

AK RHEUMATOLOGY

CONSENT FOR HEALTHCARE, FINANCIAL AUTHORIZATIONS AND NO-SHOW POLICY

CONSENT FOR HEALTHCARE: I authorize AK Rheumatology physician(s) to provide medical treatment as necessary, which 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 managers. 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 communicate with Primary Care Physicians.

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

TELEHEALTH CARE: I authorize AK Rheumatology to perform Telehealth services (audio/visual) for medical diagnosis and 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 AK Rheumatology is contracted with my plan. We do not guarantee that your insurance will cover the services performed. We do participate in most major health plans and as courtesy we will submit claims to your primary and secondary insurance carriers. Complete payment is the patient's responsibility.

AK Rheumatology is **NOT** contracted with **ANY MEDICAID PLANS** and does not treat **WORKERS COMPENSATION** injuries. If we are not contracted with your Insurance OR you do not have medical insurance, we can offer Cash fee structure and payment is expected at this time of service.

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

LABS/DIAGNOSTICS: Patients are financially responsible for any co-pays or balances for these services if they are not reimbursed by their insurance.

NO SHOW POLICY: **NO SHOWS** and cancellations **LESS THAN 24 hours** prior to the appointment (in person OR Telehealth), will be charged a fee of \$ 80 (Eighty dollars).

After **three NO SHOWS**, AK Rheumatology will have the right to dismiss you as our patient.

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

Signature _____ Date _____