether or not paid by my insurance. If North Texas Ob-Gyn Associates does not receive payment from my insurance company within 120 days, I may be responsible for payment of my treatment fees and collection of my benefits directly from my insurance carrier. I hereby authorize and agree to release all information necessary to secure the payment. I understand that I may incur charges that are allowable but not covered by my insurance company and that I am financially responsible for these charges.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

Date of Birth.