

TULSA FERTILITY CENTER SIGNATURE PAGE

If services are being provided as a couple, signatures are required from each of you. All signatures and authorizations on this page will remain in effect until revoked in writing.

DATE: _____ PRINT NAME: _____

OFFICE POLICIES

I have read and understand the Tulsa Fertility Center Office Policies **updated 7.6.16**.

NOTICE OF PRIVACY PRACTICES GIVEN

I acknowledge that I was given the opportunity to read the Notice of Privacy Practices when I used the Tulsa Fertility Center's Patient Portal to fill out my demographic and health information. If I did not fill out my information through the Patient Portal, I have been given the opportunity to read the Notice of Privacy Practices in the office. **Note: The Notice of Privacy Practices was amended 9.23.13.**

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE FOR RELEASE OF BILLING INFORMATION

I authorize the release of any medical or other information necessary to process claims for services rendered. I also request payment of any insurance or government benefits to Tulsa Fertility Center.

INSURED'S OR AUTHORIZED PERSON'S SIGNATURE FOR ASSIGNMENT OF BENEFITS

I authorize payment of medical benefits including private insurance and government benefits to Tulsa Fertility Center. A photocopy of this assignment is to be considered as valid and original. I understand that I am financially responsible for any unpaid balance regardless of insurance status.

OUT OF NETWORK / NON-COVERED SERVICES / DENIED AUTHORIZATIONS

I understand that benefit quotes are not a guarantee of payment. I understand that I am responsible for my bills regardless of insurance payment or non-payment. I understand that unpaid insurance claims with explanations such as "Not a Covered Benefit"; "Not Medically Necessary"; "Out of Network"; "Denied Authorization" are my responsibility and the charges will not be written off.

AUTHORIZATION TO DISCUSS OR RELEASE MEDICAL/BILLING INFORMATION

I understand that Tulsa Fertility Center will not discuss my medical or billing information with my spouse or anyone not directly involved in my medical treatment, without my written consent. I understand that I can request the consent form when I am in the office or I can print Medical Records Release form from the Tulsa Fertility Center website: www.tulsafertilitycenter.com.

I give permission for Tulsa Fertility Center to discuss the following checked box(es):

- Medical Information (this would include, but is not limited to, test results, treatment and appointments)
- Billing Information

with the following person:

Name to Discuss/Release Information: _____

Date of Birth: _____ Relationship: _____

SIGNATURE: _____