

**CONSENT FOR CARE**

I, or my representative, hereby consent to medical treatment, diagnostic and/or therapeutic services as ordered by my physician and his/her designee(s). I further understand that my physician may order an HIV antibody (AIDS) test as part of diagnosis and treatment.

If I am an obstetrical patient admitted to the hospital for the delivery of my baby, I also consent to hospital care of my infant(s) encompassing diagnostic procedures, including but not limited to laboratory testing, and medical treatment.

I understand that care may be provided to me by students performing under the supervision of hospital or medical staff.

I understand that photographs or video may be used for identification purposes and to aid in or document my treatment. Photographs in the medical record will be handled according to customary medical record privacy practices.

I understand that with the exception of physicians employed by the hospital, the physicians on staff at Stillwater Medical Center, such as emergency room physicians, radiologists, and pathologists are not employees or agents of the hospital but are independent contractors/agents who have been granted privileges to use the hospital facilities.

**AUTHORIZATION TO RELEASE/OBTAIN INFORMATION FOR TREATMENT, PAYMENT, OR OPERATIONS; TO MY PATIENT PORTAL AND THE HEALTH INFORMATION EXCHANGE**

I am aware that medical information will be released or obtained in order to get assistance in continued medical treatment, paying of bills or other routine operations of the hospital; to my patient portal and health information exchange. I have received a copy of the Notice of Information Practices (Privacy Notice) that describes how this information is used and may request another copy at any time.

**AUTHORIZATION TO CONTACT**

I agree by providing you my contact information, I authorize you and your associates to contact me at those numbers. This applies to any landline or cell phone number(s) I have provided you. I understand you may contact me by sending text messages or emails, using any email address I provided. I may be contacted by a prerecorded/artificial voice message or an automatic dialing device. I understand providing my phone number(s) is not a condition of receiving services.

**INSURANCE PRE-CERTIFICATION**

I hereby expressly understand I am responsible for notification to my insurance company to obtain authorization before service is rendered. I understand if this is not done, insurance benefits may be reduced.

**VALUABLES AND PERSONAL BELONGINGS**

Stillwater Medical Center is not responsible for personal valuables left at the bedside or retained on the person. This includes, but is not limited to electronic equipment, glasses, dentures, hearing or other prosthetic devices. (A HOSPITAL SAFE IS AVAILABLE FOR DEPOSIT OF VALUABLES UPON REQUEST).

**PATIENT RIGHTS**

I have read and received a copy of the Patient Rights. Patient Rights are posted in the Patients and Visitors Handbook available in each inpatient room and all outpatient-waiting areas.

**ASSIGNMENT OF BENEFITS, FINANCIAL RESPONSIBILITY, THIRD PARTY LIABILITY/AND BILLING**

I, or legal guardian, assign and transfer all benefits, monies, and sums payable for hospitalization, sickness or accident under any hospitalization, (including major medical and supplemental benefits), sickness or accident policy providing for hospital payment.

**I, or legal guardian, will be responsible for any amount due in consideration of services rendered at Stillwater Medical Center.**

Amounts estimated or known to be payable by the patient become due and payable at the time of discharge (including, but not limited to, non-covered services, health insurance deductible, and coinsurance amounts). This includes hospital-based physicians and contractual physician services that may bill separately for their professional services.

**If this service is for treatment of an injury, illness or condition which may have been caused by a third party, for which that third party is, or may be liable for damages,**

the patient agrees to give the hospital a lien, up to the amount of the outstanding charges, on any recovery the patient makes from the third party of any uninsured or underinsured motorist coverage of the patient, the patient's parents, patient's spouse, or patient's guardian. The patient further agrees that if there is no third party recovery or recovery from uninsured or underinsured motorist coverage, the patient, or legal guardian is still responsible for payment of the outstanding charges.

**MEDICARE ASSIGNMENT OF BENEFITS**

I, or representative, certify the information given in applying for payment under Title XVIII of the Social Security Act is correct. Release of information related to this Medicare claim to the Social Security Administration or its intermediaries and carriers is authorized. Request of payment of authorized benefits to Stillwater Medical Center is authorized.

**MSG--MEDICARE MESSAGE (Medicare Inpatient Only)**

The federal government requires we provide to you written information regarding your rights as a Medicare hospital patient. You will receive information that includes the procedure for initiation, review, and resolution of complaints.

**MOON--MEDICARE OUTPATIENT OBSERVATION NOTICE (Medicare Observation Only)**

The federal government requires we provide to you written information regarding your outpatient observation status and the implications of receiving such services.

**MSP QUESTIONNAIRE (Medicare Secondary Payor)**

The government requires we request additional information from you to determine if there is any other resource for payment that could be primary to Medicare.

The undersigned certifies that he/she has read the above information or it has been explained so that he/she understands. Signatures also indicate he/she has been offered information on privacy and patient rights, including the procedure for initiation of complaints:

SIGNATURE OF PATIENT OR REPRESENTATIVE:	RELATIONSHIP TO PATIENT:	WITNESS:
RESPONSIBLE PARTY/INSURED (if different):	RELATIONSHIP TO PATIENT:	DATE:

STILLWATER MEDICAL CENTER  
Stillwater, Oklahoma 74076  
**PAS--Assignment of Benefits**