Birmingham
SURGICAL, PC

PLEASE CAREFULLY READ THE FOLLOWING

I, the undersigned, agree to the care and treatment by the attending physician, his/her associates, or assistants. The treatment may include but is not restricted to medications, immunizations, anesthesia, surgical and invasive procedures, laboratory tests, x-rays, or other studies that may be helpful in the provision of the patient's care. My medical records may be furnished to other physicians as needed for my treatment.

RECEIPT OF PRIVACY PRACTICES NOTICE: I acknowledge that I have received a copy of the Notice of Privacy Practices for Birmingham Surgical, PC.

ASSIGNMENT OF BENEFITS AND GUARANTEE OF ACCOUNT: I acknowledge full financial responsibility for any services rendered, and I understand that the payment of charges incurred in the office is due at the time of service. I also understand that the charges not covered by insurance remain my responsibility, and I assign insurance benefits to Birmingham Surgical, PC. In the event an account is turned over to a collection agency, I agree to pay all cost of collection, including reasonable attorney's fees and hereby waive all rights of exemption under the Constitution of the State of Alabama.

I authorize my health care provider to use an automated telephone system and/or email and to use my name, address, and phone number, the name of my scheduled treating physician, and the time and place of my scheduled appointment(s), for the limited purpose of contacting me to notify me of a pending appointment or other healthcare related communication. I also authorize my healthcare provider to disclose to third parties who answer my phone limited protected health information regarding pending appointments, and to leave a reminder message on my voice mail system or answering machine. This also includes wireless methods of communication such as telephones and pagers.

Co-Pays are due at the time of service. In the event you do not provide our office with correct insurance information on the date of your scheduled appointment we will not be held accountable for non-precertification or notification. If insurance is filed according to the information provided by you (the patient) and the claim denies because other insurance is primary or secondary, the bill becomes your full responsibility. It is your responsibility to provide correct insurance information at the time of service. The patient (parent/guardian) is responsible for all fees – regardless of insurance coverage. Should benefits be paid directly to the policy holder by the insurance company, you should forward payment to Birmingham Surgical, PC along with a copy of the EXPLANATION OF BENEFITS to be applied to any unpaid balance on your account.

Acknowledgement: I acknowledge that Birmingham Surgical, P.C., may utilize an assistant surgeon during surgeries. Assistant surgeon charges are billable according to coding guidelines set-up by national CCI, correct coding initiatives and the Centers for Medicare and Medicaid. If an assistant surgeon has provided services, then your insurance will be billed accordingly. Any remaining balanced after your insurance processes your claim will be your responsibility.

Telephone Consumer Protection Act (TCPA)
You agree, in order for us to service your account or to collect monies you may owe, BIRMINGHAM SURGICAL, and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using the email address you provide to us. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing device, as applicable. I/We have read this disclosure and agree that BIRMINGHAM SURGICAL, its employees and/or agents may contact me/us as described above.

For patients who cannot sign or who have a personal representative present:

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Name of Authorized Representative: Relation to Patient:

I acknowledge receipt of all applicable notices regarding privacy and healthcare practices.

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Date Signature of Patient