

## Andrew E. Luckey III, MD, FACS

PATIENT NAME	DATE

### PATIENT CONSENT FOR SERVICES

I hereby consent to and authorize the performance of all treatments, surgery and medical services by Andrew E. Luckey III, MD, FACS. These may include but are not limited to: emergency treatment services, laboratory procedures, x-ray examinations, medical or surgical treatment or procedures, or anesthesia provided to me under the general and special instructions of my surgeon.

### FINANCIAL RESPONSIBILITY FOR SERVICES

I hereby authorize my insurance benefits be paid directly to Andrew Edward Luckey III, MD, INC. I understand that I may have financial responsibility for all or a portion of the charges for the professional services rendered and will remit appropriate payment at the time of service, including specifically co-payments and charges for services which are not covered.

### COPAYMENT POLICY

If applicable, at the time of check-in, I will be required to pay a copayment. If I do not pay my copayment, I understand my visit may be cancelled.

### INSURANCE COVERAGE

I acknowledge that it is my responsibility to understand the benefits and limitations on benefits under my insurance or health plan and to contact my insurance carrier/health plan if I have questions.

### REFERRALS/AUTHORIZATION

I understand that depending on my insurance, I may need a referral from my provider to see a specialist. If so, and my provider decides it is medically necessary, I will allow 7-14 working days for this process. I will be promptly advised of any requests that are determined not to be appropriate or necessary. I understand that if I choose to access specialty services without prior authorization from my provider, or fail to notify Andrew E Luckey III, MD, INC. that my insurance plan requires specific outside vendors such as laboratories to perform referred services, I may be financially responsible for the services rendered and insurance may not cover the relevant services.

### ANCILLARY SERVICES

I understand that depending on my insurance, I may receive a separate bill for laboratory, x-ray, anesthesia, or other ancillary services.

### RELEASE OF INFORMATION

I authorize the release of my medical records or other information necessary to provide health care, to process my medical claims, and for other purposes relating to the health care operations.

### FEE FOR FORMS

I hereby understand that I may be charged a cost-based fee when requesting copies of my health information, including the cost of copying (supplies and labor), postage (if information is mailed), and preparation for any summary or explanation if agreed to in advance.

**FEE FOR FORMS**

I understand, that if I request to have any forms completed by my physician that are not directly related to patient care I will be required to pay a fee. Examples of the forms include but are not limited to: jury duty excuse, Family Leave Act application, accident reports, and school and camp forms. There may be other forms associated fees.

**ON-TIME ARRIVAL POLICY**

I understand that I must arrive at least 15 minutes before the time of my scheduled appointment in order to register and complete information prior to the time my physician is scheduled to see me. If I arrive late for my scheduled appointment, I understand that it may be necessary to reschedule my appointment. My surgeon attempts to maintain an "on time "schedule, but I understand that emergencies or complex needs for patients with prior appointments may cause my surgeon to be late for my appointment.

**NO-SHOW POLICY**

I understand that if I miss an appointment with less than 3 business hours prior notice, I may be charged a fee for a missed visit.

**MEDICATION REFILLS**

I understand that refills may take 24-48 hours to complete and that the most efficient way to get a refill is to contact my pharmacy directly. In order to ensure timely medication refills, I agree to notify my surgeon's office regarding my preferred pharmacy.

**I certify that I have read and fully understand the above. Anything that I did not understand was explained to me. I have no additional questions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If a minor, signature, name and date of parent/guardian:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_