



1. NURSING CARE

This center provides only general duty nursing care unless upon orders of the patient's physician the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The center shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such care.

2. MEDICAL AND SURGICAL CONSENT

The patient is under the care and supervision of his/her attending physician and it is the responsibility of the center and its nursing staff to carry out the instructions of such physician; the undersigned recognizes that all physicians and surgeons furnishing services to the patient, including the radiologist, pathologist, anesthesiologist, and the like, are independent contractors and are not employees or agents of the center. The undersigned consents to X-ray examination, laboratory procedures, anesthesia, medical, or surgical treatment or center services rendered the patient under the general and special instructions of the physician.

3. RELEASE OF INFORMATION

To the extent necessary to determine liability for payment and to obtain reimbursement, the center may disclose portions of the patient's record, including his/her medical records, to any person or corporation which is or may be liable, for all or any portion of the center's charge, including but not limited to, insurance companies, health care service plans or worker's compensation carriers.

4. PERSONAL VALUABLES

It is understood and agreed that the center advises patients to leave all valuables at home, and that the center shall not be liable for the loss or damage to any personal property.

5. FINANCIAL AGREEMENT

The undersigned agrees, whether he/she signs as agent or patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the center in accordance with the regular rates and terms of the center. Should the account be referred to an attorney for collection, the undersigned shall pay reasonable attorney's fees and collection expense. All delinquent accounts shall bear interest at the legal rate.

6. ASSIGNMENT OF INSURANCE BENEFITS

The undersigned authorizes, whether he/she signs as agent or as patient, direct payment to the center, or any insurance benefits or Unemployment Compensation Disability otherwise payable to the undersigned for this hospitalization at a rate not to exceed the center's regular charges. It is agreed that payment to the center pursuant to this authorization, by an insurance company shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

7. HEALTH CARE SERVICE PLANS

This center maintains a list of the health care service plans with which it has contracted. A list of such plans is available upon request from the financial office. The center has no contract, express, or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full cost of all services rendered to him/her by the center is he/she belongs to a plan that does not appear on the above-mentioned list.

The undersigned certifies that he/she has read the foregoing, receiving a copy thereof, and is the patient, or is duly authorized by the patient as patient's general agent to execute the above and accept its terms.

Date Patient/Parent/Guardian

Time Relationship if other than patient

Date Witness

CONDITIONS OF ADMISSION

A COPY OF THIS DOCUMENT IS TO B DELIVERED TO THE PATIENT