



Patient Responsibility for Fees

We require that our patients promptly pay all charges that we present to them, in some cases, our fees may be adjusted, based on whether we participate in or accept insurance or government program payments, allowances, or limitations. But, if we present a charge to you, it means that we have taken any such adjustment into account and that you must still pay the amount remaining. If you are reimbursed directly by an insurance company for the cost of your care, you must still pay our charges promptly, whether or not you have received that reimbursement.

If you do not agree with patient responsibility amounts or reimbursement amounts set by your insurance company, this is a matter between you and that company. We are happy to provide you with factual information about your care and billing to help discuss this with them, but we still require you to promptly pay the entire charge we present to you, even if the issue with the company is not resolved.

Payment for your services is due PRIOR to services being provided to you. This includes, among other things, copay amounts, deductibles, earlier charges that remain unpaid, and charges for services that we believe that are not covered by, or are left over at your responsibility to pay after coverage by insurance company. We or our agents may send you statements and reminders of charges made and amounts that we believe must be paid, or may call you about the same. We expected these charges to be paid promptly as well. By accepting our services, you are consenting to receive these communications. It is your responsibility to provide our office with current phone numbers, mailing address and email address. Once we have generated for statements for unpaid balances with no payment that account will be turned over to collections, even if it is due to inaccurate account information. We accept cash, check and all major credit cards for account payments.

Signature: _____

Print: _____

Date: _____



Patient Rights and Responsibilities

Patients of Moore Healthcare Group shall have the right to:

- Quality services, appropriate to their care needs which are delivered in a timely manner.
- Be treated equally and receive care without regard to age, sex, religion, race or creed.
- Confidentiality of his/her clinical records.
- Be informed of all costs and expected payments from other resources.
- Be treated with respect for individual patient's comfort, dignity, and privacy.
- Be informed of his/her rights in advance of care being provided
- Obtain, from the practitioner, complete and current information concerning his/her diagnosis. (to degree known, treatment, and any known prognosis)
- To inspect your medical records upon request and to receive a copy for a reasonable fee.
- Refuse treatment to the extent permitted by law.

Patients of Moore Healthcare Group are responsible for:

- To give your health care provider correct and complete information about your present medical condition, chief complaint, past illnesses, hospitalizations, medications, including over-the-counter drugs/ herbal supplements, and other health matters- including drugs, alcohol, smoking and eating habits.
- To provide your healthcare provider with accurate and updated demographic information such as address and phone numbers.
- To follow the treatment plan and advice recommended by your healthcare provider.
- To accept responsibility for your actions and decisions if you refuse treatment (or portions of recommended treatment) or do not follow the healthcare provider's complete instructions.
- To meet your healthcare financial obligations promptly, including fees, co-pays, and deductibles.
- To be considerate of the healthcare provider's other patients, personnel and property, and to treat them with respect and courtesy, as you would prefer to be treated.
- To notify your PCP when you receive emergency care within twenty-four (24) hours, or as soon as possible.

Signature: _____

Print: _____

Date: _____



Privacy Practices/ Assignment of Benefits

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION.

Uses and Disclosure:

TREATMENT: Your health information may be used by staff members or disclosed to other healthcare professional for the purpose of evaluating your health, diagnosis and medical conditions, and providing treatment. For example, results of lab tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by the staff members.

PAYMENT: Your health information may be used to seek payments from your health plan, from other sources of coverage such as automobile insurer, or from credit care companies that you may use to pay for services. For example, your health plan may request and receive information on dates and services, the services provided and the medical condition being treated.

HEALTHCARE OPERATIONS: Your health information may be used as a necessary to support the day-to- day activities and management of Moore healthcare Group. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

PUBLIC HEALTH REPORTING: Your health information may be disclosed to public health agencies as required by law. For example, we required to report certain communicable disease to the states' public health department.

OTHER USES AND DISCLOSURES REQUIRE YOUR AUTHORIZATION: Disclosures of your health information or its use of any purposes other than those listed above, require you specific written authorization. If you change your mind after authorizing a use or disclosure of your information, you may submit a written revocation of the authorization, however, your decision to revoke the authorization will not affect or undo any use of the disclosure of information that occurred before you notified is of your decision to revoke your authorization.



Privacy Practices/ Assignment of Benefits

(Continued)

ASSIGNMENT OF BENEFITS

I hereby assign to Moore Healthcare Group any insurance or other third-party benefits available for healthcare services provided to me. I understand that Moore Healthcare Group has the right to refuse or accept assignments of such benefits. If these benefits are not assigned to Moore Healthcare Group, I agree to forward to Moore Healthcare Group all health insurance and other third-party payments that I receive for services rendered to me immediately upon receipt.

CONSENT FOR CLINICAL SERVICES

I hereby consent to Moore Healthcare Group to solicit medical and personal history from me and maintain information as part of my personal file for the clinic. As a patient, I will accept all test, examinations and prescriptions and accept to be treated by and Advanced Practice Registered Nurse. I understand that all information in my file will be kept confidential and will not be given to any person/ agency within the off Moore Healthcare Group without prior approval by me.

I hereby consent to the following treatment:

Administration and performance of all treatments

Administration of any needed anesthetics

Performance of such procedures as may be deemed necessary or advisable in the treatment of the patient.

Use of prescribed medication

Performance of diagnostic procedures, test and cultures

Performance of other medically accepted laboratory tests that may be considered medically necessary or advisable based on the judgment of the attending Nurse Practitioner, Physicians or other assigned designees.

Signature: _____

Print: _____