

# PATIENT SERVICES AGREEMENTS



**THIS DOCUMENT SUMMARIZES THE AGREEMENT BETWEEN WYOMING MEDICAL CENTER AND EACH PATIENT WHO ACCEPTS MEDICAL CARE AND TREATMENT AT WYOMING MEDICAL CENTER FACILITIES.**

## 1. CONSENT FOR MEDICAL TREATMENT

- I understand and acknowledge that in presenting myself voluntarily for inpatient admission, emergency department treatment, or outpatient treatment, I authorize and consent to such examinations, tests, medications, photo documentation for use in the course of my care, and other medical procedures at Wyoming Medical Center as my treating physician(s) may deem necessary.
- I also understand and acknowledge that physicians who will be treating me at Wyoming Medical Center are independent contractors, which means that they are not employees or agents of Wyoming Medical Center, but are independent practitioners who will bill me separately for the services they perform. These physicians may include emergency room physicians, radiologists (who interpret X-rays or similar tests), pathologists (who perform and interpret laboratory tests), and other independent physicians who may be involved in my care.
- I also authorize such medical and nursing personnel who may be in training programs at Wyoming Medical Center to participate in my medical care.

### CONSENT FOR TESTING IN THE EVENT OF AN EXPOSURE

- In the event of an accidental exposure of my blood or body fluids to another individual, I understand additional blood work may be ordered at no cost to me. Tests may include, but not limited to HIV, Hepatitis B or Hepatitis C. The WMC Employee Health Department will notify me of my test results. A letter with the test results will be sent to my home address on file if I am discharged before the results are available.

## 2. FINANCIAL AGREEMENT

- By accepting the medical services provided to me as an inpatient, outpatient, or emergency room or clinic patient, I agree to be financially responsible for the charges billed by Wyoming Medical Center for those services.
- The entire amount charged for treatment is due and payable upon receipt of the services. Wyoming Medical Center representatives can explain all credit and financial care alternatives which may be available through Wyoming Medical Center for payment of outstanding charges.
- If there is medical insurance which will cover all or a portion of the charges I incur at Wyoming Medical Center for my treatment, I hereby assign those insurance benefits to Wyoming Medical Center, and authorize the insurance benefits to be paid directly Wyoming Medical Center. Wyoming Medical Center will attempt to pre-certify all inpatient admissions with the patient's insurance carrier. However, I acknowledge that any pre-certification required by my insurance company is ultimately my responsibility.
- I understand that if my insurance benefits do not cover all of the charges for my treatment, that I am responsible to pay any outstanding balances, and that if Wyoming Medical Center is required to turn my account over to an attorney or collection agency for collection, that I will be responsible for all reasonable attorney's fees and costs of collection
- I understand that Wyoming Medical Center, its affiliates and/or agents may need to contact me for the purpose of account follow-up or collections activities. I understand and agree that communications with me may be recorded for business purposes. I expressly authorize the use of an automated telephone dialing system, or an artificial or prerecorded voice to contact my provided cell phone number, or any other number(s) provided by me, or obtained by other means available to the parties indicated above. I further expressly consent to receive communications from the parties indicated above at any phone number, email address or other unique electronic identifier or mode that I provided or was obtained on its own and not provided by me.

### MEDICARE PATIENTS

- I request that payment of authorized Medicare benefits be made directly to Wyoming Medical Center for any services furnished to me by Wyoming Medical Center, including its employed physicians. I authorize any holder of medical or other information about me to release to the Healthcare Financing Administration and its agents any information needed to determine these benefits or benefits for related services.
- If you are enrolled in Medicare Part B, you may be responsible for a deductible, a 20 percent co-payment, and self-administered drug charges.

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Patient Label



