



## The Provider/Patient Care Agreement

### Practice Responsibilities

- We will strive for the ultimate patient care/experience.
- We will treat you with the upmost respect and courtesy.
- We will be professional and discrete when caring for you.
- We will be respectful of your time and will strive to keep your scheduled appointment time, with the understanding that unforeseen emergencies, make this impossible.
- We will submit claims to insurance companies with whom we have contract agreements.
- We will communicate with you in a clear and timely manner.
- We will share your medical information only with appropriate medical personnel and those that you specifically designate.
- We will keep thorough records of the care you receive from us.
- We will assist you in providing copies of your medical records via the patient portal.
- We will assist you in completing forms for a reasonable fee.

### Patient Responsibilities

- Patients will be responsible for the payment of any deductible, co-insurance or co-pay at the time of service.
- Patients are ultimately responsible for knowing and understanding their insurance plan benefits and how they will be applied to the various services that may be provided.
- Patients should provide accurate insurance information prior to the initial visit, along with updates as necessary. A yearly update to all information is required.
- Patient must consent to the release of medial information to all pertinent insurance companies, plan administrators, third party payers and claim reviewers.
- Patients are ultimately responsible for obtaining referrals from Primary Care Providers when necessary.
- Patients should arrive for appointments in a timely fashion. Patients who are 15 minutes or more late may be asked to reschedule their appointment so as not to interfere with the treatment of the patients who follow this appointment.
- Patients are requested to provide 24 hour notice for appointment cancellation. Failure to provide this notice prevents us from offering your valuable spot to someone else. Repeated no shows may be subject to termination from the practice.
- Patients should cooperate fully with the doctor and staff in carrying out the designated treatment plan.
- Patients will complete or update a Patient Demographics Form yearly.
- Patients will notify us of changes to personal information or insurance information.
- Patients are ultimately responsible for understanding their obligations to other providers of medical care such as hospitals, outpatient facilities, labs and pathology providers. These entities will bill separately and are not subject to any direction from our practice other than the service requested.
- Patients are ultimately responsible for prior authorization and pre-certification as may be required by the insurance companies. We will assist with this process as we are able.
- Patients will respect the privacy of other patients and act in a manner that is appropriate during their visit in our office or when talking with any staff members associated with our practice. We reserve the right to refuse treatment to any patient we feel is disruptive to our practice and the treatment of other patients.

By signing below, you understand the above responsibilities and agree that they are valid and provide your consent to treatment. If you do not understand these responsibilities or need further clarification, please ask a staff member before signing.

\_\_\_\_\_  
Patient or Guardian Printed Name

\_\_\_\_\_  
Patient or Guardian Legal Signature

\_\_\_\_\_  
Date