



Ridgeview Family Health Consent Form

Consent for treatment: I consent to services provided by Ridgeview Family Health. This includes services provided by Ridgeview Family Health employees, medical staff and independent contractors. Healthcare services include all healthcare related medical, surgical, diagnostic, and therapeutic services, implementation of physician orders and all tests, studies, treatments and procedures ordered and performed in the good faith belief that they are medically necessary or otherwise appropriate for me.

Financial Policy: As a courtesy, Ridgeview Family Health will bill most health insurance companies. I am responsible for paying all co-pays and co-insurance at the time of service. My share of the costs, including all co-payments, deductibles and co-insurances are my responsibility to pay. I understand that I am financially responsible for all charges regardless of any third-party involvement. It is my responsibility to know my insurance benefits and any authorization/referral requirements. I understand that my insurance may reduce benefits if I am treated by a provider, contractor, or vendor outside of the designated network or if proper authorization/referral has not been obtained. It is my responsibility to provide up to date insurance information at each visit. Failure to pay delinquent accounts may result in a decision to discontinue your future care from Ridgeview Family Health.

Cancelled Appointments: To cancel your appointment, simply give us a call, or conveniently cancel online through our patient portal or via the NextPt app. We kindly ask that you provide at least 24 hours' notice, so we can offer the slot to another patient in need.

No Show Policy: A "no show" is the term used when a patient misses an appointment without cancelling within 24 hours. Please note that repeated "no shows", three within one calendar year, may result in a decision to discontinue your future access to care from Ridgeview Family Health.

Assignment of benefits: I authorize release of information to my insurance carrier as necessary, its affiliates, contracted parties, and review organizations necessary to secure payment. I hereby assign all benefits, to which I am entitled, including Medicare, private insurance and other health plans to Ridgeview Family Health. This assignment will remain in effect until revoked by me in writing. A photocopy of this agreement is to be considered as valid as the original.

Prescription history consent: I consent to Ridgeview Family Health and its employees to obtain my prescription history from any pharmacy that has dispensed any medication to me for the purpose of establishing my treatment history.

By signing below, I understand and agree that I have had the opportunity to read this agreement or have it read to me and I understand what I am agreeing to. I can ask for and get a copy of this agreement.

Patient Name: _____

Signature: _____ (patient or guardian) Date: _____