

**ASSIGNMENT OF INSURANCE BENEFITS**

The undersigned authorizes, where he/she signs as an agent or as a patient, and hereby assign all benefits, checks or money to which he/she may be entitled directly or indirectly as a result of coverage from an insurance or other health care benefits plan to Sharp Rees-Stealy. The undersigned understands and agrees that collection, billing and negotiation of payment from his/her insurance carrier is their sole responsibility. Any assistance Sharp Rees-Stealy may offer in processing the patient's claim will not relieve the patient of this responsibility. The undersigned also understands and agrees (this assignment of benefits notwithstanding) that he/she is responsible for full and timely payment to Sharp Rees-Stealy even if an insurance claim is pending.

**ASSIGNMENT OF MEDICARE BENEFITS**

The undersigned requests payment of authorized Medicare benefits be made on the patient's behalf to Sharp Rees-Stealy/Sharp HealthCare. I authorize release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or benefits for related services.

**OPEN PAYMENTS DISCLOSURE**

The Open Payments data base is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at <https://openpaymentsdata.cms.gov>.

For informational purposes only, a link to the federal Centers for Medicare and Medicaid Services (CMS) Open Payments web page is provided above. The federal Physician Payments Sunshine Act requires that detailed information about payment and other payments of value worth over ten dollars (\$10) from manufacturers of drugs, medical devices, and biologics to physicians and teaching hospitals be made available to the public.

**NON-RESPONSIBILITY**

The undersigned agrees that Sharp Rees-Stealy and its physicians shall not be responsible for the errors or omissions of the employees or contractors of other health care providers who provide services to the undersigned in the course of their treatment by Sharp Rees-Stealy. Sharp Rees-Stealy may utilize an outside laboratory to process a specimen(s). The outside laboratory is an independent contractor and may bill separately for their services.

**MEDICAL RECORDS**

To help coordinate your care, Sharp Rees-Stealy uses a unified electronic medical record system that is shared by all Sharp Rees-Stealy physicians, nurse practitioners, physician assistants, including those in Sharp Rees-Stealy's Occupational Medicine department.

The undersigned certifies that he/she has read the forgoing, received a copy thereof and is the patient, the patient's legal representative or is fully authorized by the patient as the patient's general agent to execute this Agreement and accept its terms.

Patient Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient, custodian, guardian, conservator or agent)

If signed by other than patient indicate relationship to patient: \_\_\_\_\_

Witness: \_\_\_\_\_

**CONDITIONS OF REGISTRATION AND AGREEMENT  
FOR PATIENTS OF SHARP REES-STEALY MEDICAL GROUP, INC. (Sharp Rees-Stealy)**

If the patient is a minor, the parent, legal guardian or authorized person (in writing) must sign. If the patient is incompetent, a legal guardian or conservator must sign.

Sharp Rees-Stealy is an independent professional medical corporation that contracts with and is compensated by Sharp HealthCare for its provision of medical and ancillary services for patients at the Sharp Rees-Stealy Medical Centers and other health care facilities. Subject to restrictions on coverage that may be imposed by your health plan, please be advised that you may choose any organization for the purpose of obtaining the services ordered or requested by your physician.

**MEDICAL CONSENT**

The undersigned consents to any and all services that do not require informed written consent.

**RELEASE OF INFORMATION**

The undersigned acknowledges receiving Sharp Rees-Stealy's Notice of Privacy Practices and the Patient Rights and Responsibilities. Additional copies may be obtained by visiting [www.sharp.com](http://www.sharp.com).

**FINANCIAL AGREEMENT**

The undersigned agrees, whether he/she signs as an agent or as a patient that in consideration of the services to be rendered to the patient, he/she hereby individually obligates him/herself to pay all monies due in accordance with the regular rates and terms of Sharp Rees-Stealy. In addition, the undersigned understands that any deposit made for services incurred is merely a deposit, and that he/she will be financially responsible for all charges incurred.

Co-payments, coinsurance, payments for non-covered services (including services deemed experimental or not medically necessary by your health plan) and/or deductibles are due at the time of visit. Monies not collected at the time of visit will be the patient's responsibility. Furthermore, the undersigned authorizes Sharp Rees-Stealy to check and/or verify all references and financial information about him/her that is pertinent to his/her account, including but not limited to credit reports.

All patient accounts are due and payable upon receipt of a billing statement. If it is necessary to employ a professional collection agency and/or attorney to enforce this Agreement or to collect a judgment based on this Agreement, the patient or the person responsible for payment of fees related to the account that is the subject of this Agreement promises to pay all applicable interest, court costs and attorney fees.

The undersigned hereby agrees to provide 24 hours advance notice for all canceled appointments and 72 hours advanced notice for all canceled procedures. Should advance notice not be provided he/she understands that they may be charged a late/missed appointment fee.

**ELIGIBILITY GUARANTEE**

The undersigned agrees that he/she must be eligible with their health insurance plan at the time of visit. If he/she is unable to provide insurance coverage at time of visit, he/she has 60 calendar days to provide this information. If he/she is unable to provide eligible coverage within 60 calendar days, he/she will assume full financial responsibility for all charges incurred. In addition, should eligibility status of the patient's insurance terminate retroactively, he/she will be financially responsible for any services provided.

**CONTACT INFORMATION**

The undersigned expressly consents and agrees that Sharp Rees-Stealy/Sharp HealthCare, its business associates, and other third parties, including debt collectors, may send periodic electronic communications for any lawful purpose, including routine business and/or marketing purposes, at any email address or phone number he/she provides. Messages may be sent by text (SMS), email, automatic telephone dialing systems (auto-dialer), prerecorded messages or live operator calls. Message frequency will vary. Message and data rates apply. The undersigned may opt out of receiving further automated, electronic communications at any time by texting STOP or calling 1-800-827-4277. Whether the undersigned agrees to receive these messages will not affect care in any way. Visit [www.sharp.com/terms](http://www.sharp.com/terms) for complete Terms of Use.