



**HEARTLAND
CARDIOVASCULAR
CENTER, L.L.C.SM**

Hearts Are the Core of Our PracticeSM

Please read the policy / statements listed below and sign acknowledgment.

Consent to Services:

The patient hereby requests registration at Heartland Cardiovascular Center, LLC (HCC) and voluntarily consents to any facility services deemed necessary or advisable as determined by the attending physician or his or her assistants/designees, employees or agents of HCC with appropriate clinical privileges. Patient acknowledges that no guarantees have been made as to the results of treatments or examinations at HCC.

Consent to Release Information:

The undersigned hereby authorizes HCC to release to employer groups, insurance companies, government agencies or other third-party payors and their agents information concerning, diagnoses and procedures performed, medical care, advice, treatment, supplies or other information that may be necessary for the purpose of determining eligibility and available benefits and obtaining payments on the patient's behalf for the health care services rendered to the patient. Patient (or responsible person) acknowledges that he or she will be financially responsible for charges incurred for the patient's treatment if revocation or refusal to authorize the disclosure of the medical records results in a payment denial of the insurance claim.

Assignment of Insurance Benefits:

Patient (responsible person) irrevocably assigns and transfers to HCC all right, title and interest to medical reimbursement benefits under any and all applicable medical insurance policies covering patient, for the payment of hospital and medical care being provided. Patient (responsible person) authorizes payment directly to HCC of said medical reimbursement benefits.

For Medicare Patients:

Patient certifies that the information given in applying for payment under Title XVIII (18) of the Social Security Act is correct. The patient requests that payment of authorized benefits be made on his/her behalf to HCC. For patients who have Medicare as the secondary carrier, the patient requests that payment of authorized Medigap benefits be made to HCC for any services furnished by HCC.

Payment Guarantee:

For and in consideration of services rendered by HCC, patient (responsible person) hereby agrees to and guarantees payment of all charges incurred for the account of the patient. In the event that said medical insurance coverage is not sufficient to satisfy the charge in full, patient (responsible person) acknowledges that the resulting balance is not covered by this assignment and agrees to be fully responsible for the payment of any balance due.

It is the responsibility of the patient (responsible person) to provide accurate insurance information and understand their coverage benefits and plan provisions. The patient (responsible person) will be held financially responsible for denied payments due to a lack of policy provisions including referrals, authorizations or pre-certification requirements.

For any non-contracted insurance carriers, HCC will submit a claim to the insurance company. If payment is not received within sixty (60) days, the balance will be transferred to the patient responsibility.

HCC is committed to comply with all Federal and State standards including the Truth-in-Lending Act.

<p>_____</p> <p>Patient Name (Last, First, Middle Initial)</p>	
<p>Relationship to the patient: Self _____ Parent/Guardian of Minor _____ Other (Please explain) _____</p>	
<p>_____</p> <p>Guarantor Signature</p>	<p>_____</p> <p>Date</p>