Cary Rheumatology & Arthritis Associates PA
1720 NW Maynard Rd, Cary, NC 27513
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Practice Consent Form

1. Disclosures and Consents

ASSIGNMENT OF INSURANCE BENEFITS:
I hereby authorize direct payment of my insurance benefits to Cary Rheumatology and Arthritis Associates, P.A., or the providers individually, for services rendered to my dependent(s) or to me by the physician or a clinician under his/her supervision. I understand that it is my responsibility to know my insurance benefits and whether or not the services I am to receive are a covered benefit. I understand and agree that I will be responsible for any co-payments, co-insurance, deductibles or balances due that are my responsibility for payment either at the time of service or after being notified that Cary Rheumatology and Arthritis Associates, P.A. is unable to collect from my insurance carrier for whatever reason.

MEDICARE INSURANCE BENEFITS:
I certify that the information given by me in applying for payment under these programs is correct. I authorize the release of any of my or my dependent's records that these programs may request. I hereby direct that payment of my or my dependent's authorized benefits be made directly to Cary Rheumatology and Arthritis Associates, P.A. or the provider on my behalf.

AUTHORIZATION TO RELEASE NON-PUBLIC PERSONAL INFORMATION:
I certify that I have received, read, and have access to a copy of Cary Rheumatology and Arthritis Associates Notice of Privacy Practices by their website or in the office. I hereby authorize Cary Rheumatology and Arthritis Associates, P.A. or the provider individually to release any of mine or my dependent's medical or incidental non-public personal information that may be necessary for medical evaluation, treatment, consultation or the processing of insurance benefits.

AUTHORIZATION TO MAIL, CALL OR E-MAIL:
I certify that I understand the privacy risks of the mail, phone call and message me via the electronic patient portal. I hereby authorize the Cary Rheumatology and Arthritis Associates, P.A. representative or my provider to mail, call or message me via the electronic patient portal with communications regarding my health care, including but not limited to such things as appointment reminders, referral arrangements, laboratory results, or financial information regarding my services, including insurance claims. I understand that I have the right to rescind this authorization at any time by notifying Cary Rheumatology and Arthritis Associates, P.A. to that effect in writing.

CONSENT TO TREATMENT:
I hereby consent to evaluation, testing and treatment for me or my dependent(s) as directed by my physician/physician-extender or his or her designee at Cary Rheumatology and Arthritis Associates. I understand the services may include lab tests, screening tests, diagnostic tests,

and routine exams. I understand that no promises have been made to me about the results of any treatment or services.

CONSENT TO RETRIEVE PRESCRIPTION HISTORY:
I hereby consent to retrieval of my prescription history from external sources such as SureScripts network. This information is used to ensure the safety and accuracy of your prescription service and to coordinate care with other providers.

2. Authorization To Release Protected Health Information
I want my health information to be shared with the emergency contact listed in pre-registration. This authorization will expire in two years from today. I have the right to revoke this authorization at any time by stating this in writing and sending my written revocation to Cary Rheumatology and Arthritis Associates, P.A.

3. Patient Financial Agreement
The following is an agreement between the patient, or responsible party, and Cary Rheumatology and Arthritis Associates, P.A. We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our financial policy, or your financial responsibility.

You agree to:

- Full payment of my obligation is due at the time of service.
- Always bring your current health insurance card to the office.
- Please notify us at the time of check-in of any changes in insurance, address, telephone or family status.
- Pay your co-pay or deductible balance or deposit and co-insurance amount at the time of service.
    - You will be expected to pay in full if:
        - You do not have insurance
        - Cary Rheumatology and Arthritis Associates does not participate with your health plan
        - You are unable to present a valid member identification card from your insurance carrier at your visit
        - We are unable to verify your insurance coverage.

You should receive a bill for any other patient responsibility within 30 days; and/or an explanation of benefits (EOB or EOP) from your insurance company. If you fail to receive an EOB or EOP from your plan within 45 days of treatment, we suggest you contact your insurance plan to determine benefits, as they may not have made payment. Payment not received in 60 days may be transitioned to patient responsibility and you may be required to make other payment arrangements.

INSURANCE: Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits, be

aware that some, and perhaps all, of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges. It is your responsibility to:
Ensure our providers actively participate with your insurance carrier.
Know your benefit coverage, as well as your dependents, prior to receiving services.
Ensure that all pre-approval requirements are met to avoid denials or out-of network benefits.

Please remember that we must receive your billing information at the time of each visit in order to meet claims submission guidelines set by your insurance plan. If either the practice or the plan fails to receive accurate information to process your claim, you will be held responsible.

We will not be held liable for ensuring the accuracy of your insurance information, including, but not limited to verifying current coverage and eligibility, obtaining authorizations, or confirming co-pay, coinsurance, and/or deductible information. Regarding Insurance Plans where we are a participating provider, all co-pays and deductibles are due at time of treatment. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

To summarize, your financial responsibility retains to:

- **Denied and Non-covered services**
- **Services deemed not medically necessary by your insurance company**
- **Co-payments, deductibles, co-insurance**
- **Pended claims due to lack of patient and/or guarantor information or coordination of benefits**
- **Non-Insurance and/or out-of-network benefits**

Should you choose to not use your insurance and do not want your claims filed to your insurance provider this must be told to the front desk before your appointment in order to take your insurance information out of our system. If not informed, a claim will automatically be billed out to your insurance company. Patients who do not wish their insurance to be billed must pay in full for all services rendered at the time of service. Cary Rheumatology and Arthritis Associates is unable to adjust claims that have already been billed to the patient's insurance and placed towards the patient's responsibility.

DIVORCE: In case of divorce or separation, the parent authorizing treatment for child/children will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

LAB / X-RAY / DIAGNOSTIC SERVICES: I understand that I may receive a separate bill if my medical care includes lab, x-ray, or other diagnostic services from another facility. I understand that Cary Rheumatology and Arthritis Associates uses one of these outside labs at its locations: Solstas, Lab Partners, Quest Diagnostics and LabCorp (Outside Lab) and Outside Labs are not associated with Cary Rheumatology and Arthritis Associates. I am not obligated to use the Outside Lab at my location of service and can use other labs in the area. I understand that it is my responsibility to check with my insurance company to see if Outside Lab or other facility

where I receive x-ray or other diagnostic service is covered under my plan. I further understand that I am financially responsible for any co-payment, co-insurance, deductible or balance due for these services if they are not reimbursed by my insurance for whatever reason.

□ I have read and acknowledge the content of this Disclosures and Consents notice, and Patient Financial Agreement.

Name: _____ Date: _____

Signature: _____