BIGGERS
FAMILY MEDICINE

1307 Providence Rd
Brandon Fl, 33511
office 813-655-4646
fax 813-655-4113

PATIENTS CONSENT TO TREAT AND AUTHORIZATION FOR PAYMENT

Unless I have fully paid for all services, I authorize Biggers Family Medicine to apply for benefits on my behalf for services rendered by Biggers Family Medicine. I request payment from my insurance company be made directly to Biggers Family Medicine. I certify that the information I have reported with regard to my insurance coverage is correct and further authorize the release of any necessary information, including medical information for this, or any related claims. I permit a copy of the authorization to be used in place of the original. The authorization may be revoked at any time by me in writing. I understand that nothing herein relieves me of the primary responsibility and obligation to pay for medical services provided.

Necessary forms will be completed to help expedite insurance carrier payments. However, the patient is responsible for fees for all services rendered. There may be a significant delay in the patient receiving a statement of payments due when insurance carriers are involved. This delay in no way lessens the patients responsibility for full payment of services rendered.

The patient and/or the patients insurance carrier may receive a separate bill for laboratory services. These payments are due to the entity performing these services. Biggers Family Medicine has no control over the costs or terms of payment associated with these services.

I consent to all treatments as deemed appropriate by the treating physician, and agree to pay for all such services rendered.

Patient Name Printed _____ Date _____

Signature_____

BIGGERS
FAMILY MEDICINE

1307 Providence Rd
Brandon Fl, 33511
office 813-655-4646
fax 813-655-4113

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize the release of protected health information that is required to carry out treatment and obtain payment for healthcare services performed on my behalf. Biggers Family Medicine has a detailed document called the "Notice of privacy practices". This document contains a more complete description of your rights to privacy and how we may use and disclose protected health information. I understand that I have the right to read the notice before signing this agreement. Upon request, Biggers Family Medicine will provide the most current Notice of Privacy Practices.

I hereby authorize Biggers Family Medicine to share medical information including, but not limited to; immunization records, health registries, and medication histories with other physicians, pharmacies, and designated representatives. In order to provide the best possible medical care, it is important for the practitioners at Biggers Family Medicine to be aware of my complete medical history including all medications prescribed by all other medical providers including: other primary care providers; providers working at local Emergency Departments; pain management centers; and any other medical provider who has prescribed medications. Medications include those subject to monitoring according to the Controlled Substances Act of 1970. I further acknowledge that Biggers Family Medicine may use electronic means of communication to improve my health care experience. This may include but not limited to: phone calls, via landline or cellular line; both live and automated, messages sent via our website, patient portal, and email.

My signature below indicates that I have been given the chance to review the notice of privacy practices. My signature means that I agree to allow Biggers Family Medicine to use and disclose my protected health information to carry out treatment, payment, and health care operations. I have the right to revoke this consent in writing at any time, except to the extent that Biggers Family medicine has taken action relying on this consent.

Patient Name Printed _____ Date _____

Signature_____

BIGGERS
FAMILY MEDICINE

1307 Providence Rd
Brandon Fl, 33511
office 813-655-4646
fax 813-655-4113

The doctors and staff of Biggers Family Medicine would like to welcome you to our practice Please take a moment to review these policies.

- It is the patients responsibility to inform the office of any address or telephone changes.
- The patients account must be kept current. All self-pay or insurance co-payments, co-insurances, and deductibles will be collected at the time of service or billed to you in accordance with your insurance policy.
- If the patient does not have their payment, the appointment will be rescheduled.
- Due to time allowed for each appointment, patients may be asked to schedule another appointment for issues other than the original reason for the original appointment.
- A returned check will result in a minimum service charge of $25 and checks will not be accepted for future payments. Unpaid returned checks will be turned over to the state attorneys office.
- A request for review of your medical record requires an appointment.
- Prescription refills require three (3) business days notice.
- If your insurance requires a referral or authorization it is your responsibility to get all information to the primary care doctor for processing. All referrals and authorizations require 2 weeks (14 days)to complete. If the correct time is not allowed the patient may need to reschedule appointments.
- An appointment is required to request a referral with a specialist.
- Claims will be submitted, however; we must emphasize that as medical providers, the relationship is with patients, NOT insurance companies. Although we attempt to verify benefits with insurance policies, please be advised this is only an estimate of the coverage based on the information given at the time of inquiry.
- It is the patients responsibility to inform us of any changes in their insurance.
- Not all services are covered benefits with all insurance plans.
- It is the patients responsibility to be aware of the services provided, and their covered benefit under their insurance policy.
- The patient is responsible for any non-covered charges not payable by the insurance policy
- Although filing insurance claims is a courtesy extended to the patient, all charges are always the patients responsibility from the date services are rendered.
- If the patients account is turned over to a collection agency, the patient will be responsible for any costs incurred in collection of the balance, which will include collection agency fees, court costs, and attorney fees.
- In the event that the patient does not meet their financial obligation, the patient will be discharged from the practice.

I,_____have read and understand the financial policies of Biggers Family Medicine and agree to meet all financial obligations.

_____

Signature of responsible party Date