

SOUTH CAROLINA SURGICAL SIGNATURE PAGE

Patient's Name: _____ DOB: _____

FINANCIAL POLICY AND PAYMENT RESPONSIBILITY

Payment for medical services is the responsibility of the patient or, in the case of a minor the signed responsible party.

Our office will file for insurance benefits for plans in which we do participate.

- Payment for deductible, co-insurance, and co-payment amounts will be collected from the patient at the time of service. If your insurance plan does not pay your medical services within 30 days, all charges may be due and payable in full from the patient. Your help in seeing that your insurance pays for your medical services within the specified time period is appreciated
- I hereby acknowledge and accept full and final responsibility for payment of charges for medical services rendered. I understand that if payments for services rendered by this facility are not met, my account could be referred to an outside collection agency for further collection activity.
- For insurance plans in which we do not participate, our office will file a claim to your insurance plan as a courtesy. Full payment of charges will be collected from the patient at the time of service. Special arrangements can be made if approved in advance.

CONFIDENTIALITY POLICY

Respecting the right to privacy is a basic element of South Carolina Surgical Policy. Information about a patient/client, employee, Volunteer or student of SCS will be collected only by proper means, restricted to that which is relevant, used only for need to know purposes and maintained in a manner which will protect its confidentiality. All statutory requirements with regard to the privacy of such information shall be strictly followed. Except as required by law, no information shall be released without written permission. All employees, volunteers and students are to review and acknowledge this policy annually. It is imperative, because of the nature of our work that information pertaining to patients/clients is kept confidential. Under no circumstances should patients/clients be discussed outside SCS. Neither should cases be discussed within the clinic with anyone who is not directly involved. Joint conferences for the purpose of discussing clients must be held in private and should be done on a "need to know" basis. No client information will be provided to outside agencies except with the client's express written consent.

MISSED APPOINTMENT and CANCELLATION POLICY

- 24-hour notice must be given for all cancelled appointments
- The late fee is waived on your first missed appointment or late cancellation. After that a \$25.00 charge may be added to your account.

Dion L. Franga, MD, FACS, RPVI,
Sandra Chaplin, ACNP and Courtney Herndon, NP-C
3/2/21 SC

SOUTH CAROLINA SURGICAL CONSENT FOR MEDICAL TREATMENT

I am suffering from a condition requiring medical /surgical services. I consent to receiving this care. Medical /surgical treatment may include routine diagnostic procedures and such medical treatment as the attending provider is authorized to perform by the state of South Carolina.

REQUEST FOR RESTRICTIONS REGARDING PROTECTED HEALTH INFORMATION

I have Reviewed the Notice of Privacy Practices, yes: _____

Restrictions requested: _____

PROCEDURE COMMUNICATION AUTHORIZATION

I hereby authorize SCS staff to communicate information regarding my procedure/results with:

My spouse/family member/other Name(s): _____

Leave a message on my answering machine: Yes _____ No _____

- I have read, understand and will follow the above Financial, Privacy Practices, Missed/Cancellation appointment, Confidentiality policies, procedures and terms.
- I fully accept all terms specified above. I Understand that failure to adhere to these terms could result in immediate dismissal from South Carolina Surgical.

Patient/Responsible party signature: _____ Date: _____

Print name and Relationship to patient: _____

Thank you for allowing us the privilege of serving your surgical needs.

Dion L. Franga, MD, FACS, RPVI,
Sandra Chaplin, ACNP and Courtney Herndon, NP-C
3/2/21 SC