

The Urology Center, P.C. – Authorization Form

A. Notice of Privacy Practices

The Policies and Procedures of The Urology Center, P.C. are designed to comply with the Health Insurance Portability and Accountability Act of 1996. The Urology Center, P.C. will release your protected health information to your doctors, hospitals or insurance companies for treatment, payment and operation. The Urology Center, P.C. Notice of Privacy Practices are posted in the reception area and are available at the front desk.

B. Authorization To Treat

I authorize and direct my physician and his/her designee to provide medical services and diagnostic services for me as they deem necessary and appropriate including but not limited to services involving laboratory, pathology and radiology. I understand that I have the right to receive information, to ask questions and to receive answers to my questions about my treatment plan. I also have the right to refuse treatment and to seek a second opinion.

C. Assign of Insurance Benefits

I hereby assign all medical and /or surgical health insurance benefits, to which I am entitled, including Medicare, private insurance and any other health plans to the physician caring for me. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by my insurance.

D. Patient Rights and Responsibilities

The Urology Center, P.C. has established a Patient's Bill of Rights, I agree that I have received and understand my rights as a patient.

E. Advance Directive

Regardless of any advance directives set forth in a living will, health care power of attorney or other written statement, any unexpected medical emergency, in this facility, will be managed with resuscitative or other stabilizing measures followed by a transfer to a hospital's emergency department.

F. Disclosure of Ownership

The Urology Center, P.C. including our Ambulatory Surgery Center, is owned and operated by Drs. Konigsberg, Kroeger, Gordon, Morton, Koukol, Longo, Lim, Jepson, Leu and Donovan. Any services that you receive at this location are a part of the operations of The Urology Center, P.C.

G. Medicare Coordination of Benefits Assessment

Medicare requires that we ask the following questions of all our patients so that we can comply with Medicare rules and regulations. We appreciate your time in completing these questions.

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| 1. Are you or your spouse currently employed? | YES | OR | NO |
| If yes then: | | | |
| Do you have group health coverage based on your own or a spouse's current employment? | YES | OR | NO |
| 2. Are you entitled to Medicare because of disability or End Stage Renal Disease? | YES | OR | NO |
| 3. Is this illness or injury the result of an automobile accident or other injury? | YES | OR | NO |
| 4. Is this illness or injury the result of an accident or illness that occurred at work: | YES | OR | NO |
| 5. Has treatment and payment for this accident or illness been authorized by the Veteran's Administration? | YES | OR | NO |
| 6. Are you entitled to any benefits under the Federal Black Lung Program? | YES | OR | NO |

The undersigned patient or patient's guardian hereby acknowledge that I have read, understand and agree to conditions set forth in the:

- A. Notice of Privacy Practices
- B. Authorization to Treat
- C. Assignment of Benefits
- D. Patient Rights and Responsibilities
- E. Advance Directive
- F. Disclosure of Ownership

As a Medicare recipient, if applicable, I have completed Section G accurately and to the best of my ability.

Printed Patient Name

Account Number

Signature

Date