

# Financial Agreement and Authorization for Treatment

## PAYMENT POLICY

We take Cash, Checks, Money Orders, Debit Cards, and Visa and Mastercard Credit cards. Patients without insurance are required to pay in full at the time of service. We require insurance co-payments to be paid at the time of service. Since insurance deductibles and co-insurance are often not known at the time of service, we will bill you for these after your insurance has paid. However, we reserve the right to collect known deductibles and co-insurance at the time of service.

We will process insurance claims for office procedures or surgery, however, please be aware that you, the patient, are responsible for the bill. Prompt payment of any amounts due after your insurance has paid is necessary to remain a patient of this practice. In addition, any patient who files bankruptcy and lists Wendy Kinsey Corning, M.D., LLC as a debtor will no longer be seen by this office.

Accounts that are delinquent after 90 days may be subject to collection and all costs involved, including, but not limited to, attorney fees, court costs, and judgment interest, and will be considered patient responsibility. Any legal action will be filed in the Monroe County Court system.

I hereby authorize payment of medical benefits to Wendy Kinsey Corning, M.D., LLC for services furnished to me by my provider. I further agree to pay all co-pays, deductibles, non-covered services or charges considered above usual and customary (non-contracted carriers only) by my insurance company.

## PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I hereby give my consent for Wendy Kinsey Corning, M.D., LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Wendy Kinsey Corning, M.D., LLC's Notice of Privacy Practices provides a more complete description of such uses and disclosures.

I have the right to review the Notice of Privacy Practices prior to signing this consent. Wendy Kinsey Corning, M.D., LLC reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Wendy Kinsey Corning, M.D., LLC's Privacy Officer at 383 S Park Ridge Rd, Suite 102, Bloomington, IN 47401.

With this consent, Wendy Kinsey Corning, M.D., LLC may call my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, insurance items and any calls, pertaining to my clinical care, including laboratory results among others. Wendy Kinsey Corning, M.D., LLC may also mail to my home or other alternative location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient information.

I have the right to request that Wendy Kinsey Corning, M.D., LLC restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to Wendy Kinsey Corning, M.D., LLC's use and disclosure of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, or later revoke it, Wendy Kinsey Corning, M.D., LLC may decline to provide treatment to me. (Patients under 18 years of age will need a parent or guardian signature authorizing treatment and consenting to financial responsibility.)

\_\_\_\_\_  
Signature of Patient (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
(Print Name of Legal Guardian)