

Patient Name: _____
Medical Record #: _____
Account #: _____
Admit Date: _____

CHRISTUS Southeast Texas
Bariatric Center
MEDICAL CARE CONSENT

1. I consent to medical services, treatment and diagnostic procedures by the center as ordered by my doctor and consultants selected by my doctor, and, in addition, physicians selected by my doctor to care for me in my doctor's absence.
2. The Conditions of Medical Care listed below and on the back of this consent form control the type of care I will receive, release of information, financial responsibility, and other important matters.
3. If applicable:

**STATEMENT TO PERMIT PAYMENT OF MEDICARE BENEFITS
TO PROVIDER, PHYSICIANS AND PATIENT**

I certify that the information given by me in applying for payment under title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician services to the physician or organization furnishing the services or authorize such physician or organization to submit a claim to Medicare for payment to me.

I further understand that Medicare does not pay for private room difference, unless properly certified as a medical necessity; therefore, I will be financially responsible for such difference should I occupy a private room.

My signature acknowledges that I have been given the opportunity to satisfy myself by asking questions about this consent form and the Conditions of Medical Care. I voluntarily give my consent to medical care and I accept the Conditions of Medical Care. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature: _____ Date: _____ Time: _____

Patient Parent or Legal Guardian Other (Specify) _____

Witness: _____

Consent to and agree to assume responsibility for the Financial Agreement, Assignment of Benefits and Health Care Service Plan, as stated in the Conditions of Medical Care, if financial responsibility is assumed by someone other than the patient or legal guardian:

NAME (PLEASE PRINT) _____

SIGNATURE _____

ADDRESS _____

PHONE _____

CONDITIONS OF MEDICAL CARE

1. CARE

The patient is under the care and supervision of the patient's attending doctor and consultants selected by this doctor. It is the responsibility of the center and its staff to carry out the instructions of these doctors.

Initial _____

The center provides only general duty nursing care unless the doctor orders that the patient be provided more intensive nursing care. If the patient's condition requires the service of a special duty nurse or sitter, this service must be arranged by the patient or the patient's representative since the hospital does not provide this special care. When protective rails are placed on the patient's bed and raised for patient protection or when protective restraints are ordered, the patient assumes all risks of injury or damage if the patient refuses to permit raised side rails or restraints.

- I acknowledge receipt of the Notice of Privacy Practices and Patient Rights and Responsibilities. Initial _____
- To help ensure a safe & healthy environment for our patients, visitors and others, the use of all tobacco products is prohibited in all indoor and outdoor areas on the hospital campus. Initial _____

PERMANENT PART OF MEDICAL RECORD
MEDICAL CARE CONSENT



2. SERVICES AND/OR SURGICAL OR PROCEDURE CONSENT

The consent to medical care includes permission for X-ray examinations, laboratory procedures, HIV or AIDS test, injections, medications and medical services rendered the patient under the general and special instructions of the doctors. It is medical policy that the patient have the opportunity to discuss surgery and procedures with the patient's doctor beforehand. The patient has the right to consent or refuse consent to surgery and procedures. Except in emergencies or unusual circumstances, the center does not allow its facilities to be used without this discussion and the patient's consent.

3. RELEASE OF INFORMATION

A. To the extent necessary to determine liability for payment and to obtain reimbursement, the center and the patient's doctors may disclose the patient's records, including information concerning HIV testing and AIDS treatment, to any person acting on behalf of the Social Security Administration, insurance or benefit payor, health care service plan, medical record auditors or workers compensation carrier which is, or may be liable for all or any portion of the center's or treating doctor's charges.

B. The Center may obtain from any source and examine, discuss and disclose the patient's records, including medical history, examinations, diagnoses, treatments and HIV or AIDS information to treating doctors, center personnel and agents, other health care providers, medical researchers, medical record auditors, audit committees, care evaluators and state and federal agencies.

C. Upon receiving an inquiry as to the presence or general condition of the patient, the center may (unless otherwise requested by the patient, next of kin or doctor) release at its discretion, the patient's name and address, age and sex, general nature of injuries or the general condition of the patient.

4. PERSONAL VALUABLES

The Center is not responsible for the loss of or damage to any money, jewelry, documents, garments, dentures, prosthetic devices or other articles of personal property.

5. FINANCIAL AGREEMENT

In consideration of the services to be rendered to the patient, each person signing this Medical Care Consent authorizes credit investigation and individually obligates himself/herself to pay the patient's account in accordance with the regular rates and terms of the hospital. If the account is referred to an attorney or collection agency, the same person agrees to pay actual attorney's fees

and collection expense. All delinquent accounts may bear interest at the legal rate. If charity services are required, eligibility determination should be requested prior to or upon admission.

6. ASSIGNMENT OF BENEFITS

Each person signing this Medical Care Consent assigns all rights, title and interest and authorizes direct payment to the center of any insurance benefits under the Social Security Act otherwise payable to the patient for the hospitalization at a rate not to exceed the hospital's regular charges. Payment to the hospital by an insurance company according to this authorization, shall discharge the insurance company of any and all obligations under a policy to the extent of such payment. **I further authorize payment directly to the anesthesiologists, pathologists, radiologists, and other treating physicians rendering professional services.** Each person signing this Medical Care Consent is financially responsible for charges not collected by this assignment.

7. HEALTH CARE SERVICE PLANS

This Center maintains a list of the health care service plans with which it has contracted. This list 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. Each person signing this Medical Care Consent is individually obligated to pay the full cost of all services rendered to the patient by the center if the patient belongs to a plan which does not appear on the list.

8. DISPOSITION

The Center may preserve tissue or other parts for scientific purposes, for teaching purposes, for grafts, or it may otherwise dispose of tissue or other parts resulting from procedures in the center.

9. TRANSPORTATION

If the center assists in arranging private ambulance services, the responsibility is limited to reservation assistance. Transportation arrangements as required by law or center policies.

10. ETHICS

The Center is sponsored by Christus Health and is dedicated to fulfilling a Christian ministerial role of aiding the sick and injured in conformity with the Ethical and Religious Directives for Catholic Health Facilities, approved by the U.S. Catholic Conference. The center does not allow its facilities to be used for procedures in violation of the directives.