



CONSENT FOR HEALTHCARE, FINANCIAL AUTHORIZATIONS AND NO SHOW POLICY

CONSENT FOR HEALTHCARE : I authorize AK Rheumatology physician(s), to provide medical treatment as necessary, this may include physical examination, labs, radiology, diagnostic testing, consultations and a variety of other clinical services depending on the condition. No guarantee can be made as to the results of above testing, treatment or the results of prescribed medications. I consent to obtain my electronic prescription medication history from retail pharmacies and Pharmacy Benefits Manager, this will be part of my medical records.

NO NARCOTIC PRESCRIPTION : I understand that AK Rheumatology has a policy to not dispense any narcotic pain medications at any circumstances. They can assist in establishing care with Pain Physicians and also communicate with Primary care Physicians.

NO EMERGENCY SERVICES : I understand that AK Rheumatology cannot provide emergency services for me.

TELEHEALTH CARE : I authorize AK Rheumatology to perform Telehealth services (audio / visual) for medical diagnosis, treatment as necessary. I understand that such services may be compromised due to IT issues.

FINANCIAL AGREEMENT : I understand that it is my responsibility to know my Insurance benefits and if we are the participating provider with your plan. We do not guarantee that your Insurance will cover the services performed. We do participate in most major Health plans and as a courtesy will submit claims to your primary and secondary insurance carriers. **Complete payment is Patient's responsibility.** I authorize AK Rheumatology to release any information required to process and assist my claims. Please present your Insurance card at every visit. This ensures correct and timely billing.

AK Rheumatology is NOT contracted with **MEDICAID** plans and Does not treat **WORKERS COMPENSATION** injuries. If you do not have medical insurance, we can offer discounted fee structure and payment is expected at the time of service.

CO-PAYMENTS : Your Insurance company requires us to collect copayments at the time of service. If you are unable to make copayments and your appointment is not of an urgent nature, we reserve the right to reschedule you until such time as you are able to make your copayment.

LABS / DIAGNOSTICS: I understand that I am financially responsible for any co-pays or balance for these services if they are not reimbursed by my insurance.

NO SHOW POLICY : For NO SHOWs and cancellations less than 24 hours (in person or Telehealth) as of Jan 2024, we will be charging a fee of \$ 60/sixty. After three NO SHOWs - AK Rheumatology will have the right to dismiss you as our patient.

I, _____ (patients name) acknowledge and agree to the terms of financial policy and agree to terms set forth in this policy.

Signed _____

Date _____