

**Patient Consent, Authorization
and Payment Guarantee
Hillside ASC, LLC**



Consent for Treatment – I voluntarily consent to services encompassing diagnostic procedures and/or medical surgical treatment by physicians and employees of Hillside ASC, LLC. I acknowledge that no guarantees have been made to me as to the results of these treatments or examinations. I further authorize Hillside ASC, LLC to dispose of any specimens or tissue in accordance with customary procedures. I understand that Hillside ASC, LLC will not be responsible for my personal property unless that property is placed in the custody of Hillside ASC, LLC and receipted.

Release of Information - Hillside ASC, LLC is hereby authorized to release any information to my insurance carrier necessary for claims processing and payment of my bill relative to services provided to me by Hillside ASC, LLC, affiliated practices, and Gilford Fire Department ambulance services. This may include concurrent reporting of my condition, diagnosis and treatment to justify my admission and/or continued stay in the Hillside ASC, LLC. For this purpose, it may be necessary to include information that is considered sensitive under the law including treatment for mental illness or alcohol or drug abuse, HIV/AIDS infection, sexually transmitted disease or genetic information. Additionally, this release may include reporting of my condition for discharge planning purposed to Home Care agencies, receiving institutions or other Health Care Providers. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim.

Benefits Assignment - I hereby assign to Hillside ASC, LLC payment of the insurance benefits otherwise payable to me for this period of service. For outpatient services only, this assignment of benefits shall remain effective until revoked by me or my authorized representative in writing. I understand that follow-up for payment from insurance companies is my responsibility. I also understand that any or all services provided by Hillside ASC, LLC, Gilford Fire Department ambulance service, including professional fees for affiliated practices, the Radiologist, Anesthesiologist and Pathologist associated with this visit that may be denied due to lack of required, appropriate, and timely insurance notification, precertification or referral will be my responsibility. I request payment of authorized Medicare benefits be made on my behalf for any services furnished to me by Hillside ASC, LLC, including physician services provided by affiliated practices and ambulance services.

Payment Guarantee - I have been informed that payment for services rendered is due immediately, but in no event later than thirty (30) days from the date of my first statement. I hereby promise to pay Hillside ASC, LLC the amount due in full for all facility, physician and ambulance charges incurred for this admission. I further promise that if the Hillside ASC, LLC finds it necessary to turn the account over to an attorney or collection agency for collection, I will pay reasonable attorney fees, not to exceed 33 1/3% of the balance due, plus reasonable costs of collection. If I wish or proposed a payment arrangement I must do so within thirty (30) days by calling LRGHealthcare Patient Financial Services at 603-527-2864.

Authorization to Obtain Credit Bureau Report - I authorized Hillside ASC, LLC to obtain copies of my credit report should the balance due remain unpaid for more than thirty (30) days from my first statement date.

Acknowledgements – The Hillside ASC, LLC's posted charges includes the cost of the operating and recovery rooms, meals, nursing care and related items. Additional charges not included are diagnostic and therapeutic services, supplies except for those that are implanted into the patient that meet a cost threshold and are not considered routine, and supplies considered necessary for the patients' care and comfort. Services of your physician(s) and specialists including the radiologist, anesthesiologist, pathologist, and ambulance will be billed by them separately. Further, I understand that the licensed independent practitioners (i.e.,physicians) on the Hillside ASC, LLC's medical staff are not employees or agents of the Hillside ASC, LLC, but independent contractors who have been granted the privilege to use certain of its facilities for the care and treatment of their patients.

Received Patient's Bill of Rights

Amb Surg Rep

Date

Patient/Responsible Party Signature

Patient/Responsible Party Printed