



MI EXPRESS CARE

CONSENT TO TREAT

I, the undersigned, hereby consent to be treated by the staff of MI Express Care.

I give permission for the administration and performance of all test, treatments and procedures as deemed appropriate by the treating provider.

I acknowledge that MI Express Care will use and disclose my information for the purposes of treatment, payment, and healthcare operations.

Medicare Patients: I authorize the release of medical information about me to the Social Security Administration or its intermediaries for my Medicare claims. I assign the benefits payable for services to MI Express Care.

Privacy Policy

MI Express Care is committed to maintaining the integrity of your protected health information and complies with all applicable state and federal regulations.

The federal privacy regulations of the Health Insurance Portability and Accountability Act (HIPAA) have taken effect in 2013. In support of our policy of complying with all applicable regulations, MI Express Care provides patients with the HIPAA Notice of Privacy Rights.

While not required in order to receive treatment at MI Express Care, we are obligated under federal regulations to ask that you sign an acknowledgment of the HIPAA Privacy Notice being made available to you.

Receipt of HIPAA Privacy Notice

I acknowledge that the HIPAA booklet is accessible for my review at any time via the patient portal or I can request the booklet to be printed. I acknowledge receipt of the Notice of Privacy Rights about how MI Express Care may use and disclose my protected health information. I understand that MI Express Care reserves the right to change the privacy notice.

Financial Policy

We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

- The patient (or patient's guardian, if a minor) is ultimately responsible for the payment for treatment and care.



MI EXPRESS CARE

- We will bill your insurance for you. However, the patient is required to provide the most correct and updated information regarding insurance.
- Self pay visit payments are required at the time of service and payment will not be refunded if later deciding to pursue insurance billing for a completed visit. Final decision is per the sole discretion of MI Express Care.
- Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- Copays are due at the time of service.
- Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing.
- Patient will incur a charge of \$30 for any returned checks and any additional fees incurred by WRJ & Associates/MI Express Care in relation to said returned check.
- You may become responsible for the medical costs of treatment for your illness or condition if:
 - you fail to pursue the claim for workers' compensation
 - it is determined by the Workers' Compensation Board that the illness or condition which required treatment was not a result of a compensable workplace accident or occupational disease
 - an agreement is executed by you and approved pursuant to Workers' Compensation Law §32 in which you waive your right to medical benefits from the workers' compensation carrier/self-insured employer for treatment/ services performed after the date the agreement is approved.
 - any of the above events occurs, the provider may bill you directly instead of the employer or insurance carrier, and you will be responsible for the provider's fees for services rendered.

By my signature below, I hereby authorize assignment of financial benefits directly to MI Express Care and any associated healthcare entities for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment.

Printed Name

Signature of Patient or Parent/Guardian

Date