

JCMG Outpatient Surgery Center Patient Acknowledgement of Receipt of Information

Financial Responsibility & Release of Benefits

RELEASE OF INFORMATION: I (we) hereby authorize JCMG Outpatient Surgery Center, anesthesiology, pathology and/or radiology providers to release any medical information to insurance carriers.

ASSIGNMENT OF BENEFITS: I (we) hereby assign all benefits to which I am entitled to JCMG Outpatient Surgery Center, anesthesiology, pathology and/or radiology providers.

FOR MEDICARE ONLY: I hereby authorize JCMG Outpatient Surgery Center, anesthesiology, pathology and/or radiology providers to obtain information from the Social Security Administration regarding my entitlement and claim numbers on Medicare benefits.

FINANCIAL RESPONSIBILITY: I (we) accept ultimate financial responsibility for accounts for services rendered by JCMG Outpatient Surgery Center, anesthesiology, pathology, and/or radiology providers. Payments for services not covered by insurance are due on or before the day of surgery. **Insurance may pay all or part of accounts, but I am responsible to see that all accounts are completely paid within 90 days after insurance has been filed. This may include coinsurance, deductible and co pays. It is my responsibility to know my insurance benefits. You will/may possibly receive bills for this date of service from:**

- JCMG Surgery Center, Inc
- Physician performing the procedure - JCMG, P.C
- Anesthesia provider
- Pathology services

Rights & Responsibility's / Grievance Process / Advanced Directive

As a patient in the state of Missouri, you, your representative, or surrogate have the right to be informed of your rights and responsibilities, how to file a complaint or grievance, and to be informed of JCMG Surgery Center's policy on Advanced Directives.

JCMG Surgery Center, Inc. Ownership Disclosure

In the interest of protecting patient freedom of choice and promoting informed decision-making, Jefferson City Medical Group, P.C. wishes to inform you that, as a corporation, it owns the JCMG Surgery Center, Inc., and, therefore, physicians of Jefferson City Medical Group P.C., including your referring physician, via the Jefferson City Medical Group, P.C., have a financial interest in the JCMG Surgery Center, Inc.

You have the right to have your medical procedure performed at a health care facility of your choice. It is not mandatory that you select the JCMG Surgery Center, Inc. By referring you to the JCMG Surgery Center, Inc., it is your physician's belief your medical needs will be best served, in the most convenient and efficient way possible, and such referral is in no way being made with an intent to financially benefit the physician.

By receiving and signing this document you acknowledge receipt of the following:

- Financial Responsibility & Release of Benefits
- Rights & Responsibility's / Grievance Process / Advanced Directive
- JCMG Surgery Center, Inc. Ownership Disclosure

I DO HAVE ADVANCED DIRECTIVES

I DO NOT HAVE ADVANCED DIRECTIVES

Signature

Date

Witness Signature

Date