



APOGEE OUTPATIENT SURGERY CENTER

Conditions of Admission

Apogee Outpatient Surgery Center offers you a low cost alternative to Acute Care hospital surgery, while maintaining the highest quality of care.

We offer an economical flat facility fee per procedure, which includes the following:

- Use of the operating room, equipment, and routine medical supplies.
- All medications during your stay.
- Professional nursing care provided before, during and after surgery.

(Your Physician and Anesthesiologist will bill separately from Apogee Surgery Center)

Special implants, emergency occurrences, special equipment, hospitalization, extended recovery room time, and take home medications are not included in this fee.

Legal Relationship Between Center and Surgeon - all surgeons furnishing services, including the pathologist, anesthesiologist and the like, are independent contractors with the patient and are not employees or agents of the Center. The patient is under the care and supervision of his/her attending surgeon and it is the responsibility of the patient's surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, or special diagnostic or therapeutic procedures, or Center services rendered the patient under the general and special instructions of the surgeon.

Release of Information - the Center will obtain the patient's consent and his/her written authorization to release information, except in those circumstances when the Center is permitted or required by law to release information.

The undersigned agrees that, to the extent necessary to determine liability for payment and to obtain reimbursement, the Center may disclose portions of the patient's record, including his/her medical records, to any person or corporation which is or may be liable, for all or any portion of the Center's charges, including but not limited to insurance companies, health care service plans, or workers' compensation carriers.

Personal Valuables - it is understood and agreed that the Center maintains a locker for the safekeeping of money and valuables, and the Center shall not be liable for the loss or damage to any money, jewelry, documents, or other articles of unusual value and small size, unless placed therein, and shall not be liable for loss or damage to any other personal property, unless deposited with the Center for safekeeping. The liability of the Center for loss of any personal property, which is deposited, with the Center for safekeeping is limited by statute to five hundred dollars (\$500.00) unless a written receipt for greater amount has been obtained from the Center by the patient. **We strongly encourage you to keep all valuables at home. However, if valuables are brought to the Center, we ask that you either keep them locked in your vehicle, or please leave them with whoever brought you.**

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY and ATTESTATION OF INFORMATION

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional and medical services rendered. I have read all of the information on both sides of this registration form and have provided the above information. I certify this information is true and correct to the best of my knowledge. I will notify you immediately of any changes in my status or the above information.

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF BENEFITS

For the professional or medical expense benefit allowable, and otherwise payable to me under my current and future insurance policy as payment toward the total charges for the professional services rendered; I hereby instruct and direct my Insurance Company, current and future, to pay by check made payable to Apogee Outpatient Surgery Center. If my policy prohibits direct payment to my physician, I also direct and instruct my Insurance Company, current and future, to pay by check made payable to me. In both instances the check and explanation of benefits is to be mailed to:

Apogee Outpatient Surgery Center
PO Box 991950
Redding, CA 96009

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.

I AUTHORIZE APOGEE OUTPATIENT SURGERY CENTER TO DEPOSIT CHECKS RECEIVED ON MY ACCOUNT FOR PROFESSIONAL AND MEDICAL SERVICE CHARGES WHEN MADE PAYABLE TO ME.

I agree to pay, in a current manner, any balance of said professional and medical service charges over and above this insurance payment.

A photocopy of this agreement shall be considered as effective and valid as the original.

I authorize the release of any information pertinent to my case, as defined by Apogee Outpatient Surgery Center's Notice of Privacy Practices, to any insurance company, adjuster, or attorney involved in this case.

I also authorize my physician to initiate a complaint on my behalf to the Insurance Commissioner for any reason related to the adjudication of professional and medical service charges I received.

Signature of Policyholder

Signature of Witness

Date

Date

Signature of Claimant, If other than Policyholder

Date