Lifeline Primary Care

Palakkumar Patel, MD
780 Route 37 W, Suite 220
Toms River, NJ 08755

Tel: 732.279.3681
Fax: 732.279.6043
www.lifelineprimarycare.org

Concent for Treatment & Service agreement

The following are the conditions for services provided by Lifeline Primary Care and Providers affiliated with it for the patient whose name appears below.

Medical concent:

I consent to all physical examination and treatment given under the general and special instructions of the attending physician. Treatment may include, but is not limited to, diagnostic procedures, administration of medications, the collection and utilization of cultures and laboratory specimens, and referral to specialty services for radiology, physician consultation, and other medical services, all of which may be considered medically necessary or advisable in the judgment of the attending physician or their designees.

If a health care worker comes in direct contact with a patient's blood or body fluids, I understand that the patient's blood may be tested for Hepatitis B virus, Hepatitis C virus, or HIV to determine whether or not the viruses are present, endangering the health care worker. The results of the testing will be made available to the patient.

Assignment of Insurance Benefits and Third Party Claims:

If the account is not paid at time of service, I hereby assign to 'Lifeline Primary Care LLC' the proceeds from the following: TRICARE medical benefits; PIP (personal injury protection); sick benefits; physician benefits; injury benefits; any health, accident or welfare benefits of any type or form relating to the patient, whether insured or self-funded; proceeds of any liability settlement or judgment being paid by or on behalf of a third party; and any other benefits due from the insurance policy. All amounts collected will be applied to the patient's account. I understand that I am responsible for any charges not covered by insurance, Medicare, Medicaid, or other benefits. I further warrant and represent that any insurance or any plan that I assign is valid insurance and in effect, and that I have the right to make this assignment. In the event a claim for payment submitted by Lifeline Primary Care LLC or it's affiliated Provider to my insurance carrier or plan administrator is denied, I hereby authorize Lifeline Primary Care LLC to seek an administrative review of the disputed claim in accordance with the applicable provision(s) of my plan or policy.

Financial Agreement:

I understand that, if my insurance plan or policy requires a co-payment from me, I am required to pay that co-payment at the time service is rendered. I understand that, if I am self-funded, full payment is due at time of service. I understand that I am obligated to pay the patient account according the regular rates and terms of Lifeline Primary Care LLC. I appoint Lifeline Primary Care LLC as my true and lawful attorney to collect the claims, endorse the checks, and give full and final receipt for all amounts collected. In the event benefits exceed the actual charges for this account, the payment will be posted to the intended account and the refund processed accordingly. I understand that Lifeline Primary Care LLC may obtain my credit report for review in collection of this debt. In the event that this account is placed with a collection agency or an attorney for collection, I will pay all collection fees and reasonable attorney's fees.

Medicare Patients:

Should I be eligible for Medicare coverage, I request that payment of authorized Medicare benefits be made to Lifeline Primary Care LLC on my behalf. I certify that the information given by me is correct, in applying for payment under Title XVIII of the Social Security Act. Disclosure/Use of Health Information I authorize Lifeline Primary Care LLC to provide any health information related to this patient to the insurance company or other payor, for purposes of payment for the health care provided. I also authorize Lifeline Primary Care LLC to provide health information to other physicians and healthcare facilities for

continuing care. I further agree that Lifeline Primary Care LLC can use the health information for operations such as peer review and outcomes analysis.

Consent to use of information / Electronic Health Records:

I understand that the Physician Office may collaborate with other health care providers to coordinate, manage and provide health care to me and I consent to the Physician Office's sharing my health information an records electronically for the purposes of treatment, payment or operations, including improving the overall quality of health care services provided to me (e.g., avoiding unnecessary or duplicate testing, etc.). I consent to the inclusion in the electronic health records of sensitive diagnoses and related information such as HIV/AIDS status, sexually transmitted diseases, genetic information, and mental health and substance abuse, etc. The electronic health records (EHR) will be accessible by Lifeline Primary Care LLC and its affiliate Physicians / practitioners as well as other individuals approved to access the EHR for purposes related to treatment, payment, health care operations and/or other purposes permitted by federal and state laws, including the Health Insurance Portability and Accountability Act ("HIPAA"). The Physician Office has implemented administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality and integrity of my medical information as required by HIPAA.

Use and Disclosure of Information. In addition to the above consent to use and share my health information with the Lifeline Primary care LLC's EHR system, I agree that the Physician Office may use and disclose my health information for a range of purposes including: treatment, eligibility verification, and/or payment to private and public payers or their agents including insurance companies, managed care organizations, accoutable care organizations (ACO), state and federal government programs, Workers' Compensation programs, obtaining pre-admission or continued length of stay certification, quality of care assessment and improvement activities, evaluating the performance of qualifications of physicians and health care workers, conducting or arranging for medical review, audit services, ensuring compliance with legal, regulatory and accreditation requirements and public health and health oversight services.
Request for Information from Others. I consent to the Physician Office's request of my health information from other providers of care to me, receipt of and release of my health information, whether written, verbal, or electronic, for the uses described above as well as the Physician Office's participation in any health information exchanges.

I acknowledge that my agreements hereunder are with and for the benefit of each entity and provider doing business as a part of Lifeline Primary Care LLC and may be enforced under the provider name or as Lifeline Primary Care LLC.

Notice of Privacy Practices : I hereby acknowledge that I have received Lifeline Primary Care LLC's HIPPA Notice of Privacy Practices as of the date of the first service delivery, or as soon as reasonably practicable in the event that I received emergency treatment. If you want a copy of the notice, please ask the front desk staff.

Patient Photographs: I understand that a facial photograph may be taken at the first visit and periodically thereafter for identification purposes only and that it will be part of my medical record and will be subject to all the protection that other personal health information receives.

Patient Name (PRINT): _____
DOB : _____/_____/_____
Patient/ Legally Authorized Representative Signature: _____
Date: _____
PRINT Name and Relationship if Legal Representative: _____