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Mid-Kansas Women's Center, PA

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East Location	West Location
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INFORMED CONSENT

Mid-Kansas Women's Center is committed to providing you with the best possible care and your understanding of our policies and procedures is important to our professional relationship. Please feel free to ask if you have any questions about our fees, our policies or your responsibilities. We request that you carefully review the following information and return this form to us with your signature and today's date.

All patients must complete our "Patient Registration" and "Patient History" forms before seeing the doctor. Please bring the **COMPLETED** form to your appointment. It is also important that you notify our office of any changes in patient information (i.e., address, name change, new insurance, etc.).

Appointment times:

Although we endeavor at all times to maintain on time appointments, our doctors are often called to the hospital during the day for deliveries. This may require a delay in your appointment time or you may be given the option of seeing one of our other providers. We appreciate your understanding and patience during these times and request that you allow time in your schedule for possible delays in your appointment time.

Insurance:

We will file your insurance claims; however, we will not become involved in disputes between you and your insurance carrier. You are responsible for the timely payment of your account. Your responsibility may include but is not necessarily limited to, deductibles, co-payments, co-insurance, and non-covered charges.

Please bring your current insurance card to each appointment. We reserve the right to reschedule appointments if proof of insurance cannot be furnished at the time of the appointment. **Medicaid, Children's Mercy, and Unicare patients must notify us of their coverage within the month they first become eligible. We are permitted by those programs to charge you directly for services if your card is presented late.**

Referrals:

If a referral form is required, it is the patient's responsibility to obtain this form from the primary care physician **PRIOR** to any appointment. Failure to obtain a referral form may result in a reduction of benefits or may require that your appointment be rescheduled.

Co-pays:

Co-payments are due at the time you check in at the front desk and **PRIOR** to being seen. This requirement is part of the contract you have with your insurance carrier.

*******PLEASE REVIEW AND COMPLETE BOTH SIDES*******

Minors:

The parent(s) or guardian(s) of a minor is responsible for full payment of all services provided to the minor and will receive a billing statement for any balances not covered by insurance. A signed release to treat may be required for unaccompanied minors.

Payments:

We accept cash, checks or any of the following credit cards for payment: Visa, Master Card and Discover. If your insurance company does not pay the full balance, you will be sent a statement notifying you of any amount due from you. If you cannot pay the full amount, please contact our insurance department to make payment arrangements. While we are willing to work with you regarding outstanding balances, it is necessary that you remain in contact with us. Delinquent accounts may be turned to a collection agency.

Returned checks:

The charge for a returned check is \$30.00 payable in cash or money order. This amount will be applied to your account in addition to the insufficient fund amount. You may be placed on a "Cash Only" basis following any returned check.

Cancellations:

A specified amount of time is reserved for each patient and certain costs are incurred by the practice in preparation for the appointment. If you are unable to keep your appointment, please call our office so your appointment time can be released to someone on our waiting list. Although we appreciate a twenty-four (24) hour notice, we will accept a cancellation up to two hours prior to the appointment. We reserve the right to impose a charge of \$35.00 for patients who miss appointments without calling to cancel.

Personal Items:

Personal items are the responsibility of the patient and we encourage you to keep your personal items with you during your office visit(s). **Food and beverages are not permitted in the waiting room or patient treatment areas.**

To insure that proper attention can be focused on our patients, we encourage you to bring no more than one child between the ages of two and six to your appointment. Infants and well behaved older children are welcome.

Release of information:

May we give out any medical/financial information to anyone other than you, your treating physician(s) or insurance company? Yes _____ No _____. If yes, to whom:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Patient Name (Please print)

Patient DOB

Patient Signature

Date

Responsible Party Signature (if different from patient)

Date