Lynn Beals, D.O.

This copy is for your records.

Consent for Treatment

I consent to treatment by the physicians of Lynn Beals-Becker, D.O., PLC ("the Practice") and other ancillary personnel, including but not limited to nurses, technicians, assistants, and students, employed by or otherwise contracted by the Practice ("Practice Personnel"). This consent shall include diagnostic examinations, procedures, and treatment, including medications provided under the general or specific instructions of the physicians. This consent shall also include x-rays, blood tests, other laboratory tests, and other diagnostic tests deemed appropriate by the physicians.

I understand that more than one individual may be involved in my care and that for this purpose my protected health information will be available to all such Practice Personnel.

I also understand that the practice of medicine is not an exact science, and the Practice and its physicians can make no assurances as to results.

✶ *If you have any questions about this consent agreement, please ask a staff member or the doctor for clarification before you sign it.*

I understand the above information. Any questions I had have been satisfactorily answered. As the patient or duly authorized agent of the patient, I have authority to execute this consent. This consent shall be in effect for three years from the date of signature.

You will be asked to sign a copy of this at the office.

Please see over

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Financial Agreement

- Patients without Insurance ~ self pay
  If I do not have insurance coverage, I understand that I am responsible for payment in full of all charges at the time of service.
- Participating Insurance Companies ~ direct billing and payment
  I understand that my insurance policy may not cover some healthcare services provided the Practice. I further understand that I am responsible for knowing the rules of my insurance policy and to obtain any referrals or other paperwork that is required for benefits to be paid to the Practice, although referrals and other documents are not a guarantee of payment. I will be responsible for all charges if my insurer denies payment for unauthorized or non-covered services.
- Non-participating Insurance Companies ~ courtesy billing
  If Dr. Beals-Becker does not participate with my primary insurer, I understand that I am responsible for payment in full of all charges at the time of service. If I wish the practice to bill my insurer as a courtesy to me and it agrees to do so, I will sign an authorization allowing the Practice to include all information required for my reimbursement. I understand that the Practice will only submit this bill one time and that I will be responsible for reprocessing any rejected claims.
- Collection or Other Costs
  I agree, whether signing as patient or agent, that in consideration of the services provided, I am obligated to pay the account of the Practice in accordance with the regular and current rates and terms of the Practice. Should the account be referred to an attorney and/or collection agency for collection, I will pay reasonable attorney's fees and collection expenses.

✶ *If you have any questions about this consent agreement, please ask a staff member or the doctor for clarification before you sign it.*

I have been notified that, whether or not the Practice participates with my primary insurer, I am ultimately responsible for payment for services. I understand the above information. Any questions I had have been satisfactorily answered. As the patient or duly authorized agent of the patient, I have authority to execute this document and to accept the above terms.

You will be asked to sign a copy of this at the office.

Authorization to Release Personal Health Information and to Reassign Benefits

I authorize Dr. Lynn Beals' practice ("the Practice") to provide all required information, including protected health information, about me to my insurance company or companies for the purpose of receiving payment for services rendered by the Practice.

You will be asked to sign a copy of this at the office.