

Patient Service Agreement

Consent for Services

By signing this agreement I give consent to the physicians, medical staff and employees of Utah Vein Specialists to provide health care services to _____, _____ (Date of Birth).
Patient Name

Financial Responsibility and Assignment of Benefits

I agree that all benefits from insurance companies or any other third party payer will be paid directly to Utah Vein Specialists for services rendered by the health care providers employed by Utah Vein Specialists. I authorize the use of my signature and any records pertaining to my services to all insurance companies, or third party payers to secure payment.

I understand that I am financially responsible for all charges whether or not paid by insurance or any other third party payer. I agree to pay all co-payments at the time of service, all deductibles, co-insurance, and all non-covered services regardless of the amount paid by my insurance or any other third party payer. I agree to pay all attorney fees, court costs, filing fees, including charges or commissions that may be assessed by any collection agency retained to pursue collection on outstanding balances, with or without suit. The cost of collection is 33% of the total balance owed. I further agree to pay interest fees at the rate of 1 ½% per month (18% annually) for any outstanding balance.

I agree to pay a return processing fee of \$25.00 for any check, or other payment method, that is returned unpaid to Utah Vein Specialists.

Release of Information and Privacy Notice

The law requires Utah Vein Specialists to make and keep records of the patient's medical treatment. Utah Vein Specialists safeguards those records and it uses and discloses such records and any information they contain only in accordance with Utah State and Federal privacy laws. Such uses and disclosures are described in detail in the Notice of Privacy Practices. The Notice of Privacy Practices is available for the patient to review at anytime.

Acknowledgement

I acknowledge I have received or been offered the Notice of Privacy Practices by Utah Vein Specialists. As the patient, or the representative of the patient, I have read the above information and give consent and agree to the terms. All of my questions regarding privacy and this agreement have been answered and a copy has been offered.

Date _____

Patient or Legal Representative Signature: _____

Or Legal Representative Name: _____

Witness Signature: _____
Utah Vein Specialists